Hemophilia Council of California
Advocacy & Policy Webinar

Speak My Language, Understanding Health Insurance

Presented by
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Mission & Vision

- **Mission** – to improve access to care and treatment options in order to advance the quality of life for people with bleeding disorders through advocacy, education, and outreach in collaboration with our founding member organizations
- **Vision –** open access to quality innovative care and choice of treatment for all people with bleeding disorders

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Who am I?

Michelle Rice
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and

Hemophilia Mom and Patient

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What is Health Insurance

Health insurance (also referred to as medical or healthcare insurance), refers to insurance that covers a portion of the cost of a policyholder's medical costs.

How much is covered by the insurer and how much the policyholder pays via copays, deductibles and coinsurance, depends on the details of the policy itself, with specific rules and regulations that apply to plans.

It is CRITICAL that you read your policy options closely to ensure you choose the plan that is best for you and your family!

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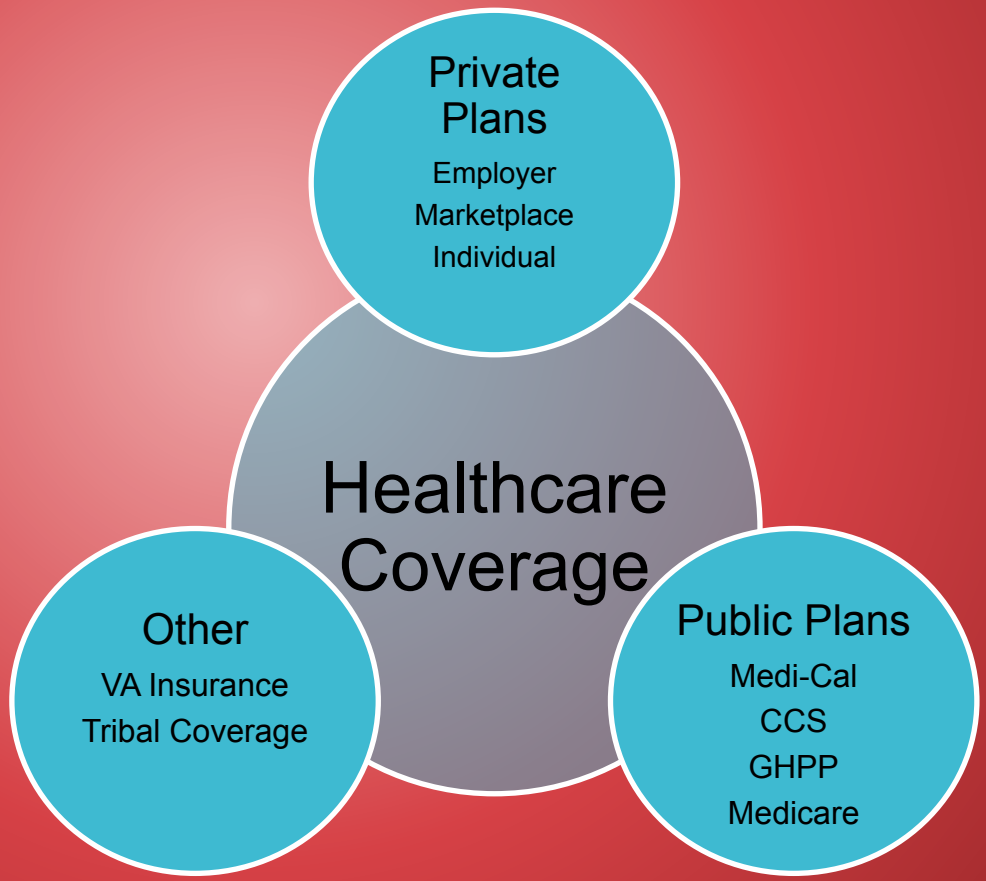
What are my options?

There are various types of insurance coverage – it is important to understand which one(s) are available to you.



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Today we will focus on Private Plans

Not all private plans are created equal…However they all love their acronyms! Let's start with the acronyms and definitions for the most common health plan types:

Exclusive Provider Organization (EPO)

- A managed care plan in which services are covered only if you utilize doctors, specialists and facilities within their network. Main advantage to EPO is that you typically are not required to obtain a referral to see a specialist.

