

Understanding Health Insurance

Health insurance and paying for health care (funding) can be difficult for anyone to understand. There are many complex terms and processes to learn and choices to make. It is important for young adults to start learning about health insurance and funding during their transition to adult care.

Paying for healthcare (funding)

Parents are responsible for providing insurance and funding for their child's healthcare. Young adults transitioning to adult care need to think about how they will pay for their medical care. This includes learning about how their parents pay for their health coverage. Examples are cash, a regular or health savings account, a checking account, and credit cards. Parents should start having conversations about responsibilities regarding health care funding with their child before they begin the transition into adulthood.



Insurance

Health insurance is a type of insurance that pays for some or all of healthcare services you receive. Health insurance is like a contract. If you pay your monthly premium and meet your deductible, they will pay for the portion of your healthcare stated in the contract. This includes appointments at the doctor's office, a stay in the hospital, a visit to urgent care or the emergency room, filling a prescription for medication, or getting needed medical equipment.

A person can get health insurance through their place of work (employer), qualify for a government plan (Medicare or Medicaid), or purchase their own plan through the Healthcare Marketplace. All insurances have a yearly open enrollment period. This is the period of time, once a year, where you can update or change your insurance plan. To make a change outside of this enrollment period, you must have a qualifying life event (such as getting married or divorced or having a baby).

Private health insurance (Select Health, Blue Cross, Aetna, etc.)

- If your parent has a private insurance plan, you may be able to stay on their plan until you turn 26 or get married.
- The subscriber (your parent or yourself) must remain employed and pay monthly premiums in order to keep coverage.
- If you have your own insurance plan, it is possible to be double covered by both your plan and your parents'

Public health insurance (Medicaid, Medicare)

- There are restrictions to qualify (income, disability, age, etc.).
- You must turn in documentation to prove your eligibility.
- You will need to reapply for Medicaid as an adult around your 19th birthday.

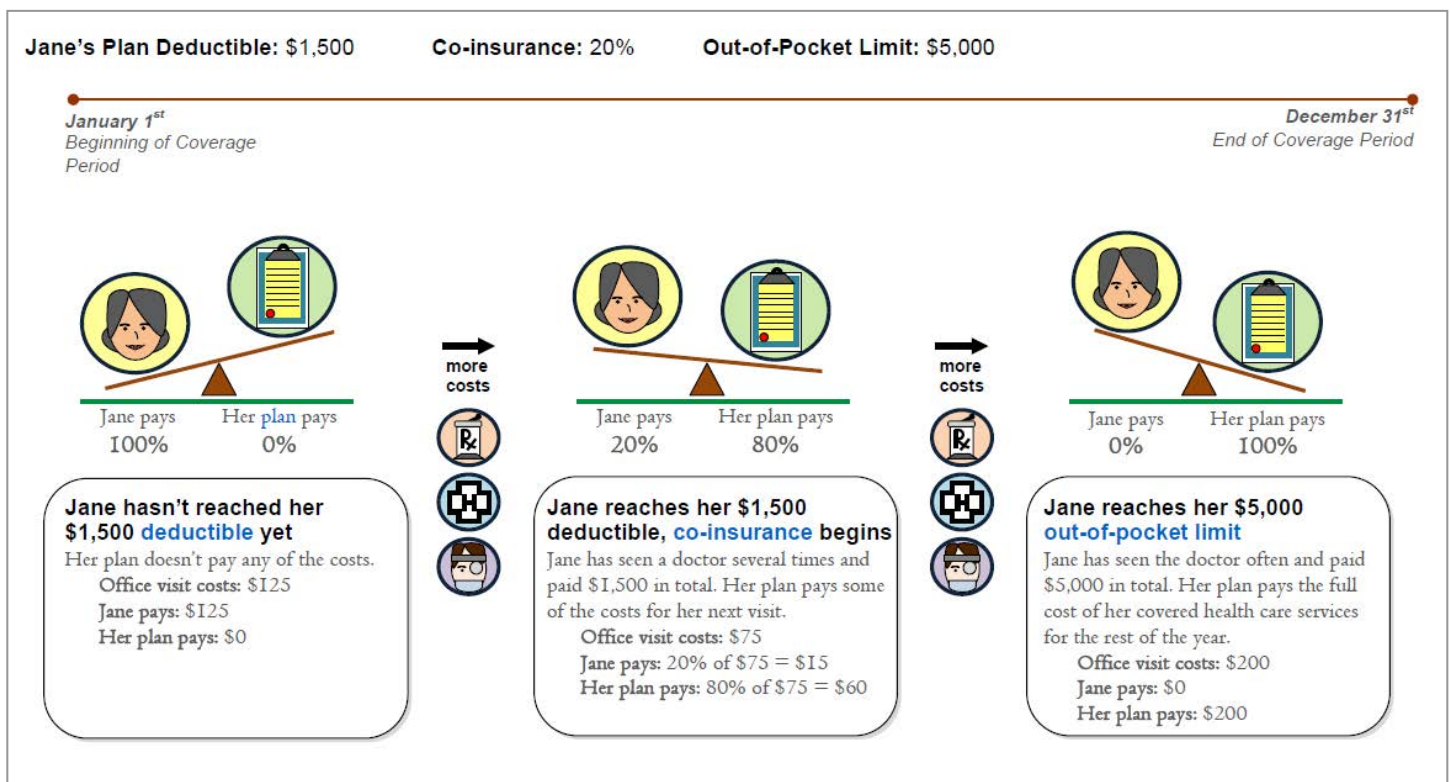
Important terms to remember

To understand how health insurance works, here are some important terms to remember:

- The **premium** is your monthly payment for the insurance “contract.” If you get insurance from work, the premium is automatically taken from your paycheck. The premium is different than a deductible.
- A **copay** is what you should expect to pay at the office, urgent care, ER, or specialty clinic at your time of visit. This is expected to be paid by you and not your insurance company.
- A **deductible** is the amount you owe for healthcare services before your health insurance begins to pay. Each time you receive a service, the money you paid goes towards your deductible. Once you have met your deductible, co-insurance begins.











