Prosper Health Coverage

a program of Foundation Communities

in partnership with

BREAST CANCER RESOURCE CENTER

presents . . .

Health Insurance:

A Guide to the Basics

updated June 2023

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PROSPER CENTERS

Helping you find healthcare you can afford.

Prosper Health Coverage

- Certified by the federal Centers for Medicare and Medicaid Services since 2013.
- Has helped over 47,000 Texans enroll in and use qualified, affordable health plans.
- Partners with hospital districts, public health offices, and community-based organizations to reduce rates of uninsurance and underinsurance in Texas.

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Chat with us!

enroll@foundcom.org ★ Call 512-381-4520 ★ Text 737-209-6861

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By the end of this presentation, you'll know . . .

- Provider Directory
- Cost-Sharing
- Medicaid
- Primary vs. Specialist
- COBRA
- Special Enrollment Period
- Summary of Benefits
- Appeal
- Medication Tier
- HMO vs. EPO vs. PPO
- Network
- Formulary
- Claim
- And more!

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Improving health outcomes in Texas —one Appointment at a time.

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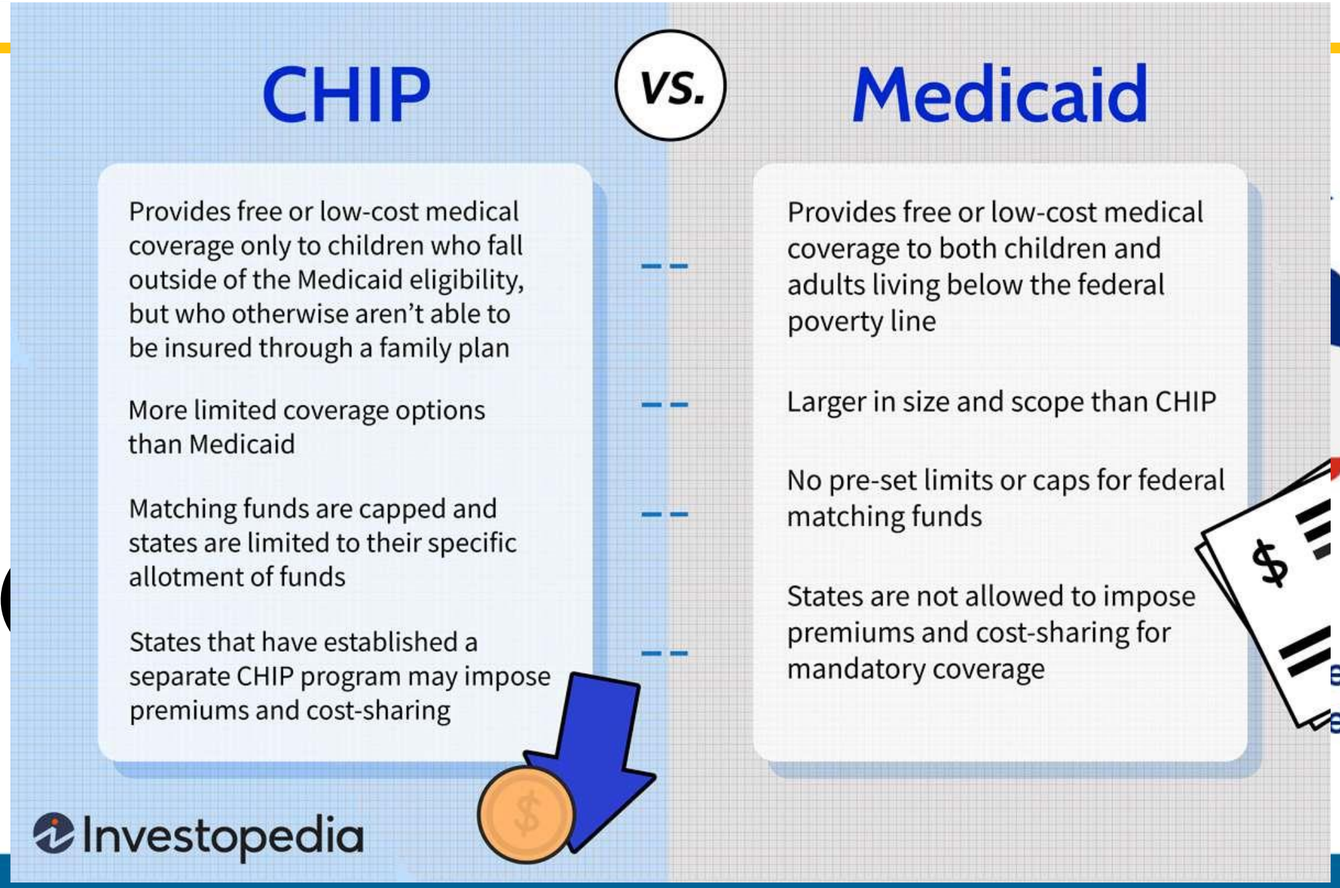
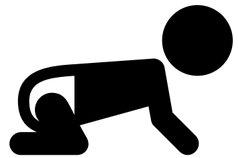
Children's Health Insurance Plan



