

Better Health

Through Health Insurance Literacy

Who We Are

The Health Insurance Literacy (HIL) group is comprised of key partners in the health coverage community including:



Colorado Consumer
Health Initiative



Colorado Covering Kids and Families



CONNECT
for HEALTH
COLORADO®



COLORADO

Department of
Regulatory Agencies

Division of Insurance



COLORADO

Department of Health Care
Policy & Financing



Physician Health Partners



KAISER PERMANENTE®



The Colorado Health Foundation™

Literacy is...

“The capacity to find and evaluate information about health plans, select the best plan given financial and health circumstances, and use the plan once enrolled.”

health insurance literacy expert roundtable

Literacy is...

Knowing how to:

- Find a doctor in network
- Fill a prescription
- Use and pay for that medication
- Use the benefits of your plan appropriately
- Understand whether your doctor's recommendations are covered by your plan

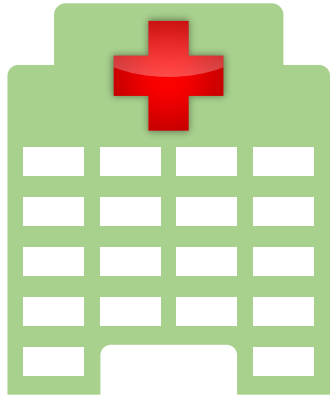
The reality



Nearly nine out of ten adults have difficulty using health information to make informed decisions about their health.

America's Health Insurance Plans

The reality



About half (51 percent) of Americans do not understand the basic health insurance terms premium, deductible and copay.

American Institute of CPAs

The reality



- 12 percent of adults had proficient health literacy
- 53 percent had intermediate
- 22 percent had basic
- 14 percent had below basic health literacy.

U.S. Department of Education

The reality



The cost of low health literacy to the U.S. economy was estimated by one study at between \$106 billion and \$238 billion in 2006. This represented between 7 percent and 17 percent of all personal health care expenditures.

George Washington University Study

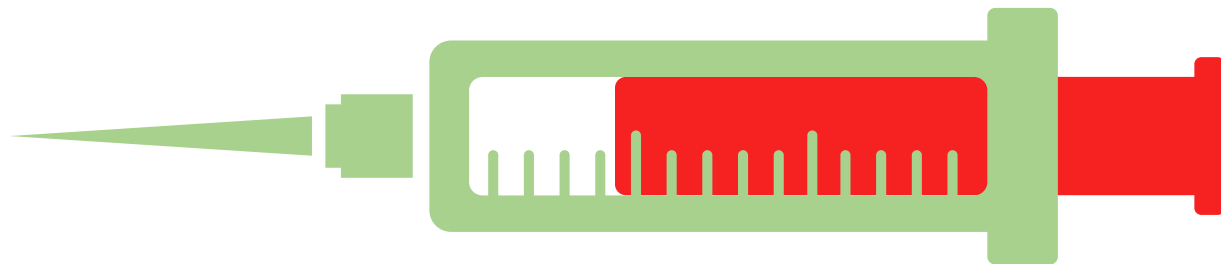
The barriers



- Lack of basic knowledge
- Hesitance to apply typical consumer behaviors
- Confusing terms and rules
- Cultural and language barriers
- Cluttered marketplace

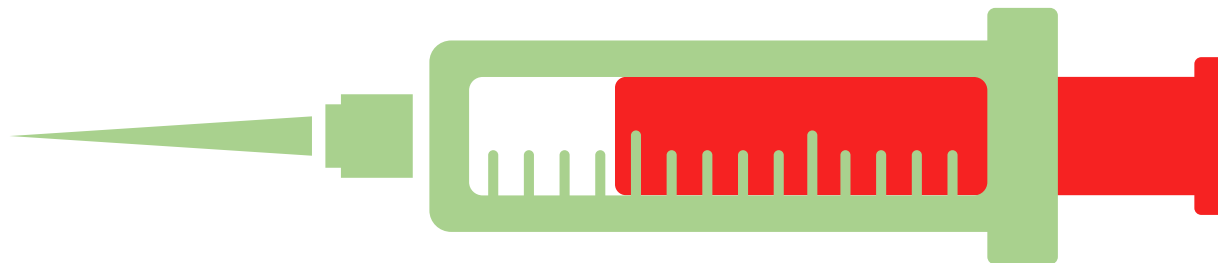
The medicine

Increase the opportunities for individuals to see **clear, consistent** information.



The medicine

- Increase the opportunities for individuals to see the information
- Keep the messages consistent
- Use the best tools for communication
- Share with the broadest network possible



The call to action



Kick off a year of health benefits by understanding your health plan basics

- Learn the lingo: Deductible, co-pay, co-insurance
- What can I expect to pay for my medications and treatments?
- Which hospitals, clinics and doctors can I see?
- You **MUST** stay in-network or your insurance will not pay claims (except in true emergencies).
- Review your regular medical partners to see if they're in network. Your insurance company can help you find in-network doctors and facilities.
- Staying covered by paying on-time:
 - Payments due a month prior to covered month
 - Set up easiest way to stay on track for on-time payments (auto-pay options)