Health Maintenance Organization (HMO)

- A managed care plan that limits clients to care from doctors and facilities within their network, require you to get a referral from your primary care doctor to see a specialist and generally will not cover out of network services except in an emergency (as defined by the plan). HMO plans may also require you to live or work within their service area in order to qualify for coverage.

More private plan options

High Deductible Health Plan (HDHP)

- A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more of the healthcare costs yourself before the plan starts to pay its share (your deductible). An HDHP that meets federal standards for a minimum deductible can be combined with a health savings account (HSA) to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis.

Preferred Provider Organization (PPO)

- A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers who belong to the plan's network. However, you can use doctors, hospitals and providers outside of the network for an additional cost.

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Where can I obtain a private plan?

Job-Based or Employer Sponsored Insurance

- Self-insured plan – Type of plan where the employer itself collects premiums from enrollees and takes on the responsibility of paying employees' and dependents' medical claims. These employers can contract for insurance services such as enrollment, claims processing, and provider networks with a third-party administrator, or they can be self-administered. Self-insured plans do not follow state insurance rules nor are they required to offer all 10 categories of essential health benefits. They are regulated under the federal rule known as ERISA and overseen by the U.S. Department of Labor.
- Fully-insured plan – A plan in which the employer contracts with another organization to assume financial responsibility for the enrollees' medical claims and for all incurred administrative costs.

Covered California Health Exchange (Marketplace)

- The government agency offering subsidized health plans for CA.

Private Health Insurance Market

- Individuals can reach out directly to health plans or health brokers to obtain quotes on individual health insurance. Beware of non - ACA compliant plans (often referred to as catastrophic, skinny or temporary health plans).

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What should I look for to know if a plan is right for me?

There are questions that are asked by almost everyone who is trying to choose a health plan and you should ask those questions too!

- How much does it cost? Premium, Deductible, Copays, Coinsurance?
- What is my maximum out-of-pocket?
- What services are covered – Prescriptions? Specialists?
- Do I have out-of-network coverage?

As a person with hemophilia, there are some disease-specific questions you should ask:

- Is MY factor product covered? By pharmacy or medical or both?
- Is my HTC in network?
- Will I need a referral to see a specialist?
- What services require prior authorization?
- Does the plan have an accumulator adjustor program or an accumulator program?
- Is this a self-insured plan and if so, may I see a copy of the preferred drug list and any separate specialty drug list?

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Some "cost savings programs" are actually shifting costs to the insured!

Accumulator Adjustment Program

Utilized by pharmacy benefit managers (PBMs) and health plans to identify when a manufacturer copay card has been used and prohibits the amount paid from counting toward an insured's deductible or out-of-pocket maximum.

Co-Pay Maximizers

A form of accumulator adjustment in which the plan extracts the maximum benefit amount from the manufacturer in order to shift as much of the drug cost away from the plan as possible. In many case the plan will set the monthly co-pay for the drug close or equal to 1/12th of the offer's annual benefit maximum.

