

# **How to Get Affordable Health Care in Las Vegas**

**2008 - 2009**

*Compiled by*

**The Health Insurance Resource Center**

**[www.ahirc.org](http://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](http://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 **323.933.9244**, ext. 32 or on the web at [www.ahirc.org](http://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 ongoing 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 do 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, under a group plan, or as a small business owner. **If you are not insured through your employer, union, or some other type of group, you are currently not guaranteed the right to buy health insurance in Nevada.** 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. Insurers can count as pre-existing conditions those for which you received a diagnosis, treatment or medical advice. For individual coverage, there is no limit on how far an insurance company can look back to find pre-existing health conditions. 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.

Nevada does not currently provide access to private individual health insurance coverage to medically uninsurable individuals (known as a ‘high risk pool’), as many other states do. Individuals who are HIPAA-eligible (see page 3) may buy guaranteed-issue private health insurance coverage. Guaranteed-issue means that you cannot be denied acceptance into a plan.

**If you are insured through your employer, union, or some type of group, 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: if you make a claim during the first year of coverage, the plan 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 for up to 12 months. (Your old coverage may be credited toward the pre-existing condition exclusion period if you haven't let your insurance laps for more than 63 days). If you lose coverage under a fully insured group plan, you may be able to buy a conversion policy. This type of policy cannot impose a pre-existing condition exclusion period, but you must apply within 31 days of the end of your prior coverage.

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. For more information on your rights and limitations in Nevada visit [www.insurenv.com/content/regulations.html](http://www.insurenv.com/content/regulations.html). (This site is sponsored by an insurance broker).

## ► How can I get health insurance in the Las Vegas area?

You have three basic options for obtaining health insurance:

- ✓ employment-related coverage
- ✓ private 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 may be imposed before you can sign up for coverage.

**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 Television and Radio Artists: [www.aftraahr.com](http://www.aftraahr.com)

Actors' Equity: [www.equityleague.org/health/index.html](http://www.equityleague.org/health/index.html)

Screen Actors Guild: [www.sagph.org/index2.html](http://www.sagph.org/index2.html)

Musicians Union of Las Vegas Local 369: [www.musicianslasvegas369.com](http://www.musicianslasvegas369.com)

IATSE Local 720: [www.iatselocal720.com](http://www.iatselocal720.com)

**Small business insurance** In Nevada, small employers (with 2 to 50 full-time employees) are guaranteed the right to buy group coverage regardless of their

employees' health status. (This is what is referred to as “**guaranteed issue**” insurance). This type of coverage can be an option for those who might otherwise be rejected for individual insurance. If you own a small business, you may be able to buy insurance through the Las Vegas Chamber of Commerce, which offers plans to its members. [www.lvchamber.com/membership/group-health-benefits.html](http://www.lvchamber.com/membership/group-health-benefits.html)

**COBRA** is a federal law that lets you keep the same insurance you had through an employer or union 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; it may also be your *only* option if you have a pre-existing condition. Keep your option to choose COBRA open even if you think you can't afford it. One important reason to choose COBRA is that once you've exhausted it, you're eligible to purchase a “HIPAA” plan (see below) *regardless* of your health status. This is an important protection.

[www.dol.gov/ebsa/pdf/cobraemployee.pdf](http://www.dol.gov/ebsa/pdf/cobraemployee.pdf)

**HIPAA Plans** If you've been denied insurance due to a pre-existing condition, you may qualify for coverage as a “HIPAA eligible” individual if: 1) you had at least 18 months of continuous insurance coverage, the last day of which was under a group plan, 2) you've exhausted any COBRA coverage that was available to you, and 3) you aren't 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.

**A school** Most colleges and universities offer health insurance at greatly reduced costs. If you are considering taking courses, you may want to investigate coverage through your school. For example, University of Nevada, Las Vegas offers health insurance to undergraduate students registered with six or more credit hours, or graduate students taking three or more credit hours. Also, if you are a college graduate, the alumni association of your college may offer an affordable plan to its members.

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

If you are a sole proprietor you do not have the right to “guaranteed issue” insurance. However, you may be able to join a professional association 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](http://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 plans.