The call to action



No cost to you preventive services — Use your health plan to stay healthy

- All health plans purchased on the Colorado Health Marketplace include many free tests for all adults, kids, and women—at no cost to you.
- Kids teeth are covered—most health plans include no cost to you preventive dental care for kids under 19.
- Some plans also cover preventive dental visits for adults.
- Common services include:
 - Annual wellness visit
 - Pap smear
 - Colonoscopy
 - Mammogram
 - Immunizations
 - Cholesterol and blood pressure screen

The call to action

Know your network of doctors and health facilities

- You must only see doctors and use medical facilities in your health plan's network, or you may not have any coverage. You will need to pay the full amount of the service if you go out of network.
- In case of a medical emergency, you can go to any hospital for emergency treatment.
- Know the lingo: HMO, PPO, EPO
- Your health insurance company can help you find doctors and facilities in your plan's network
- Before having any medical procedure or tests, ask if *all* doctors and facilities involved are in your network to make sure all charges are covered.



The call to action



Partner with your insurance company to manage chronic conditions, save money and live healthy

- Let your insurance company know right away if you have an ongoing health condition such as diabetes, high blood pressure, mental health, asthma, or pregnancy.
- Your insurance provider likely has a health management program to help with medications, monitoring, doctor appointments (in-person or by phone/computer) and support programs.
- Ask your health plan if they have free or low-cost programs to support improving your health, including:
 - Smoking cessation
 - Drug and alcohol abuse treatment
 - Weight loss
 - Stress reduction

The call to action



How to “shop” for high quality, low-cost medical services

- Your insurance company negotiates on behalf of its members for many tests and medical procedures.
- Some costs for medical tests and services can widely vary but provide the same result. These include:
 - X-ray
 - Mammogram
 - MRI
 - Colonoscopy
- Always call your insurance company before having a test or procedure done. They may have a recommended doctor or facility that can save you money.

The call to action



Health First Colorado: Colorado's Medicaid program, dedicated to putting the person first

- The new name conveys the program's commitment to covering more Coloradans and providing customer-centric service.
- No changes in eligibility, enrollment or coverage from Medicaid, just a more representative name and logo.

Still stands for integrated health care for improved physical, mental and social well-being for Coloradans.

The call to action

In case of emergency....



- Your insurance will cover you at any facility in cases of a true emergency. In life threatening situation, always go to the nearest facility or call 911.
 - You may not be covered if it is not an emergency.
 - An ER visit is typically the most expensive option for care.
- Always consider if you could see your primary care provider or urgent care facility instead of the ER.
 - Know which ones are in your network so you are covered by your insurance.
 - Much less expensive option for non-life threatening illness or injury.
- A “free standing Emergency Room” is different than an Urgent Care facility.

The call to action

Know your network to save money

- Most health plans sold on the Exchange are “in-network only” plans—members are limited to seeing only those doctors in the plan’s specified network.
- There is no coverage if go outside the network (except for emergencies).
- Know the lingo: HMO, EPO and PPO and know which facilities and providers are in your network.
- Avoid surprise charges by checking if all facilities and providers are in-network before having tests or procedures done.



The call to action

Managing your most common health insurance payments

- Co-pays, co-insurance, deductibles and maximum out-of-pocket
- If you've been using your insurance this year, you may have spent enough to hit your deductible.
- After you hit your deductible, you are required to pay co-insurance, or a percentage of the medical fee.
- You will also pay your co-pay for doctor visits, which is the flat fee.
- After you hit your deductible and continue paying co-insurance, you may hit your maximum out-of-pocket. Once you hit this amount, all covered medical expenses are paid in full.
- These fees restart each year, check to see when your plan restarts (most plans will restart January 1).



The call to action



Getting ready for open enrollment

- Review how much you used your plan this past year
Did you visit the doctor a lot, hit your deductible or max out-of-pocket?
Or was your usage limited?
- Look ahead at any planned healthcare needs/procedures.
- Consider a plan with a lower deductible and max-out-of-pocket if you plan on having a major medical procedure, getting pregnant, etc...

The call to action

Time to shop health plans

- The Health Insurance Marketplace is open Nov. 1 – Jan. 31.
- To stay insurance without a break in coverage, you must renew by Dec. 15. Your plan will start Jan. 1.
- Plan to review health plans, as rates and benefits change year to year.
- Talk with your local health care navigator, broker or call Connect for Health Colorado if you have questions.
- If you want to renew your plan, check on the Exchange website or call to find out what you need to do.
- Do not assume you will be automatically re-enrolled.



The call to action



Do you qualify for financial assistance for your monthly health insurance costs?

- If your income changed, you may qualify for Health First Colorado (Medicaid) or financial assistance for a marketplace plan.
- Your children may also qualify through the Children's Health Plan Plus. Enroll them to provide them with a healthy start.
- Do not assume you don't qualify—a family of 4 making up to \$97,000 qualifies for some assistance.
- Some people will also qualify for plans that have other lower costs, such as lower deductibles, co-pays and max out-of-pocket amounts.
- Check details at the Exchange website, call them, or find out if there are in-person events to receive assistance.

Join us

- Use the editorial calendar and developed messaging by visiting CoveredHQ at coveredhq.org

- Share with your networks and encourage them to use the resources

- Help us build a monthly outreach list

- Request additional resources if you need them

