



Navigating Health Insurance

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Coverage in the U.S. is Fragmented and Complex



Sources:

- Group, small group, union (subsidized by employer or union)*
- Individual (subsidized by government based on income with cost-share; if income is over 400% federal poverty level, no subsidy but cap on percentage of income paid for premium. Payment capped at 8.5% of income through 2025 if coverage purchased through Marketplace)
- Medicare (mix of government subsidies and self-pay)
- Medicaid/CHIP (subsidized by government)
- Student Coverage (self-pay)

*

*COBRA is the temporary extension of group coverage after eligibility is lost. It may or may not be subsidized by group but anyone on COBRA is tied to an existing group or union.

All coverage is regulated by federal government, state government or both. Christian co-op plans are approved by federal government but NOT insurance



Understand Existing Coverage and Have a Coverage Plan

Know insurer AND plan design (*structure of coverage, next slide*)



Understand events that result in not being eligible for coverage

Understand options for coverage if facing a transition



Plan Design

1

Product - PPO, POS, HMO, EPO, HDHP w/ health savings account

2

Deductible

4

Rules

3

Network/ Out-of-network benefits

5

Out-of-pocket maximum

Although the drug benefit is part of medical coverage, administration is often outsourced. Express Scripts, Caremark, Optum, dominate. Determine if your outpatient prescription drugs are on formulary (approved list of drugs).

Optimizing Current Coverage

- Obtain in-network care to extent possible (ideally determined through insurance company portal; when asking a provider office, question is “are you in-network with my specific plan?” and NOT “do you take my insurance?”)
- If prescribes non-formulary drugs, request exception (MD Letter)
- Communicate with provider officer re prior authorization requests

- Learn to interpret explanation of benefit statements
- Improve skills to diagnose mistakes in claims or medical bills

A Transition in Coverage

- Main objective is to avoid a gap in coverage
- Involuntary loss of coverage is a qualifying event which allows enrollment in other coverage outside of annual enrollment period. Avoid a gap but file application within 60 days of loss of coverage.

- As a dependent on group coverage, loss of coverage can result from subscriber losing eligibility; losing job, leaving job, retirement, or dependent aging off, usually at age 26.
- As a student on student health plan, loss of coverage is associated with graduation or not taking required credits for eligibility.

Enrollment Process Varies by Type of Coverage

Group/ Small Group/ Union

through company or union

Medicare

Social Security
Administration for A and B

Individual

through marketplace or, if not
subsidized, directly through
insurance company

Medicaid/ CHIP

healthcare.gov, state exchange
or state Medicaid agency

Regardless of type of enrollment process, leave nothing to chance even if assisted by broker,
consultant or HR representative



Q & A