Plans vary in services provided. Costs include premiums, co-pays, co-insurance, deductibles and out-of-pocket maximums. 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](http://www.ehealthinsurance.com)) can help you weigh your options. 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. However, you may not be able to renew it.

## ► I will be traveling/going on tour/exhibiting out of town. Will I be covered if I get sick while I'm on the road?

If you plan on traveling outside Las Vegas, speak with your insurer about coverage. PPO plans pay out-of-network claims according to your contract. Generally, HMO plans pay claims for 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 require-

ments. The 2008 FPL for one person is \$10,400 and for a family of four is \$21,200.

**Medicaid** is Nevada's 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/SSP, are 65 years or older, disabled, pregnant, or a parent with dependent children. To determine your income, Medicaid adds all your sources of income and then subtracts certain deductions. Medicaid's coverage is comprehensive and includes primary care, hospitalization, prescriptions, and other services. There are no premiums. <http://dhcfp.state.nv.us/>

**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. There is no premium for Part A; both Parts B and D require premiums, and all parts require co-insurance or co-pays. [www.medicare.gov](http://www.medicare.gov)

**Nevada Check Up** is a program designed for families who do not qualify for Medicaid, but whose incomes are at or below 200% of the FPL. Nevada Check Up provides low-cost comprehensive health care coverage to uninsured children 18 years old or younger. Participants are charged a quarterly premium based on income, usually ranging between \$25-80. [www.nevadacheckup.state.nv.us](http://www.nevadacheckup.state.nv.us)

**Nevada Check Up Plus** is an employer sponsored insurance subsidy program that helps defray the cost of private medical insurance for parents that work for small employers (2-50 employees). The program provides up to \$100 per month per parent to help offset the cost of premium payments. Eligibility depends on income and other criteria. [www.nevadacheckup.state.nv.us/indexPLUS.htm](http://www.nevadacheckup.state.nv.us/indexPLUS.htm)

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

**Nevada ADAP** The AIDS Drug Assistance Program (ADAP) helps HIV+ uninsured or under-insured individuals access medications. ADAP makes medications available to those who do not qualify for Medicaid. Income and asset limits apply. <http://health2k.state.nv.us/hiv/webpage.pdf> Aid for AIDS of Nevada, a non-profit organization, has case managers who can provide information and referrals to HIV and AIDS-related assistance programs and resources, including ADAP and the Health Insurance Continuation Program (HICP). [www.afanlv.org](http://www.afanlv.org)

**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 then diagnosed with cancer may be immediately eligible for limited Medicaid.

[http://health.nv.gov/index.php?option=com\\_content&task=view&id=55&Itemid=110](http://health.nv.gov/index.php?option=com_content&task=view&id=55&Itemid=110)

**The Nevada Maternal Child Health Line** helps pregnant women in Nevada obtain early and continuous prenatal care. The health line also assists parents with children up to age 5 find health care, financial assistance, a baby car seat and much more. 1-800-429-2669

## ▶ **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 by taking advantage of sliding-scale programs at community clinics (which set fees based on income) and retail clinics. For a selected list of community clinics see the last page of this booklet, or visit The Bureau of Primary Health Care's web-site (<http://findahealthcenter.hrsa.gov/>) which can direct you to a sliding-scale clinic closest to your home.

**Nevada Health Centers, Inc.** operates 14 clinics in Nevada strategically located in many rural regions and in the urban areas of Las Vegas. A sliding-scale fee schedule based on family income is available. Visit their web site for a clinic directory. [www.nvhealthcenters.org/clinics.htm](http://www.nvhealthcenters.org/clinics.htm)

**Access Health-Las Vegas** is a program for the working uninsured who do not qualify for public programs. It is not health insurance, but a network of health care providers offering significantly reduced out-of-pocket fees for medical care. Membership is free. [www.gbpc.org/accesshealth/](http://www.gbpc.org/accesshealth/)

**Retail clinics** offer preventive care and routine treatment for common conditions like strep throat and ear infections. Minute Clinic, located in CVS drugs stores ([www.minuteclinic.com/en/USA](http://www.minuteclinic.com/en/USA)) and Take Care Health Centers, located in Walgreens ([www.takecarehealth.com](http://www.takecarehealth.com)) have several locations in the greater Las Vegas area.

