
UNDERSTAND HEALTH INSURANCE

Health insurance plans help protect you from high health care costs. It is a contract between you and your health plan company. You buy a plan or policy, and the company agrees to pay part of your costs when you need health care.



Many people in the U.S. get a health plan policy through their employers. In most cases, the employer helps pay for that health plan. Health plans through employers are often with a managed care plan. These plans hire health care providers and health care offices to give care for members at reduced costs. You can also buy health plans on your own either through a private health insurance company or through the District of Columbia's health insurance marketplace.

People who meet certain needs can get a government health plan, such as Medicare and Medicaid. The Affordable Care Act makes health plans more affordable for many people in the U.S.

What a health plan covers/not covered

Your health plan company may ask you to pay for some of the care you get. This is often called cost sharing because you share or pay some of the costs, and your health plan company pays the rest. There are many types of costs that you could pay. These are:

Copayment: Sometimes this is called a “copay.” This is most often a set amount you pay for a visit, test, or meds. Copays are often lower for family doctors than specialists.

Deductible: This is the amount of money you need to pay each year before the health plan group will cover all the left-over costs. It is often called “meeting your deductible.” If you are healthy and don’t use healthcare often, having a high deductible and low monthly cost for a health plan may make sense. But, if you become sick, then your costs may be higher.

Coinsurance: After you have met your deductible for the year, some insurance companies still require coinsurance. This is the percent of the cost that you will still pay for some services.

All this may not be clear. It is vital to know what the scope of your health plan offers before you sign. Call your health plan company if you don’t know or speak with your doctor for answers to your questions.

CURRENT INSURANCE: _____

INSURANCE #: _____

GROUP ID: _____

IS THE INSURANCE THROUGH WORK OR THROUGH A RELATIVE? _____

WHAT IS YOUR DEDUCTIBLE? _____

WHAT IS YOUR COPAY? _____

NOTES: _____

Eligibility for public insurance/Assistance Programs

Medicare is the federal health plan program for:

- People who are 65 or older
- Certain younger people with handicaps
- People with End-Stage Renal Disease (permanent kidney failure needing dialysis or a transplant, sometimes called ESRD)

The program helps with the cost of health care, but it does not cover all health costs or the cost of most long-term care. You have choices for how you get Medicare coverage. If you choose to have Original Medicare (Part A and Part B) coverage, you can buy a Medicare Supplement Insurance (Medigap) policy from a private health plan group.

Medicaid

Medicaid gives health plans to millions of Americans, such as eligible low-income adults, children, pregnant women, older adults and people with handicaps. Medicaid is run by states, as stated by federal rules. The program is funded jointly by states and the federal government.