CHIP Perinatal:
Covers unborn children. Is available to pregnant people without current US immigration status.



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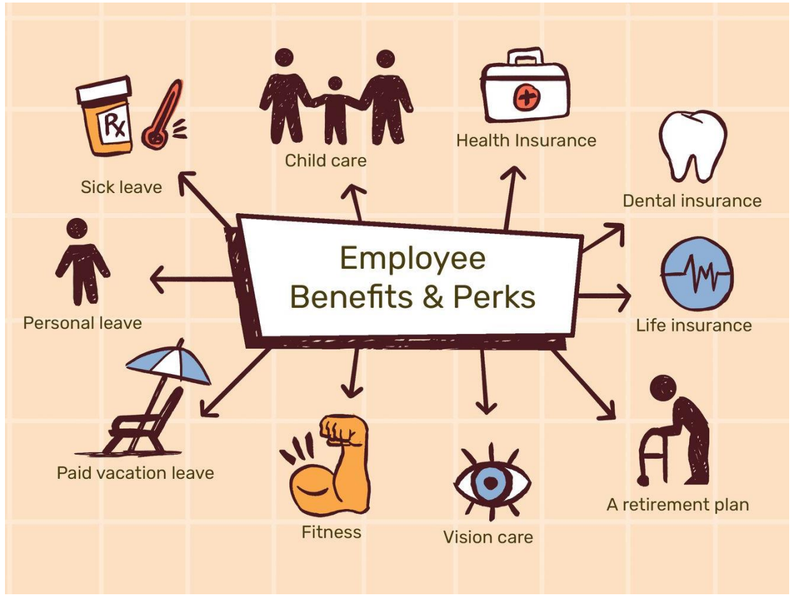
Before 2013



COBRA

- 18 or 36 months
- Employee not required to share premium but can
- Identical coverage

Since 2013

Affordable Care Act

Health Insurance Marketplace

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Since 2013

Affordable Care Act's

- Ten Essential Health Benefits
- Guaranteed Issue
- Minimum Essential Coverage
- Out-of-Pocket Maximum

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Non-Qualified Health Plans

eHealth.com
FindThePlan.com
PickHealthInsurance.com

- **Limited Benefits plans**
- **Short-term plans**
- **Catastrophic care plans**
- **Primary care subscriptions**
- **Healthcare sharing organizations**
- **Student Health Plans**

Do not offer standardized protections against major medical debt or require coverage of key components of modern healthcare, like mental healthcare, prescription drug coverage, women's health, and/or emergency room care.

* Sites and companies will often connect people looking for insurance with agents or brokers, who are not subject to the same standards for unbiased advice like health program Navigators are at Prosper Health Coverage/Foundation Communities.

