Health Insurance after Graduation
Individual Health Insurance in California

University of California, Berkeley
Student Health Insurance Office – Tang Center
Spring Semester 2012
Health Care vs. Health Insurance

Health Care is...
Provision of Medical Services by
- Private Physicians & Hospitals
- Community Clinics
- Public Hospitals & Clinics

Method of Payment
- private pay or insurance
- sliding scale ability to pay
- free medical care

Health Insurance is...
Promise to Pay
- Coverage for Specified Medical Services

Assumption of Risk
- Yours and Theirs

Commodity
- “What the market will bear”
Insurance Options for Individuals

1. UC SHIP Voluntary Continuation Plan
2. Private Individual Health Insurance
   - HMO and PPO Plans
     - Cal Alumni Association Insurance Program
     - Standard Monthly Health Insurance Plans
     - Short-Term Health Insurance Plans
     - Anthem Blue Cross Conversion Plan
   - Indemnity Plans
3. Public Health Care Programs
   - Medi-Cal Programs and Access for Infants and Mothers (AIM)
   - County “Medically Indigent” Programs
     - Not insurance
Health Insurance for Individuals
How to Find the Right Plan

Questions to Ask:

✓ Do you have any pre-existing health conditions?
  • If yes, you may not qualify for individual insurance

✓ What is your residency status?
  • Are you leaving California? You must be CA resident

✓ What are your health care needs or plans?
  • e.g., do you have a spouse or children, or are you pregnant?

✓ Are you starting a job soon?
  • Will you have health benefits? / When will benefits begin?

✓ Can you be covered by your parent’s plan?
  • If you are under 26, you may be eligible to join or stay on their plan

✓ What is your income level?
  • Are public health care programs available to you?
Key Health Insurance Terms

- **HMO (Health Maintenance Organization) Plan:**
  A plan in which you choose a primary care physician (PCP) who coordinates your care with providers in the plan network—*no coverage outside network*.

- **PPO (Preferred Provider Organization) Plan:**
  A plan in which you have direct access to providers in the plan network, as well as other providers at higher cost to you.
  
  ✓ **UC SHIP is a PPO Plan but is unique from other PPO plans because it requires you to obtain an authorization prior to receiving services outside of the Tang Center.**

- **Network or Participating Providers:** Providers (individuals and facilities) accept a negotiated or contracted rate as full payment for services—*no “balance billing”*
  
  ✓ **UC SHIP’s Network: Anthem Blue Cross Prudent Buyer Network.**
Key Health Insurance Terms

- **Covered Expenses ("UCR"):** Expenses are tied to insurer’s fee reimbursement schedule that is based on “usual, customary and reasonable charges” (non-network)—“balance billing” allowed

- **Out of Pocket Maximum:** Maximum dollar amount you have to pay out of your own pocket for covered health care services during a set time period, e.g., calendar year. Also called Coinsurance Maximum
  - UC SHIP’s In Network out of pocket maximum is $3,000

- **Lifetime Maximum:** Limit to amount of total claims payments an insurer will make for you the entire time you are covered by the plan. Any amounts above the “lifetime maximum” are your responsibility
  - UC SHIP’s lifetime maximum is $400,000
HOW INSURANCE WORKS

YOU pay:

**PREMIUM = $$$**
Fee you pay to be enrolled in an insurance plan, usually monthly

**DEDUCTIBLE = $$ or $$$**
Amount (variable) you must pay for services out of pocket *first*, before the insurer will pay for those services, per policy period (usually calendar year)

**CO-INSURANCE = %**
Percentage share of cost expressed in $ for each service (variable; e.g., 20%), after deductible

**COPAYMENT = $**
Set dollar share of cost for each service (variable; e.g., $20); not subject to deductible

INSURANCE COMPANY pays:

**BALANCE** after **YOU** meet deductible and pay co-insurance or copayment (if any), for each service — subject to policy terms (i.e., for covered services)
UC SHIP Is a PPO Plan*

- **2011-12 Premium** (per semester): $813 for undergraduate students, $1,075 for graduate students
- **Coinsurance**: Generally, 10% for outpatient services from a network provider; 40% for services from a non-network provider
- **Deductible**: $200 per plan year (August 15 to August 14)
- **Out of Pocket Maximum** = $3,000 per plan year (including deductible)
- **Lifetime Maximum** = $400,000
- **Dollar limits on selected services per plan year**: prescription drugs = $10,000 maximum; physical therapy = $5,000 maximum
- **Copayments**:
  - Office visit, urgent care and emergency room copays (variable)
  - Prescription drugs $5 (generic) or $25 (brand name) copays for prescriptions obtained at Tang or from network pharmacies