- **Co-insurance** is the percentage of a medical charge that you pay. The rest is paid by your health insurance plan. Plans may pay anywhere from 50% to 80% of a medical charge.
- After meeting your deductible, your costs will go towards your **out-of-pocket maximum** (max). Your out-of-pocket max is the most you will have to pay in 1 year. Once you have met your out-of-pocket max, your plan will pay 100% of your medical care for the rest of the year.

See a diagram of the deductible, co-insurance, and out of pocket limit below.



Your cost may also depend on which providers are in your insurance **network**. Network means facilities and providers who have a contract with insurance companies to provide health care services to their members. Always ask your provider and facility if they take your health insurance plan before setting an appointment for services.

Once you have health insurance, the insurance company will send you a card. See the example below. It is important to carry the card with you at all times.

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|  <p>Select Health</p> <p>CARE NETWORK PLUS OUT-OF-NETWORK ACCESS</p> <p>ID: 800000000</p> <hr/> <p>SUBSCRIBER NAME SUBSCRIBER</p> <hr/> <p>Member Services: 800-538-5038 Find a Doctor: 800-515-2220</p> <p>selecthealth.org</p> <p>P.O. Box 30192 Salt Lake City, UT 84130-0192</p> | <table border="0"> <tr> <td> <p>Medical Benefits OOP Max: \$1500 Medical Ded: \$1500 Primary Care: 20%* Connect CareSM: 0%* Urgent Care: 20%* *After Medical Deductible</p> </td> <td> <p>Pharmacy Benefits Formulary: RxCore BIN: 800008 Pharmacy Ded: \$1000* T1: \$10* T2: 20%* T3: 20%* T4: 30%* T5: 40%*</p> </td> </tr> </table> <p>Placeholder-CustomText1: CustomTextCustomTextCustomTextCustomTextCustomTextCusto Placeholder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCust</p> <table border="0"> <tr> <td> <p>Nevada Network: </p> </td> <td> <p>Idaho Networks:  </p> </td> </tr> </table> <p>Outside of Idaho, Nevada, and Utah:</p> <table border="0"> <tr> <td> <p>UnitedHealthcare® Options PPO Network Provider Services: 888-830-0179 Preauthorization: 844-749-7833</p> </td> <td> <p>UHSS ID: 776 800000000 Payor ID: 39026 Group: 78-800218 uhss.umn.com</p> </td> </tr> </table> <p>UnitedHealthcare Shared Services PO Box 30783, Salt Lake City, UT 84130</p> | <p>Medical Benefits OOP Max: \$1500 Medical Ded: \$1500 Primary Care: 20%* Connect CareSM: 0%* Urgent Care: 20%* *After Medical Deductible</p> | <p>Pharmacy Benefits Formulary: RxCore BIN: 800008 Pharmacy Ded: \$1000* T1: \$10* T2: 20%* T3: 20%* T4: 30%* T5: 40%*</p> | <p>Nevada Network: </p> | <p>Idaho Networks:  </p> | <p>UnitedHealthcare® Options PPO Network Provider Services: 888-830-0179 Preauthorization: 844-749-7833</p> | <p>UHSS ID: 776 800000000 Payor ID: 39026 Group: 78-800218 uhss.umn.com</p> |
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- Rx Bin, PCN, & Grp tells the pharmacy how to correctly process your prescription claims.
- The name on the card may not be yours. It is usually the name of the person who owns the insurance policy. If your parents' name is on the card, you are still covered by their policy.

It is important to find a provider who is considered **“in-network”** with your health insurance plan. This means the provider has a contract with your insurance company to provide health care services to their members. If you see an **“out of network”** provider, the care and services you receive will cost much more than an in-network provider.

Always call your insurance company to find out if a provider is in-network with your plan. They should be able to provide you with a list of options.

Where can I learn more?

Below is a link to a highly recommended video about health insurance. The video is titled **“Health Insurance Explained-The YouToons Have It Covered.”**

It is an animated video a little over 5 minutes long and explains health insurance in a way that is fun and easy to understand. You can search for it on **youtube.com** using the term **“health insurance explained.”** It should be the first one you see. Or, you can find it at this link: [youtube.com/watch?v=-58VD3z7ZiQ](https://www.youtube.com/watch?v=-58VD3z7ZiQ)



Utah Health Insurance Support:

Take Care Utah: Helps Utahns access health insurance coverage and navigate the health care system. takecareutah.org/



The Take Care Utah team can help with:

- Providing application assistance in multiple languages for Medicaid, CHIP, or Marketplace
- Conducting case management throughout the eligibility process
- Guidance in selecting health plans
- Providing insurance literacy education after enrollment to ensure benefits can be accessed
- Providing ongoing assistance with renewals or reviews to maintain coverage.

Other information you might find helpful:

Financing Your Youth's Adult Healthcare

pacer.org/guides/adulthood/pfa-300/