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Non-Qualified Health Plans

Affordable Care Act's

- Ten Es… …th Benefits
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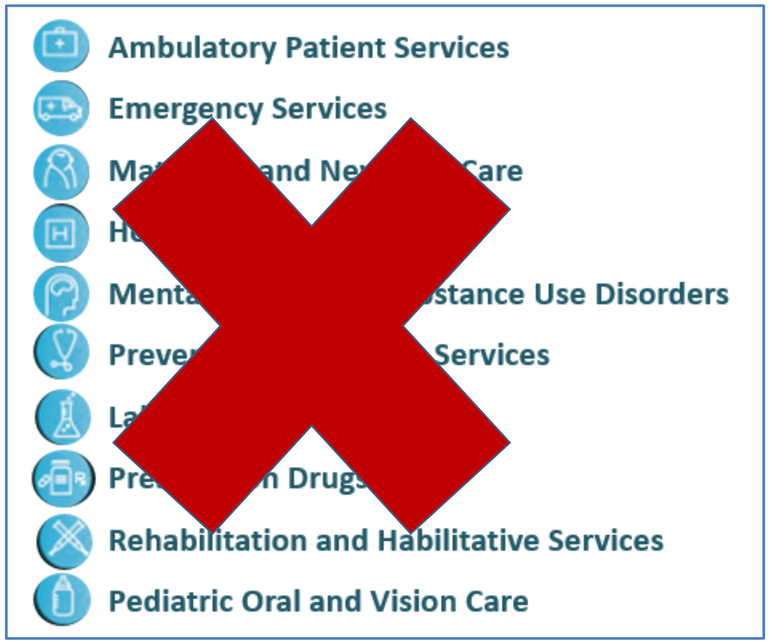

Improving health outcomes in Texas —one Appointment at a time.

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Healthcare is expensive.
How does health insurance help make it affordable?

Cost-Sharing

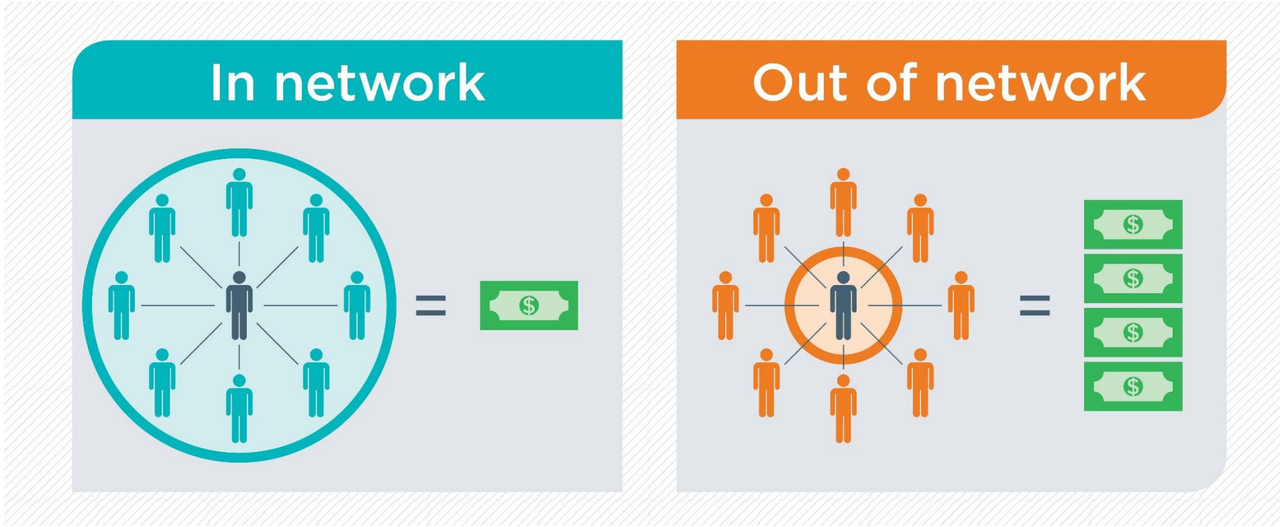
- ■ Healthcare costs shared between insured people and their health insurance plans.
- ■ Deductible
- ■ Out-of-Pocket Maximum
- ■ Copays
- ■ Co-Insurance
- ■ Generally, for an insurance company to share healthcare costs with an insured person, that person must see doctors and pharmacists who are in the insurer's provider network.

