

How to Get Affordable Health Care in Florida

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Compiled by

The Health Insurance Resource Center

www.ahirc.org

**The Actors Fund,
for everyone
in entertainment.**

Celebrating 125 years.

The Health Insurance Resource Center was created in 1998 by **The Actors Fund**, with a grant from the National Endowment for the Arts, to help people in entertainment and the arts find affordable health care coverage. With in-person counseling in New York and Los Angeles, national telephone support, an Internet database of resources (www.ahirc.org) with over a half-million visitors each year, and more than a hundred *Getting and Keeping Health Insurance* workshops offered at arts, cultural, and human services organizations throughout the country, HIRC works to reduce the number of uninsured artists and expand access to quality, affordable health care.

For more information, contact us at 212.221.7300, ext. 265 or on the web at www.ahirc.org, or visit any of the websites listed in this booklet.

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► Why do I need health insurance?

- ✓ **Access:** Access to quality health care is directly tied to having health insurance. Without health insurance or unlimited funds, you will have little or no say in the care you receive or in the choice of providers of that care.
- ✓ **Cost:** The cost of care is so great that a surgery, a day or two in the hospital, treatment for a chronic condition, a prescription for on-going drug therapy, or even several hours in a hospital emergency room can throw you into considerable, even ruinous debt, if you are uninsured.
- ✓ **Better outcomes:** People without health insurance frequently delay care, and are more likely to be sicker when they seek care. Not surprisingly, the mortality rates for cancer and other diseases are higher among the uninsured.

► What are my rights and protections?

Your rights vary depending on whether you purchase insurance as an individual or under a group plan. **If you buy insurance as an *individual* (i.e., not through your employer, union, small business plan or another type of group) you are not guaranteed the right to health insurance in Florida.** Private insurers can refuse to sell you insurance because of your health status, or exclude a pre-existing condition from coverage, or charge you a higher premium based on your age, gender, or pre-existing medical condition. (Note: you cannot be denied coverage based on a history of breast cancer if treatment was completed more than 2 years ago). In general, insurers can count as pre-existing conditions those for which you received – or, in their opinion, should have sought – diagnosis, treatment or medical advice during the *2 years* prior to the start of your policy. Coverage for pre-existing conditions can be excluded for up to *2 years*. However, any prior continuous insurance coverage you had must be credited towards the exclusion period. Coverage counts as continuous if it hasn't been interrupted by a break of 63 days or more. For those accepted by a plan, the premium (monthly payment) will be determined by several factors, the most important of which is age: a person in their fifties may pay hundreds of dollars more per month than a person in their twenties for the same benefits. See page 3 of this booklet for information on finding coverage for pre-existing conditions.

If you are insured through a group health plan, you can't be charged more or turned away because of your health status. However, the insurer can impose a pre-existing condition exclusion period similar to the one described above: if you make a claim during the first year of your coverage, the insurer can look at your medical history in the *6 months* prior to the beginning of your policy to see whether it was for such a condition. If so, they can exclude coverage of anything related to that condi-

tion for up to *12 months*. Please keep in mind that any period of prior continuous insurance coverage you had must be credited towards the exclusion period.

Please note that in an emergency, federal law protects you from being denied care in a hospital emergency room, regardless of your insurance status and ability to pay.

► How can I get health insurance in Florida?

You have three basic options for obtaining health insurance in Florida:

- ✓ employment or organization-related coverage
- ✓ private, direct-purchase plans
- ✓ government-subsidized programs

► What are my employment-related options?

A job or a spouse/domestic partner's job This is how most people under 65 years old get health insurance. The worker usually pays part of the cost and the employer/union pays the rest. This is called group insurance. Coverage of pre-existing conditions may be excluded for a period of time. A waiting period can be imposed by your employer or insurance company before your coverage begins.

