HEMOPHILIA COUNCIL OF CALIFORNIA

Just My Type:
10 Questions You Should Ask When Choosing Your Insurance

Presented by
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What is the Hemophilia Council of California?

Our **Beginning**

HCC is a 501(c)3 nonprofit organization formed in 1989 to to coordinate the shared advocacy agenda of the four California hemophilia organizations

Our **Focus**

HCC coordinates statewide access, education and advocacy efforts on behalf of individuals living with bleeding disorders and rare or chronic conditions

Our **Advocacy**

HCC advocates to protect access to care, promote progressive treatment options and advance the quality of life for these individuals, families and caregivers

Mission & Vision

Our **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

Our **Vision**

Open access to quality innovative care and choice of treatment for all people with bleeding disorders

MyPatientRights.org

Get **Help**

Find information and resources to learn how to make your health insurance work for you so you can live your life to the fullest.

Advocating for Care

Have you been denied access to the care you need? MPR will guide you through the appeal process.

Stay **Informed**

Get updates on patient access issues that impact all of us.

What is your current insurance?

(Note – most of these tips apply to commercial insurance)

Do you know what kind of insurance you have and who pays for it?

Have you used your coverage this year? Has it been working for you?

Have you asked for help? Were they helpful?

What has changed this year?

Has your employer changed what they are offering?

Has the plan changed any of the benefits?

Have your circumstances changed?

Where do you find the information about your plan options?

- **Your Human Resources Department should provide open enrollment documents that outline your options.**
- **HR may not be able to answer all your questions & you may need to call the plan. Always document responses in writing.**
- **Health for California – healthforcalifornia.com**

What kind of plans are being offered?

What kind of insurance is it?

- Health Maintance Organization (HMO) – Typically lower premiums and lower out-of-pocket costs but provider networks are limited.
- Preferred Provider Organizations (PPO) – Allows more flexibility in choosing providers and even allows you to go out-of-network
- Point of Service Plan (POS) – Similar to PPO but requires referrals and PCP coordinates care
- High Deductible Health Plan (HDHP) – much lower premiums, but you must pay out of pocket for most/all services until you hit a high out-of-pocket cost.

Are the doctors and hospitals I (and my family)need covered on this plan?

Plan type will determine your network of providers

Which doctors and hospitals are most critical for your care?

All providers for your family may not be in the same network

Check plan to confirm & also check with providers

Are the important medications for me & my family covered? How much do they cost?

Review the outline of prescription drug benefits carefully to see what is covered and how much they cost

Often co-pays for name brand drugs are more expensive than generics

Some medicine (i.e. specialty drugs like blood factor) may be covered under the medical benefit

What are my total costs going to be?

Cost now? vs. Cost later?

- What is the cost of the premium? Premiums are the cost of the plan you pay each month regardless of whether you use the care. Part or all could be paid by your employer
- What is my deductible? Max out-of-pocket? Deductible is the amount of money you pay before insurance covered services (preventative care is often excluded)
- What about coinsurance? Co-pays? Coinsurance is a percentage of the cost of services (i.e. 30% for emergency room visits). A copay is a set amount by type of services (i.e. $20 for a doctor's visit)

Does the plan have a co-pay accumulator adjustor or maximizer?

Review Plan Documents

Call and ask directly (but document the call in writing)

Insurance companies will try to disguise an accumulator as a benefit –*CVS Caremark/CVS Health calls it "True accumulation"
***Express Scripts/Cigna calls it "Out of Pocket Protection"**
***United Healthcare calls it "Copay Card Solutions: Accumulator Benefit"**

Are public choices better for me?

Do you qualify for Medi-Cal, CCS or GHPP?

- Medi-Cal is income based
- California Children's Services (CCS)
- Genetically Handicapped Persons Program (GHPP)

Some special circumstances…

What is secondary insurance? And how does it work?

COBRA

Where can I go for more help?

Experts

- Your Hemophilia Treatment Center or other Providers
- Health Care Navigators
- Hemophilia Council of California
- MyPatientRights.org

Coworkers/Friends/Family

What happens if you make the wrong choice?

You have rights as a patient – learn those rights and get help

-MyPatientRights.org
- No Suprises Act

Most likely you will have to wait until open enrollment to make a change

Resources

- Centers for Medicaid & Medicare (CMS)
- HealthCare.gov
- California State Employees – MyCalPERS
- NPR – Six Tips to Choosing a Health Plan

Overview of Upcoming Webinars

- November 29 – A Quick Guide to Medi-Cal, GHPP and Medicare

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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?

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