Premium

- ■ The monthly cost of a health insurance plan.
- ■ Is not debt; a monthly premium cost is an access fee.
- ■ Does not count towards deductible or out-of-pocket maximum.
- ■ Varies by age, tobacco/vape status, and region; NOT by gender or preexisting conditions.

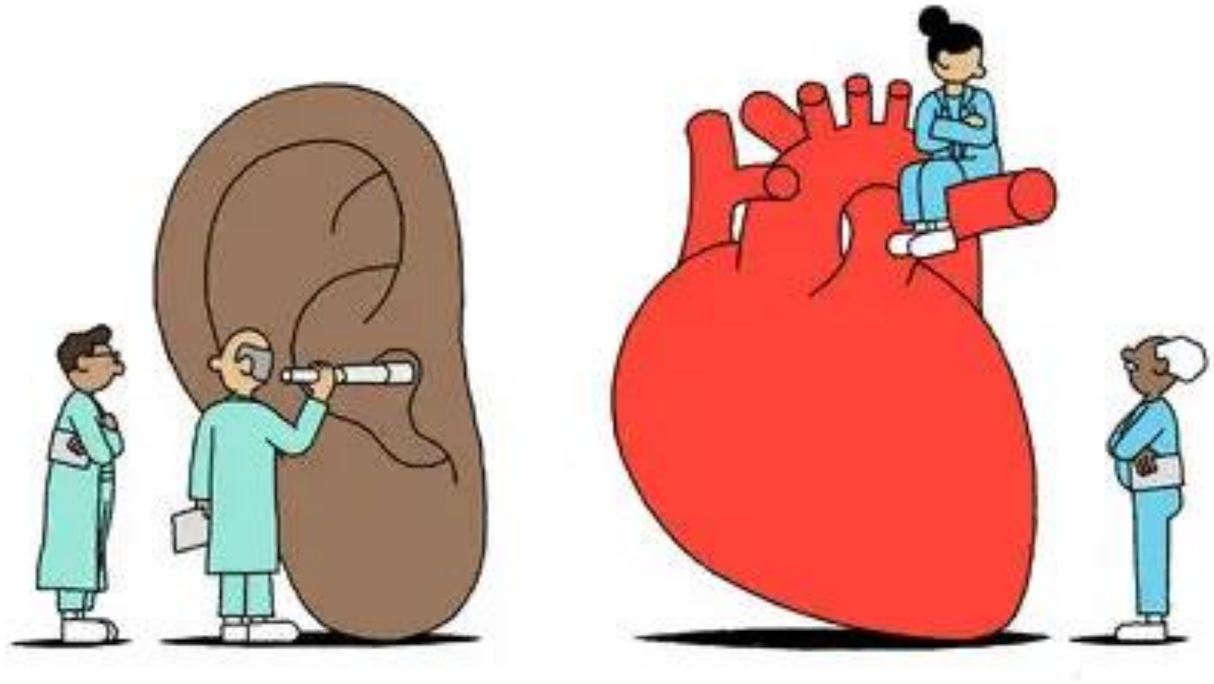
Provider Network

A doctor, pharmacy, hospital, healthcare clinic, or other healthcare services group that has the training and ability to help people manage their healthcare, treat injuries and conditions, and (in some cases) deal with medical emergencies.	A list of doctors, pharmacies, hospitals, ambulance companies, labs, and other healthcare services groups that an insurance company signs contracts with. Through those contracts, providers are “in-network” with certain health insurance companies.



* Unless an insured person has a life-threatening or limb-threatening emergency, health insurance companies will usually not cover services that people get from out-of-network providers.

Primary Care	Specialist Care
Everyday healthcare practiced by a general doctor or primary care physician (PCP). Ideally, PCPs (not emergency rooms) are the first contact for patients within a healthcare system. PCPs often coordinate specialist care that patients may need.	Advanced care with specialized equipment and tests practiced by doctors with training in a specific branch of medicine, such as the heart (Cardiologist), skin (Dermatologist) or musculoskeletal conditions (Orthopedist). Some specialists can perform surgeries.