Alternative Funding/Medical Tourism Programs

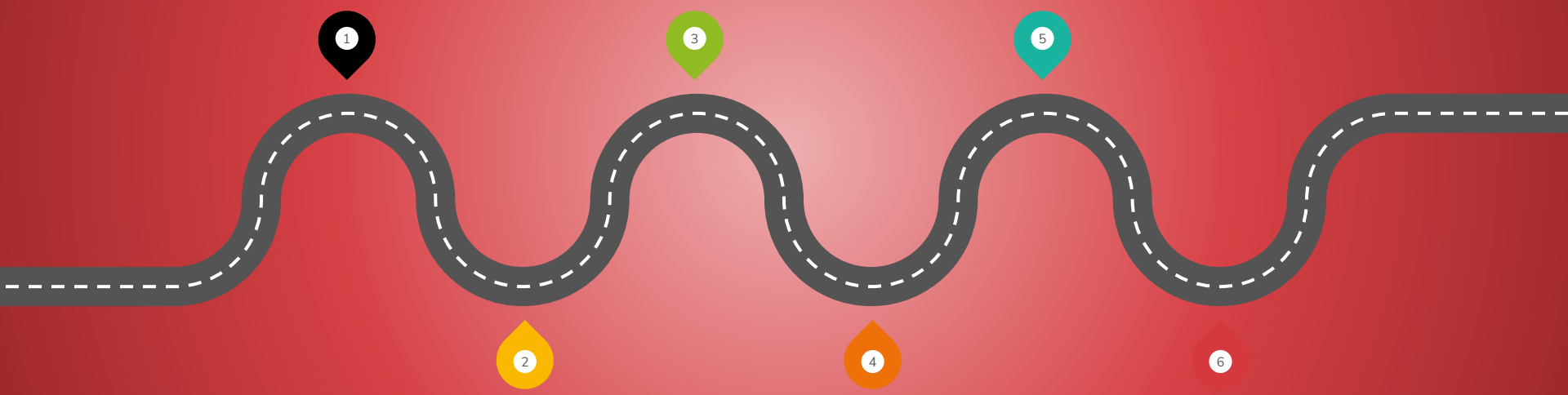
Another program being utilized by self insured employers. The employee receives notice that some of their specialty medications are no longer covered BUT they have engaged a company to help employees obtain their meds at a greatly reduced cost and in some instances free…(Remember if it sounds to good to be true, it often is.)

For additional information on these programs, please visit the following links:

National Hemophilia Foundation: Copay Accumulator Patient Impact – YouTube

National Hemophilia Foundation CCSC Webcast March 16, 2022 - YouTube

Follow the roadmap to the plan that is right for you!



Step 1: Gather copies of the plan documents for each plan avaliable to you

Step 2: Download a copy of the NHF Personal Health Insurance Toolkit

Step 3: Fill in the personal health stat sheet based on your family's experience

Step 4: Find a quiet spot to begin filling out the Cost Comparison Worksheet

Step 5: Review each plan for key words like "accumulator adjustor/maximizer"; exclusions, quantity limits

Step 6: Choose a plan – review again to insure that it covers the benefits your family needs.

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Who can you call for help?

As a member of the bleeding disorder community, you have many resources available to assist you along the way.

- HTC Social Worker or Nurse
- HCC at 916-572-7771 or lkinst@hemophiliaca.org
- Local Chapter staff
- HANDI (800-42HANDI or handi@hemophilia.org)
- NHF policy and payer relations teams
- HFA policy team
- Covered California Health Exchange
- Your factor manufacturer's patient assistance portal

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Questions

Use **chat** or **unmute** (*6) to ask your questions.

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Questions?

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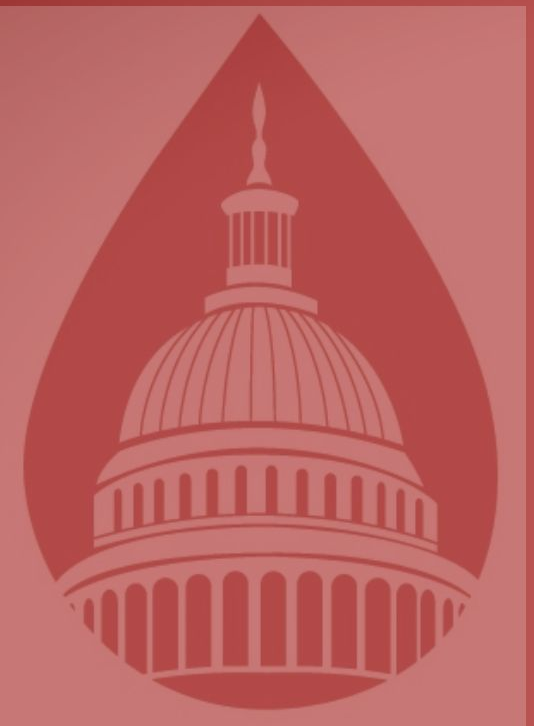

Thank you for joining us!

Reminder: this webinar is part of a series of educational webinars presented by the Hemophilia Council of California.

A recording and slides will be available in a few weeks at http://www.hemophiliaca.org/education/webinars/

NEED HELP? Contact Lynne Kinst at (916) 572-7771 or lkinst@hemophiliaca.org