*NOT A COMPLETE LIST*
UC SHIP Voluntary Continuation Plan
—UC SHIP for graduating students

- SAME GREAT BENEFITS AS UC SHIP!
- Students enrolled in UC SHIP may continue UC SHIP for one semester after graduation
- Premiums for Fall 2012
  - Graduate Students: $2085.03 (one semester only)
  - Undergraduate Students: $1569.36 (one semester only)
Continuation Plan Resources

*Website: uhs.berkeley.edu/students/insurance*

- Look for additional web links on this page

Wells Fargo Insurance Services (Eligibility & Enrollment):
- 800-853-5899; fax 916-231-0527; address 11017 Cobblerock Drive, Ste. 100, Rancho Cordova, CA 95670
- *The full premium must be paid prior to receiving coverage*

Anthem Blue Cross:
- 866-940-8306 or [www.anthem.com/ca](http://www.anthem.com/ca)

Delta Dental:
- 888-335-8227 or [www.deltadentalins.com/ucb](http://www.deltadentalins.com/ucb)

UHS Student Health Insurance Office:
- 510-642-5700; fax 510-642-9119
Cal Alumni Association (CAA) Health Insurance Program

CAA offers a discounted insurance program to all UC Berkeley Alumni through Marsh U.S. Consumer, a national insurance broker.

- Any Blue Shield plan is available (PPO or HMO)
  - 2% premium discount for all alumni enrollees
- Guaranteed Acceptance provision
  - For *graduating students under 40* who enroll within 135 days of graduation (May 12) = by *September 24, 2012* (proof of graduation required)
  - Any Blue Shield plan is available at *125%* of standard premium
  - *No medical underwriting*
Private Individual HMO & PPO Health Insurance Plans

California Insurers: Anthem Blue Cross, Kaiser Permanente, Blue Shield, Health Net, PacifiCare, Aetna

- Rate Determination: Insurance companies rate individuals by age, residence (zip code), and health status
- Health Questionnaire: Must qualify for individual insurance
  ✓ Underwriting: Review of your medical history to assess the risk of accepting you for policy coverage
- Cost Choices:
  1. High deductible = lower premium
  2. Full benefit plan vs. limited benefit plan
    ✓ Most limited benefit plans exclude maternity benefits and provide generic-only prescription drug coverage
  3. Out of pocket maximum can also be important cost factor
California Short Term Health (STH) Plans

- Coverage is available for 30 days (minimum) up to 185 days
  - Also known as “gap” insurance
  - Can be extended with limitations — *not* extendable if any claims in policy period
  - Ineligible if you have a pre-existing condition

- Must be a resident of California
- Premiums can be lower than standard individual plans
- Short health questionnaire — “streamlined” underwriting
- Anthem Blue Cross and Health Net offer STH plans

**Caution:** *If you develop a health condition while on a STH plan, you may be ineligible later for a standard individual plan*
Anthem Blue Cross Conversion Plan

- Individual conversion plan is for students who have been on UC SHIP with ongoing medical conditions who may not be graduating and anticipates the need for coverage for longer than 1 additional semester: no medical underwriting
  - COBRA is not an option for UC SHIP members
- Conversion PPO Share 7500 Plan – full benefits after $7,500 deductible is met (exception: $40 office visit copay); 0% coinsurance after deductible; plan has separate $750 brand-name prescription drug deductible
  - Premium is determined by age and residence:
    - $564/month for individual under 30 living in Alameda Co.
  - Must apply within 63 days of loss of group coverage (UC SHIP)
  - Cannot be eligible for Medi-Cal or other medical coverage (group or individual), or have Medicare
  - Must be a “permanent” California resident
- Other more limited conversion plans are also available
Indemnity Plans — “Fee for Service”

- Indemnity plans allow you to direct your own health care and visit almost any doctor or hospital you like. The insurance company pays a set portion of your total charges for each type of service. They are also known as "fee-for-service" plans.

- An Indemnity plan may require that you pay for services up front and then submit a claim to the insurer for reimbursement.