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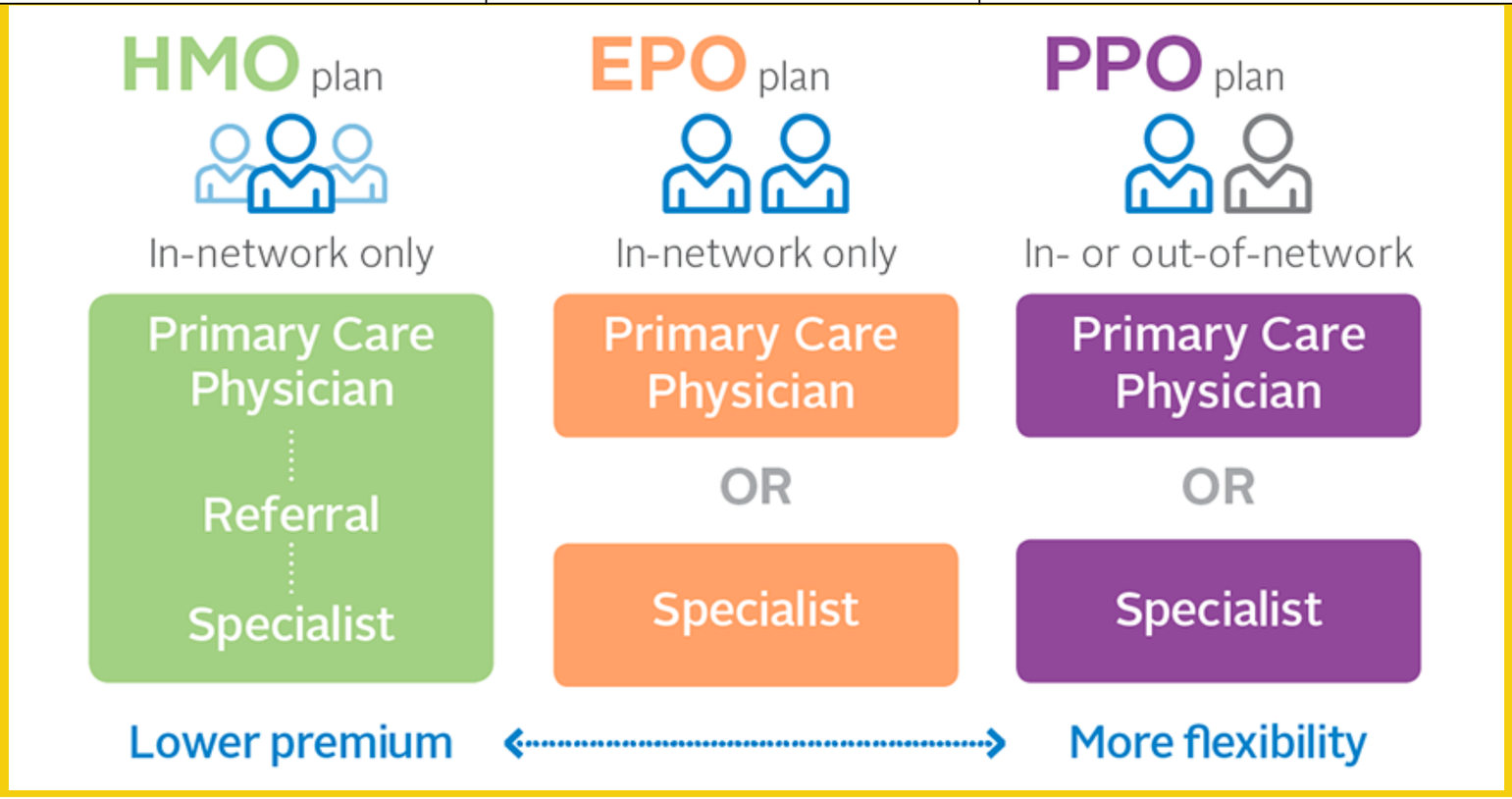
Types of Qualified Health Insurance Plans

Health Maintenance Organization	Exclusive Provider Organization	Preferred Provider Organization



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Qualified Health Insurance Plans: "Metal" Levels

Metal levels can be somewhat unhelpful when people are picking health insurance plans . . .