A union Entertainment industry unions offer health insurance to eligible members. For performers, eligibility is achieved through the amount of “union work” in which an employer contributes towards the union health benefit. Selected entertainment unions include:

- American Federation of Musicians (South Florida): www.afm655.org
- American Federation of Television and Radio Artists: www.aftraahr.com
- Actors' Equity: www.equityleague.org/health/index.html
- Screen Actors Guild: www.sagph.org/index2.html

A school Most colleges and universities offer health insurance at greatly reduced cost to full-time (and in some cases part-time) students. If you are considering taking courses, you may want to investigate this option.

Small business insurance In Florida, small employers are guaranteed the right to buy group coverage. (This is what is referred to as “guaranteed issue” insurance). Your insurance cannot be cancelled if someone in your group gets sick. However, your premiums may vary based on the age of your employees or where your business is located. For comprehensive information on small business insurance visit www.HealthCoverageGuide.org.

COBRA is a law that lets you keep the same insurance you had through an employer or union for up to 18 months (sometimes longer) after you've left your job or become ineligible for benefits. You will pay the full premium, i.e. both your share and the amount your employer or union was paying on your behalf. COBRA can be quite expensive, but may be cheaper than buying an individual policy. Keep your option to choose COBRA open even if you think you can't afford it. www.fldfs.com/Consumers/literature/health_guide/hig_08.htm

Conversion coverage If you have exhausted any available COBRA coverage, you may be able to buy a conversion policy. A conversion policy is an individual policy from the insurer used by your former employer. It can be significantly more expensive than plans you can buy on the open market, but you will not have a pre-existing condition exclusion period.

► What if I have a pre-existing condition?

If you have a pre-existing medical condition, look for “guaranteed issue” insurance. This means you are guaranteed acceptance into a health plan regardless of your medical status. Some options for guaranteed-issue health insurance are:

HIPAA Plans HIPAA is a law that guarantees you access to insurance coverage if: 1) you had at least 18 months of continuous insurance coverage, the last day of which was under a group plan, 2) you have exhausted any COBRA coverage which was available to you, and 3) you are not eligible for any public or group health plans. Be aware that once you enroll in a HIPAA plan, you cannot change insurers. The premiums for these plans are generally considerably higher than for other plans. Contacting an insurance broker may be the simplest way to compare and choose a HIPAA plan. www.fldfs.com/consumers/literature/health_guide/hig_09.htm

TEIGIT The Entertainment Industry Group Insurance Trust administers health insurance plans for members of participating arts and entertainment associations. Coverage for members and their dependents is guaranteed if they meet eligibility requirements. www.teigit.com

Medicaid, Florida KidCare, ADAP/AICP, COBRA and conversion policies do not exclude pre-existing conditions. (See pages 5 and 6 for more information).

► I'm a freelancer. What's available to me?

Insurance companies offer sole proprietors an open enrollment period in August of every year. During this period, you have the right to buy insurance regardless of

your health status. However, the insurer can count as “pre-existing” any condition for which you received or *should have sought* treatment or medical advice in the 2 years prior to enrolling in the plan. You will receive credit toward your pre-existing condition exclusion period for any prior insurance coverage you had, provided there was no break in coverage of more than 63 days. In addition, your premium as a sole proprietor may be higher than as an individual or a small business.

You may be able to join a professional association (such as TEIGIT – see page 3) which will allow you to purchase health insurance at a reduced rate. Some associations and arts organizations offer discount plans; be wary of these plans, as they only promise discounts on health services and are not comprehensive insurance plans. For a listing of associations, visit www.ahirc.org.

▶ I can afford to buy private insurance, but I don't know what type of plan to get.

Private, direct-purchase plans can be divided into 3 types:

- ✓ **HMO** plans, which offer a wide variety of health services but limit coverage of care to doctors who work within their network.
- ✓ **PPO** plans, which pay for care in or outside a network of providers. If you go to an out-of-network provider, you often pay that doctor's fees directly and file for reimbursement from the insurance company.
- ✓ **HSAs** (Health Savings Accounts) which combine tax-sheltered funds for health care with qualified high-deductible insurance plans.

