

# Screening For Health Insurance: A Pocket Card for Healthcare Providers

2014-2015 Edition

## Why start the conversation?

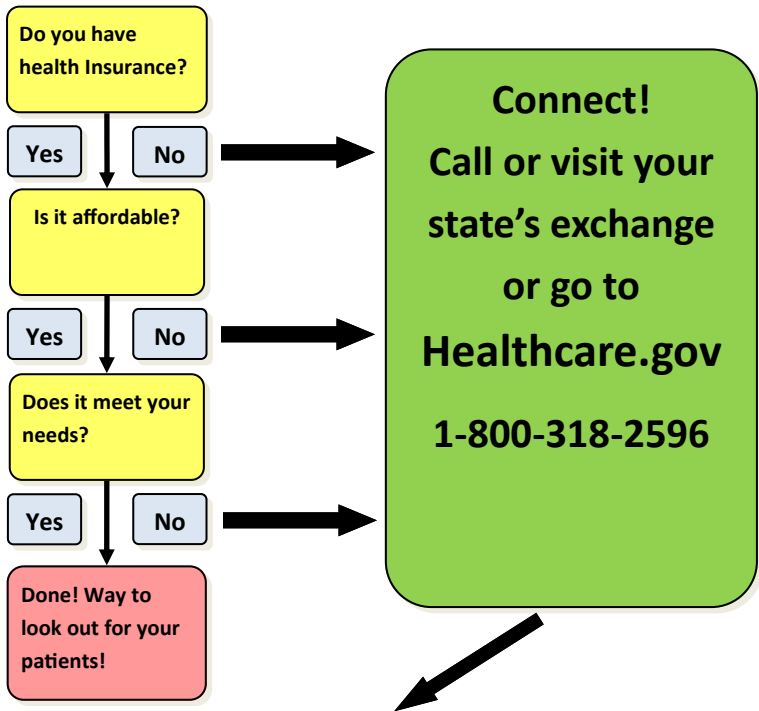
Health insurance status makes a big difference in providing quality, efficient healthcare. In 2010, an estimated 26,100 people died from lack of health insurance. Women without health insurance had delayed diagnosis of breast cancer and were 5 times more likely to die of their cancer. Lack of insurance is expensive too, with medical costs as the number one cause of personal bankruptcy. Screening is good medicine.

## What to do:

- Screen patients for health insurance.
- Answer basic questions (see back). Urge patients who are uninsured or underinsured to **call a local navigator, visit the state website, or Healthcare.gov**. Even if they have coverage, better options may exist.
- If the patient is undocumented, the information on this card does not apply. Please refer him or her to a health clinic that will treat patients regardless of health insurance status.

## What not to do:

- Do not screen patients for health insurance in an Emergency Room before they have seen a physician.



## See if your Patient Qualifies for Medicaid, Subsidies, or the Exchange at 2014 income levels

Family Size	Annual Income less than...	Between...	More than...
1	\$15,282	\$15,282-\$45,960	\$45,960
2	\$20,628	\$20,628-\$62,040	\$62,040
3	\$25,975	\$25,975-\$78,120	\$78,120
4*	\$31,322	\$31,322-\$94,200	\$94,200
	<b>Medicaid Eligible</b>	<b>Subsidy eligible</b>	<b>Exchange Eligible</b>

\*For families of 5 or more individuals, further subsidies can be calculated by a navigator or found on the website below.

\*These values may vary from state to state

<sup>1</sup>Dying for Coverage. The Deadly Consequences of Being Uninsured." Families USA, June 2012, www.familiesusa.org[accessed 1/25/14]

## Frequently Asked Questions

### Who is required to have health insurance?

All US citizens and documented immigrants must have health insurance as of March 31st, 2014, or pay a fee (with some exceptions), and can benefit from new options through the Affordable Care Act (ACA).

### How do patients choose a plan?

Patients, depending on their age and income, may either qualify for Medicaid under expanded eligibility or private plans through the “marketplace.” The healthcare “marketplaces” are virtual insurance megamalls, organized by where insurance companies compete online for customers. The patient can shop for plans that cover their doctors and services that they need.

Your patient may qualify for a subsidy!

### What are new rules about private insurance?

Now, patients cannot be denied coverage or charged a higher premium based on preexisting conditions or gender. There are also no more annual/lifetime limits of coverage.

### What is covered?

Every marketplace plan must cover “Essential Health Benefits.”

- \* Free preventive care (USPSTF grade A and B)
- \* Maternity and newborn care
- \* Pediatric care including vision and dental
- \* Mental health and substance abuse
- \* Well-woman visits and FDA approved contraception
- \* Doctor visits, blood tests, and prescription drugs
- \* Emergency room visits and hospital days
- \* Physical therapy and other rehabilitation services

### How much does insurance cost?

The patient must pay a monthly fee (premium). They must pay a share of the costs (e.g. a deductible before insurance pays, or a co-pay per visit). The ACA sets the maximum amount the patient can pay out of pocket each year as \$6,350 for an individual, and \$12,700 for a household.

### What costs are covered by insurance?

The insurance company will then cover a certain percentage of the patient’s healthcare expenses, depending on the plan. There are bronze, silver, gold, and platinum plans on the exchanges which vary in extent of coverage and cost. The health insurance company will pay for the additional covered, in-network services.

### Can a patient stay with his or her current insurance plan?

Yes, if the plan is still offered by the insurance company. Some of the insurance plans offered before January 1, 2014 don’t provide the essential benefits required by the ACA. Some states do not allow these sub-standard plans to be sold even to pre-existing customers. Check the state website in the green bubble of this card.

### How can the patient enroll? And when?

Patients can connect by phone or in person with a “navigator,” a person trained to enroll patients in new health insurance plans and answer any questions. This service is free of charge. Patients can also enroll themselves by visiting the state website or Healthcare.gov or calling the phone numbers listed on the front. Open enrollment for private insurance will take place November 15, 2014 to February 15, 2015. Medicaid generally takes applications year round. The patient will need evidence of last year’s income, identification, SSN# or immigration/visa papers.

### Does it matter which website patients use?

The state website may be best. With one application, they may apply for all state benefits (e.g. Medicaid, food stamps, etc.). If they don’t qualify for Medicaid, they are transferred to Healthcare.gov.

### More questions?

Visit the state website to find in-person assisters or navigators, or visit Healthcare.gov.

**Please visit the state website for more information!**