	Gold	Silver	Bronze
Monthly Cost	$$$	$$	$
Cost When You Get Care	$$	$$$	$$$$
Good Option If You...	likely will use consistent medical care throughout the year	need to balance your monthly premium with your out-of-pocket costs	don't plan to need a lot of health care services

. . . because what's valuable to one person may not be not be the most important thing for the next person.

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Medication Management

Formulary: ■ The list of medications for which a health insurance company will share costs with insured people.

Medication Tier:

■ The cost category for different medications. Medications that are relatively common and inexpensive to produce will be in Tiers 1 or 2. Medications that are rarer or expensive to make will be in Tiers 4 or 5.

* For people with diagnoses that require specific medications (and for people whose bodies or diagnoses respond well to certain medications), it is **really important to check formularies and medication tiers** to be sure health insurance will work well for you

Summary of Benefits and Coverage (SBC): The Nitty Gritty

Common Medical Event	Services You May Need	What You Will Pay	
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 copay/visit	Not covered
	Specialist visit	$50 copay/visit	Not covered
	Preventive care/screening/ immunization	No charge	Not covered
If you have a test	Diagnostic test (x-ray, blood work)	$200 copay/service	Not covered
	Imaging (CT/PET scans, MRIs)	$200 copay/service	Not covered
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.ascensionpersonalizedcare.com/pharmacy/2023_drug_formulary	Generic drugs	$25 copay/prescription	Not covered
	Preferred brand drugs	$50 copay/prescription	Not covered
	Non-preferred brand drugs	40% coinsurance	Not covered
	Specialty drugs	40% coinsurance	Not covered

Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Adult: No charge for the first 2 sick visits, $30 copayment per visit for subsequent visits in that plan year, deductible does not apply Pediatric: No charge, deductible does not apply	Not covered
	Specialist visit	$60 copayment per visit, deductible does not apply	Not covered
	Preventive care/screening/ immunization	No charge	Not covered
If you have a test	Diagnostic test (X-ray, blood work)	25% after deductible	Not covered
	Imaging (CT/PET scans, MRIs)	$300 copayment per visit plus 25% after deductible	Not covered
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at BSWHealthPlan.com/individuals-	Generic drugs (Tier 1)	$15 copayment per prescription, deductible does not apply	Not covered
	Preferred brand drugs (Tier 2)	$55 copayment per prescription, deductible does not apply	Not covered
	Non-preferred brand drugs (Tier 3)	$150 copayment per prescription, deductible does not apply	Not covered