Plans vary in services provided. Costs include premiums, co-pays, co-insurance, and deductibles. High-deductible plans generally have lower premiums, but require you to pay more for medical expenses up front before your benefits kick in. Health Savings Accounts work best if you are healthy and make limited use of the health care system. Health insurance brokers (listed in the yellow pages) or online brokers (such as www.ehealthinsurance.com) can help you weigh your options. Another good resource for buying insurance in Florida is www.floridahealthinsurance.com. Online brokers make it easy to compare plans, but list only those insurers who have paid to be on their site. Some insurance companies sell short-term insurance, which covers you for a limited period of time. This can be useful if you are between jobs or waiting for another policy to begin.

► I will be traveling. Will I be covered if I get sick while I'm on the road?

If you plan on traveling, speak with your insurer about coverage. PPO plans pay out-of-network claims according to your contract. Generally, HMO plans pay out-of-network claims for life-threatening emergencies only.

► Am I eligible for government-subsidized health care programs?

Eligibility for almost all government health care programs is based on your income, figured as a percentage of the Federal Poverty Level (FPL), as well as other requirements. The 2008 FPL for one person is \$10,400 and for a family of four is \$21,200.

Medicaid is a public health insurance program. You may be eligible if any of the following categories apply to you and you meet low-income and asset guidelines: you receive SSI, are 65 years or older, blind, disabled, pregnant, or the parent or caregiver of a child under 21. To determine your income, Medicaid adds all your sources of income and then subtracts certain deductions. Medicaid coverage is comprehensive and includes primary care, hospitalization, prescriptions, and other services. There are no premiums. www.fdhc.state.fl.us/Medicaid

Medicare is health insurance for people age 65 and older and the disabled.

Medicare is divided into different areas of coverage: Part A covers hospitalization, Part B covers outpatient and other medical services, and Part D covers medications. You don't have to pay a premium for Part A; both Parts B and D require premiums, and all 3 parts require some co-insurance or co-pays. www.medicare.gov

Florida KidCare is insurance for children up to age 19. It provides comprehensive medical coverage to children in low-income families who are uninsured. Income limits are based on family size and the ages of the children. There are no asset limits. Premiums and co-payments are very low. www.floridakidcare.org

Cover Florida is a state-subsidized health care program set to start in early 2009. It will be open to state residents ages 19 to 64 who have been uninsured for 6 months or more. The companies participating in the program will offer one plan with "catastrophic" and hospital coverage and one without such benefits. All plans will cover surgery, urgent care, prescription drugs, diabetic supplies and some preventive services. Premiums will start at about \$150 monthly and will not cover treatment for some conditions. The state will make information about the program available through state agencies.

► I have a special health condition. Are there public health programs that cover it?

ADAP and **AICP** The AIDS Drug Assistance Program (ADAP) and the AIDS Insurance Continuation Program (AICP) help HIV+ uninsured or underinsured individuals access medications, treatments, and insurance. ADAP makes medications available to those who do not qualify for Medicaid or other insurance coverage. AICP subsidizes health insurance premiums for people at risk of losing their current insurance coverage. Income and asset limits apply.
www.doh.state.fl.us/disease_ctrl/aids/index.html

The National Breast and Cervical Cancer Early Detection Program

provides low-income, uninsured women access to screening and diagnostic services to detect breast and cervical cancers. Women who are subsequently diagnosed with cancer may be immediately eligible for limited Medicaid.

www.doh.state.fl.us/Family/bcc

► I'm not eligible for employment-related coverage or government programs, and I can't afford private insurance. What should I do?

It is possible to get affordable health care for common conditions without health insurance.

Sliding-scale programs at community clinics set fees based on household income. For a list of clinics near you visit The Bureau of Primary Health Care's website (ask.hrsa.gov/pc) which can direct you to a sliding-scale clinic closest to your home. You may also call the Florida Association of Community Health Centers at 850-942-1822.

Retail Clinics like CVS's Minute Clinic (www.minuteclinic.com) and Walgreens Take Care Health Center (www.takecarehealth.com) offer routine treatment and preventive care for common conditions, like strep throat and ear infections.

► I can't afford my medications. Can I get them for less, or free?