- You may also be required to pay an annual deductible before the insurance company begins to pay your claims. Once your deductible has been met, the insurance company will typically pay your claims at a set percentage of the “usual, customary and reasonable (UCR) rate” for the service. The UCR rate is the amount that healthcare providers in your area typically charge for any given service.
Marsh Indemnity Plan

Some of the benefits of Marsh’s Limited Medical plan:

- Guaranteed issue for members and their spouses ages 18 through 64, and dependent children to age 19 or age 25 if attending school full-time
- $1,000,000 lifetime maximum per covered person
- U.S. citizenship not required – only U.S. residency for 12 consecutive mos.
- In-hospital daily indemnity – choice of $500, $750, $1,000 or $1,500/day
- Surgery, anesthesia, lab, x-ray, wellness, emergency room and ambulance benefits
- Doctor office visits – choice of $25, $50, or $75 per visit benefit
- $2,000 accidental injury medical benefit
- $10,000 accidental death and dismemberment
- Choose any doctor or hospital or access Beech Street PPO Network savings
- Rx prescription drug 4 Tier Card
Pre-Existing Condition Insurance Plan—“PCIP”

Federal-state government program administered by the Managed Risk Medical Insurance Board (MRMIB)

- Comprehensive medical benefits for inpatient/outpatient physician & hospital services with annual $1,500 medical deductible (in-Network) & $500 brand-name prescription drug deductible
  - Must have had no health insurance coverage for past 6 months
  - Must have been denied individual insurance coverage within last 12 months for a pre-existing condition
  - Cannot be eligible for Medicare, COBRA or Cal-COBRA
  - Must be a resident of California, and a US citizen, US National or qualified immigrant

- Monthly premiums in Bay Area (Region 3) to age 40:
  - $124 (ages 0-18), $171 (ages 19-29) $247 (ages 30-34), and $275 (ages 35-29)
Major Risk Medical Insurance Program — “MRMIP”

- State government program administered by the Managed Risk Medical Insurance Board (MRMIB)
  - Comprehensive medical benefits for inpatient/outpatient physician & hospital services with an annual $500 medical deductible
  - Medical benefits limited to $75,000 per calendar year and $750,000 in a lifetime
  - Must be unable to secure adequate coverage in last 12 months — usually, because you were denied individual coverage by an insurer
  - Cannot be eligible for Medicare, COBRA or Cal-COBRA
  - Must be a resident of California
  - Participating MRMIP health plans in Bar Area: Anthem Blue Cross, Kaiser and Contra Costa Health Plan

**NOTE:** MRMIP currently has a one to three month waiting list for enrollment
Public Health Insurance Programs

- **Medi-Cal for Families**
  - Families (adults and children) who are eligible through the CalWORKS program, or a single adult solely responsible for child/children

- **Pregnancy-related Programs: Medi-Cal and Access for Infants and Mothers (AIM)**
  - Services are provided to women — regardless of immigration status — to encourage early and appropriate utilization of prenatal care services

- **Aid-related Programs**
  - Individuals who receive cash aid through certain federal government programs are automatically entitled to Medi-Cal, including CalWORKS and Supplemental Security Income (SSI)

*For all Medi-Cal programs, certain financial eligibility criteria apply, and the individual or family may have a share of cost requirement*
Options for Low-Income Individuals

County Public Health Care Programs (NOT Medi-Cal)

- Under California law (CA Welfare & Institutions Code 17000), counties are the “providers of last resort” of health services to low income uninsured individuals with no other source of care.

- **These programs are NOT insurance**

  - Alameda County Health PAC
  - Contra Costa Health Services Basic Health Care
  - SFPATH
    - Temporary health coverage programs for uninsured county residents that mirror Medi-Cal benefits

- Healthy San Francisco
  - San Francisco program provides accessible and affordable health care services to uninsured county residents, including employed persons
Be an Informed Consumer!

Health Care *IS* a commodity

*Therefore, be an informed consumer:*

1. **Compare** plans and prices
   - Licensed insurance agent or broker (e.g., Barney&Barney LLC)
   - Insurance company sales person
   - Internet broker

2. **Get** multiple quotes before applying

3. **Know** what you are purchasing
   - **MONEY** —
     - premium, deductible, coinsurance, copayments, out-of-pocket or coinsurance maximum
   - **SERVICES** —
     - what’s covered and what’s not
     - how are services reimbursed (what’s your responsibility?)
   - **EXCLUSIONS** —
     - e.g., maternity, prescription drugs
   - **LIMITATIONS** —
     - e.g., inpatient and outpatient mental health services
How to Get Started

Know your medical history

- Do you qualify for individual health insurance?
  - Insurer can accept you at standard rate, offer you insurance at a higher rate, or decline you

- If you are declined coverage, what are your other insurance options?
  - Cal Alumni Assn’s Insurance Program with “guaranteed acceptance” option for new grads (must meet certain requirements)
  - Anthem Blue Cross Conversion Plan (for SHIP members only)
  - Pre-Existing Condition Insurance Plan (PCIP) or Major Risk Medical Insurance Program (MRMIP)
  - If you are low-income, you may qualify for a county “medically indigent” program (not insurance)
  - If you are pregnant and low-income, you may qualify for Medi-Cal or Access for Infants and Mothers (AIM)
How to Get Started