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

**Nevada Senior Rx** provides assistance with Medicare Part D expenses for members who are eligible for Part D, and a cost-sharing benefit for members who are not eligible for Part D. Income guidelines apply. <http://dhhs.nv.gov/SeniorRx.htm>

**Pharmacy Checker** is an independent source of information on online and mail-order pharmacies. It publishes pharmacy ratings, profiles, and drug price comparisons. [www.pharmacychecker.com](http://www.pharmacychecker.com).

**The Partnership for Prescription Assistance** website ([www.pparx.org](http://www.pparx.org)) has information on over 150 pharmaceutical patient assistance programs which offer low-income, uninsured or underinsured patients free or low-cost medications.

Some major retailers offer lower-cost medication. **Wal-Mart** ([www.walmart.com/pharmacy](http://www.walmart.com/pharmacy)) and **Target** ([www.target.com](http://www.target.com)) offer over 300 generic medications for \$4 for a 30-day supply. **Costco** ([www.costco.com](http://www.costco.com)) also offers members discounts via their prescription program.

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

**Nevada Suicide Prevention and Crisis Call Hotline** at 1-877-885-HOPE (4673) provides statewide coverage for suicide calls and mental health referrals. It is available 24 hours per day, 7 days per week. Hotline staff can talk with you and refer you to services in your area.

**Southern Nevada Adult Mental Health Services** provides both inpatient and outpatient services for people in Clark County and can make referrals to other community agencies. <http://mhds.state.nv.us/>

For a selected list of local mental health clinics, refer to the last page of this booklet.

## ► How can I lower the cost of dental services?

**UNLV School of Dental Medicine** operates two dental facilities; fees are generally less than in a private dental practice. <http://dentalschool.unlv.edu/clinics.html>

**College of Southern Nevada** provides two lower-cost dental programs: a dental hygiene program where cleanings are performed by students, and a faculty practice for restorative and preventive services. [www.csn.edu/pages/369.asp](http://www.csn.edu/pages/369.asp)

**Dental insurance** plan summaries, comparisons and applications are available at [www.dentalinsurance.com](http://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](http://www.dentalplans.com).

## Glossary

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**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 a group health care organization 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.

## **Selected hospitals**

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University Medical Center, 1800 W. Charleston Blvd. (702-383-2000)  
Sunrise Hospital & Medical Center, 3186 S. Maryland Pkway. (702-731-8000)  
Mountain View Hospital, 3100 N. Tenaya Way (702-255-5000)  
Desert Springs Hospital, 2075 E. Flamingo Rd. (702-733-8800)

## **Selected community health care clinics**

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Eastern Family Medical Center, 2212 S. Eastern Ave. (702-735-9334)  
No. Las Vegas Family Health Center, 2031 McDaniel (702-214-5948)  
Cambridge Family Health Center, 3900 Cambridge Ave. (702-307-5415)  
Community Outreach Medical Center, 1440 N. Eastern Ave. (702-657-3873)

## **Selected mental health care clinics**

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Community Counseling Center, 1120 Almond Tree Ln. (702-369-8700)  
ABC Therapy, 730 N. Eastern Ave. (702-598-2020)  
Family & Child Treatment of So. Nevada, 1050 S. Rainbow (702-258-5855)  
Southern Nevada Adult Mental Health Services, 6161 W. Charleston Blvd.  
(702-486-6000)

## **Selected 24-hour pharmacies**

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### **Las Vegas:**

CVS, 2425 E. Desert Inn Road (702-734-0258)  
CVS, 3550 W. Sahara Avenue (702-873-7171)  
Walgreens, 2280 N. Las Vegas Blvd. (702-649-1415)  
Walgreens, 1180 E. Flamingo Road (702-836-9119)

### **Henderson:**

CVS, 1551 W. Sunset Blvd. (702-433-6536)  
Walgreens, 401 N. Arroyo Grande Blvd. (702-436-7106)

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