The Partnership for Prescription Assistance website (www.pparx.org) has information on over 150 pharmaceutical patient assistance programs which offer low-income, uninsured or under-insured patients free or low-cost medications.

Wal-Mart (www.walmart.com/pharmacy) and **Target** (www.target.com) offer over 300 generic medications for \$4 for a 30-day supply. **Costco** (www.costco.com) also offers members discounts via their prescription drug program.

Florida Discount Drug Card lowers the cost of prescription drugs for Florida residents who do not have drug coverage and have either a low monthly income or are age 60 or older. There is no fee to enroll. Savings range from 5% to 42%. You must use participating pharmacies. www.floridaSHINE.org

► I have mental health needs and I don't have insurance. What should I do?

If you are in crisis, call 1-800-273-TALK. The hotline is available 24 hours per day, 7 days per week. They can talk with you and refer you to services in your area.

The National Mental Health Services Locator offers a comprehensive database of mental health facilities, services, advocacy groups and resources in Florida. Substance abuse treatment facilities are also listed. <http://mentalhealth.samhsa.gov/databases/>

► How can I lower the cost of dental services?

Dental insurance plan summaries, comparisons and applications are available at www.dentalinsurance.com.

Dental discount plans offer discounts on services at participating dentists for an annual membership fee. Discount plans are not insurance. Patients' experiences with these plans are mixed; they seem to work best when a dentist you already know and trust is participating. Use caution here. Links to these plans can be found at www.dentalplans.com.

Dental schools and clinics offer sliding-scale services based on income and type of procedure. To locate a dental school, dental clinic, or lower-cost service in your area visit <http://floridadental.org/public/outreach>.

► How can I help change our health care system?

Contact your federal and state officials. Contact the White House at 1-800-671-7887 (ask for the Comment Line). Contact Senator Mel Martinez at 1-866-630-7106. Contact Senator Bill Nelson at 202-224-5274. Find and contact your

Representatives by visiting <https://forms.house.gov/wyr/welcome.shtml>. You may also want to consider joining one of the many organizations such as Families USA (www.familiesusa.org) and Community Catalyst (www.communitycatalyst.org) working to create a more just, efficient, and effective system.

► Where can I go for more information?

Visit The Actors Fund Health Insurance Resource Center's website at www.ahirc.org or contact us at 212.221.7300 ext. 265. The state of Florida also operates an excellent website which provides comprehensive health care information, including information on hospitals, health plans, prescription drugs, insurance for the uninsured and seniors, a symptom navigator and more at <http://floridahealthfinder.gov>

Glossary

Co-insurance: The amount you must pay for your portion of medical fees, usually expressed as a percentage. For example, if you have an 80/20 plan, your insurance will pay 80% of the contracted charges and you are responsible for 20%.

Co-pay: The flat amount you pay for services, such as office visits, prescriptions, and exams.

Deductible: The sum of money you pay out-of-pocket for medical expenses before the insurer starts to pay its part.

HMO (Health Maintenance Organization): A type of insurance company or plan that provides services through a network of providers. In an HMO, your Primary Care Physician (PCP) is responsible for coordinating your medical care. An HMO does not cover services provided outside of its network.

Look-back period: The maximum length of time that can be examined for evidence of pre-existing conditions prior to enrolling in a health plan.

Network and non-network providers: Doctors and facilities that either work for or contract with an insurer are considered "network providers". Those that do not are considered "non-network providers".

Out-of-pocket limit: The maximum dollar amount of covered health care expenses you could pay each year. Once you reach your out-of-pocket limit, the plan pays 100% of covered expenses for the remainder of the calendar year.

PPO (Preferred Provider Organization): An insurance plan that allows members to use services in or outside of the insurer's network of providers. Going to network providers is usually cheaper; services outside of the network generally require payment of a deductible and co-insurance.

Pre-existing condition exclusion period: A physical or mental condition which existed before applying for a policy, for which medical care was recommended or received, and which may not be covered by insurance, or only after a period of time.

Premium: Money paid on a monthly or quarterly basis to an insurer for insurance coverage.

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