Know your deadlines

- **Applications** for individual health insurance can be submitted 30 days prior to loss of UC SHIP coverage, which is **August 14, 2012**
- **Enrollment turn-around times**
  - Short-term insurance plan (30 to 185 days) enrollment approval turn-around time is generally 1-3 days
  - Standard (monthly) individual insurance plan enrollment approval minimum turn-around time is 10 to 14 business days (can be longer)
- **Anthem Blue Cross Conversion Plan**
  - MUST enroll within 63 days of August 14
  - (by October 16, 2012)
  - Can set retroactive enrollment date

Don’t forget to request a Certificate of Creditable Coverage from the Student Health Insurance Office!
Health Insurance — How to Apply
Private Insurers

Anthem Blue Cross of California — Private health plans, Medi-Cal, AIM & MRMIP: [www.anthem.com/ca](http://www.anthem.com/ca) or (800) 777-6000

Blue Shield of California — Private health plans: [www.blueshieldca.com](http://www.blueshieldca.com) or call (800) 660-3007

Health Net — Private health plans: [www.healthnet.com](http://www.healthnet.com) or call (800) 909-3447 (commercial plans)

Kaiser Foundation Health Plan — Private health plans & MRMIP: [www.kaiserpermanente.org/individuals](http://www.kaiserpermanente.org/individuals) or call (800) 232-5100
Health Insurance — How to Apply County Public Agencies

Alameda County Social Services Agency — Medi-Cal & Medically Indigent Services Program (Health PAC): 
www.alamedasocialservices.org/public/services/medicall_care/ or call (510) 777-2300 or toll free (800) 698-1118; North County Office (510) 891-0700

Contra Costa Health Plan — Medi-Cal, Basic Health Care (MISP) MRMIP & private health plan: 
http://www.cchealth.org/health_plan/ or call (877) 661-6230

San Francisco Health Plan — Medi-Cal: 
http://www.sfhp.org/ or call (415) 547-7818
Health Insurance — How to Apply Other Public Agencies

City of Berkeley Public Health Dept. — Medi-Cal, AIM, & Health PAC enrollment assistance: http://www.ci.berkeley.ca.us/publichealth/publichealthclinic/phc.html or call El Centro (510) 981-5370

San Francisco Public Health Dept. — Healthy San Francisco Program & SFPATH: http://www.healthysanfrancisco.org/ or call (415) 615-4500 (Healthy SF); info@sfpath.org or 415-701-2311 (SFPATH)

Managed Risk Medical Insurance Board — PCIP: http://www.pcip.ca.gov/pcip_program/default.aspx or call (877) 428-5060
— MRMIP: http://www.mrmib.ca.gov/mrmib/MRMIP.shtml or call (800) 289-6574
Health Care & Insurance Resources

- Barney&Barney LLC (formerly Saylor & Hill) — Licensed insurance broker for Anthem Blue Cross, Blue Shield of California, Health Net, Kaiser, Aetna and PacifiCare
  [http://www.barneyandbarney.com/individual-family-students/](http://www.barneyandbarney.com/individual-family-students/) or call 800-321-4696

- eHealthInsurance — Licensed online health insurance broker
  [www.ehealthinsurance.com](http://www.ehealthinsurance.com)

- Marsh Consumer Services — Cal Alumni Association insurance broker
  [http://alumni.berkeley.edu/join/benefits/marsh-insurance](http://alumni.berkeley.edu/join/benefits/marsh-insurance) or call 877-249-7868

- Kathy Gage — Insurance Advisor, SHIO, 3200 Tang Center
  [ship@uhs.berkeley.edu](mailto:ship@uhs.berkeley.edu) or call 510-642-5742

- University Health Services (UHS), UC Berkeley — Online info
  [http://www.uhs.berkeley.edu/students/insurance/aftergraduation.shtml](http://www.uhs.berkeley.edu/students/insurance/aftergraduation.shtml)
Acknowledgements and Credits

- California HealthCare Foundation — research and news about health care [www.chcf.org](http://www.chcf.org)
- Kaiser Family Foundation — research and communications about health care and health policy [www.kff.org](http://www.kff.org)
- HealthCare.Gov — official *government* site provides information on finding insurance options, prevention, comparing care quality and understanding the new law [www.healthcare.gov](http://www.healthcare.gov)
- California Office of the Patient Advocate — independent office in state government for HMO members [www.opa.ca.gov](http://www.opa.ca.gov)
- Managed Risk Medical Insurance Board [www.mrmib.ca.gov](http://www.mrmib.ca.gov)