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Health Insurance Claims

Claim

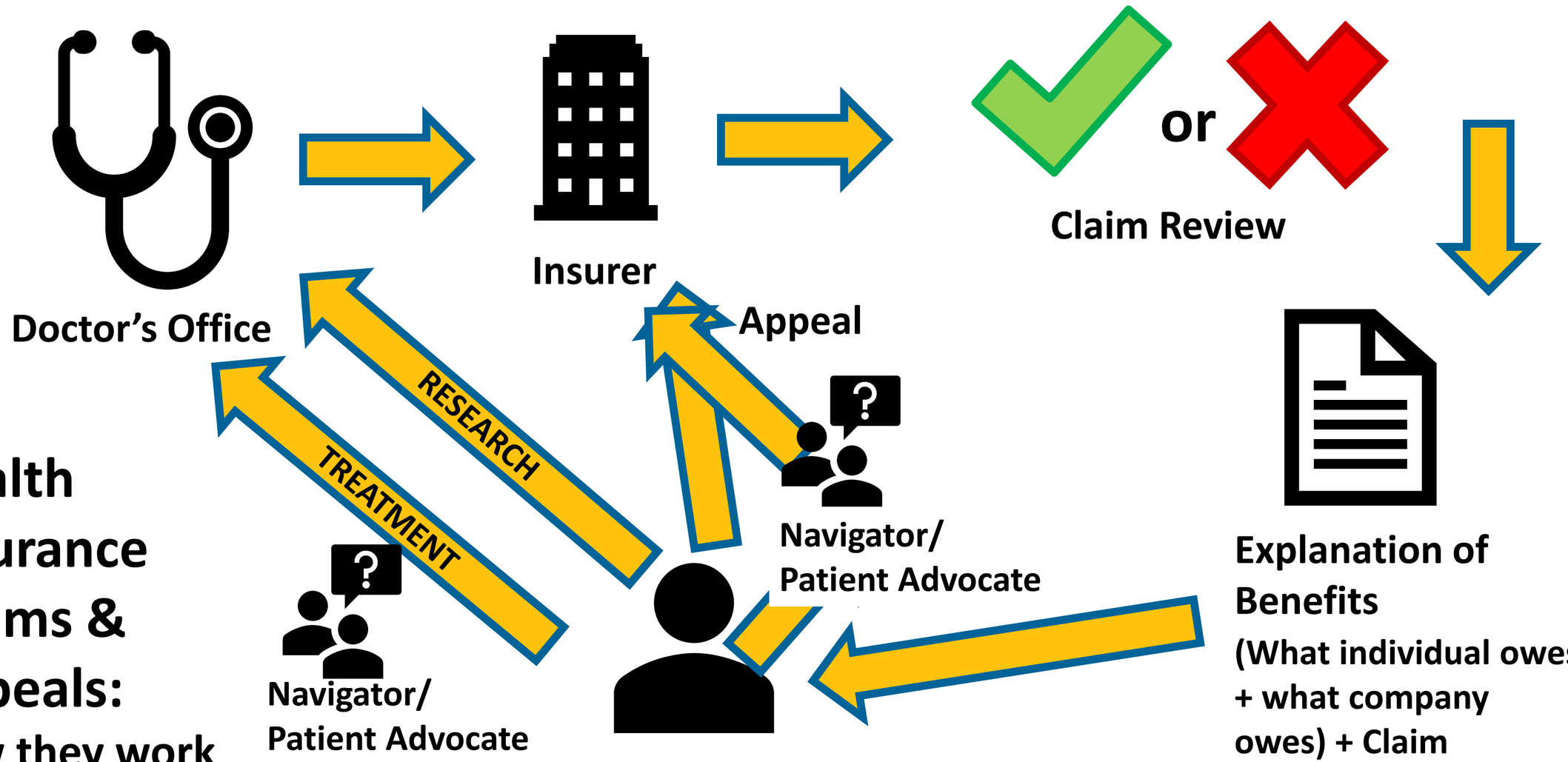
- A demand for payment from the insurance company to a provider for medical services provided under the agreements of the insurance contract (like how much the insurance company could pay, which doctor the covered person went to, etc.).

If the insurance company denies a claim that an insured person understands the company should cover, then the insured person can file an appeal.

Appeal

- An argument to an insurance company (or, sometimes, to an oversight office like the Texas Department of Insurance) to compel an insurance company to understand their obligations under the insurance contract and pay their fair share of the medical costs.

Health Insurance Claims & Appeals:
How they work



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The Appeals Process

Step 1: Review Your Plan: Check your health plan documents or contact your health plan or employer for details on your plan's appeal process. A health plan will usually require you to fill out forms or write a letter to appeal the decision.

Step 2: Submit Your Appeal: You will usually have to file your appeal within 180 days (six months) of receiving notice that your claim was denied.

- You may send any other info that you want the health plan to consider.
- Your appeal does not need to be technical, but you should say what claim denial you are appealing and why you believe the company should review the denial.

Step 3: Keep Copies: Make sure you keep copies of all info about your claim and the plan's denial, including info the plan gave you. This includes:

- Your Explanation of Benefits (EOB) forms
- Copies of any info you send to the company
- Notes from any conversation you have with your health plan about the appeal

Step 4: Requesting an Independent Review: When you have exhausted your health plan's internal appeal process, you may have the right to have the decision reviewed by an outside independent review organization (IRO).

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The Affordable Care Act's Health Insurance Marketplace

Types of Financial Help:

1) Premium subsidies ----------→ Income-based / Sliding scale
2) Cost-Sharing Reductions ----------→ Income-based / Income brackets
3) Medicaid for low-income adults ----→ Texas lawmakers have not passed

Annual Open Enrollment Period: Nov. 1–Dec. 15

and Year-Round Special Enrollment Periods

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