

HEALTH INSURANCE 101 WHAT YOU NEED TO KNOW

GBS/CIDP Foundation International

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Nathan Thomson

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PATIENT SERVICES INC.

National Non-Profit Organization committed to providing services to patients living with specific chronic illnesses for 30 years

Premium

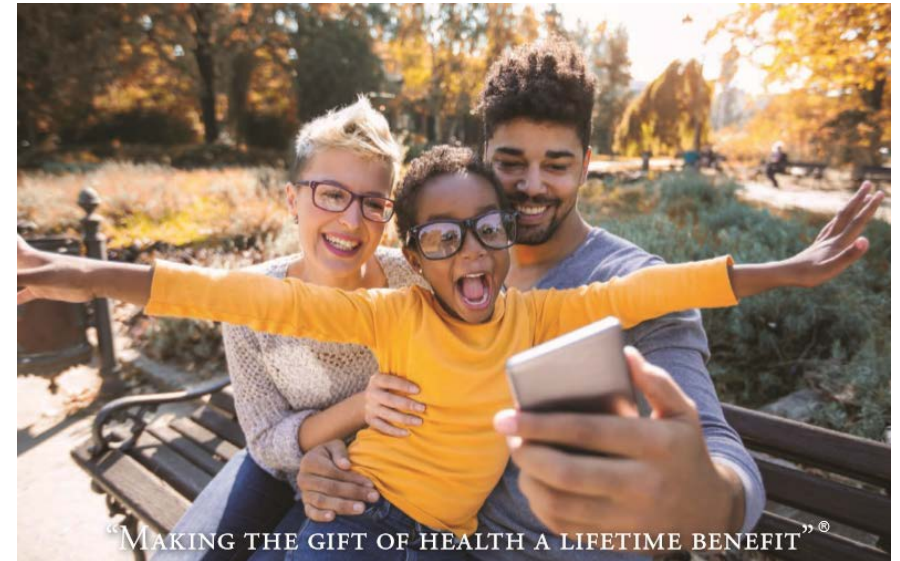
Copay

Coinsurance

Ancillary

Travel

ACCESS



HEALTH INSURANCE BASICS



Premium- The amount you pay for your coverage



Deductible- a specified amount of money that you must pay before the insurance company will pay a claim



Copayment- a payment by you in addition to that made by the insurer. Usually a set dollar amount

LET'S LOOK AT AN EXAMPLE

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$1,000 person / \$2,000 family	\$2,000 person / \$4,000 family
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$5,000 person / \$10,000 family	\$10,000 person / \$20,000 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	30% coinsurance after medical deductible is met
Doctor Home and Office Services Primary Care Visit to treat an injury or illness	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Specialist Care Visit	\$50 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Prenatal and Post-natal Care <i>In-Network preventive prenatal and postnatal services are covered at 100%.</i>	30% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

HEALTH INSURANCE BASICS



Coinsurance- a percentage of the total cost (usually 10-20%) that the patient pays for medical services



Major Medical Benefit- comprehensive policy for services from hospital admissions to emergency care



Pharmacy Benefit- Medications covered by a medical provider



Out-of-pocket Limit- The total amount per year that the patient will pay

ADDITIONAL TERMINOLOGY

- Prior Authorization- Requirement that your physician obtain approval from your plan to prescribe a specific medication
- Step Therapy or Fail First- Cost saving tactic, making a benefit use less costly options, before stepping up to other therapies
- Appeals- Your right to appeal the decision not pay a claim



TYPES OF COVERAGE

- **Public**

- All forms of Medicare
- Medicaid
- Supplemental
- Medigap
- Tricare
- Champus
- Veterans
- Government Employees Health Association
- Federal Employees Health Association

- **Private**

- Employer Sponsored
- Individual Insurance
- State/Federal Exchange
- Open Enrollment
- State High Risk Pools

REGULATION OF HEALTH PLANS

- Self Insured Plans- Regulated by the Department of Labor through the Employee Retirement Income Security Act (ERISA)
- Group or Individual Plans- Regulated on the state and federal level
- Medicare- Regulated by the federal government
- Medicaid- Joint federal and state program
 - When Having Questions regarding Insurance Coverage:
 - State Insurance Commissioner
 - State Legislators



MEDICARE

- Medicare is a federal health insurance program for qualifying individuals
 - Over 65
 - Disabled (24 months)
 - End Stage Renal Disease

PARTS OF MEDICARE



Medicare Part A- covers inpatient care in hospital, skilled nursing facility and in limited in home circumstances



Medicare Part B- outpatient care, preventive services, and durable medical equipment. Requires a separate premium for coverage. Medigap/Supplemental



Medicare Part C- vision, hearing, dental, and health/wellness programs. Medicare Advantage



Medicare Part D- prescription drug benefit plans

SSDI & SSI

Social Security Disability- provides monthly income to people who have worked but are no longer able to due to their medical condition. They eventually become eligible for medicare

Supplemental Security Income (SSI)- for people with little or no work history and very limited family income and assets. In most states this makes them eligible for Medicaid. SSI is the only disability program for children under 18

PSI ACCESS PROGRAM

Provides Direct Representation to people seeking federal disability benefits who have certain rare and chronic disorders (including CIDP)

Counsel patients on how various federal laws may help them (COBRA, Family Medical Leave Act, ADA, ACA, etc.)

Guide Patients through health coverage options and assist with insurance issues

Services provided at no cost to the client and are Completely confidential

THANK YOU

Nathan Thomson

Associate, Government Relations and Advocacy

Patient Services Inc.

nthomson@unneedpsi.org

804 224 3312

PSI-ACCESS Program

1-888-700-7010

Legal Support Hotline

1-877-851-9065





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Ask the Expert:

PSI's Nathan Thomson

In planning for retirement what should one anticipate and plan for when transitioning from a private health care plan to medicare?

If a patient has attended rehab and long term care already with minimal progress seen last year and now more changes are happening with ivig why wont they cover more?

Also, does new york insurance ever cover out of state rehab in a more progressive setting?

I cannot afford my IVIG what can I do to get help?

What's best option for part D to minimize copays for lvg for CIDP?

Medicare will not pay for the only AFO braces that work for me because they say they don't have a code for them. What can I do? My supplement would pay but Medicare denies with no code. Supplement goes by Medicare's approval. I've tried almost every other Braces.