UNDERSTANDING HEALTH INSURANCE
TEACHER’S GUIDE
Ages 16+

Cornell University
College of Human Ecology

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Understanding Health Insurance

Understanding Health Insurance is a practical curriculum that builds awareness, knowledge, and skills to help young people aged 16+ have access to health care as they face transitions to independence.

Topics covered include:
1) Why young adults need health care and health insurance
2) Different ways to obtain health care coverage, including public and private options
3) Getting the most out of your health insurance coverage

The curriculum includes three 40 minute lessons suitable for sequential use. Lessons including hands-on activities and interactive homework assignments. While these lessons contain some information about finding public programs in New York State and Ithaca, NY, where Cornell University is located, teachers in other communities and states are free to substitute parallel information specific to their areas.

The Understanding Health Insurance curriculum was inspired by survey results gathered in 2009 by Professor Kosali Simon and Professor William White in the Policy Analysis and Management Department of the College of Human Ecology at Cornell University. They asked a random sample of New York State respondents to the Empire State Poll: “What kind of information would you like to have on the existing health insurance system?” Many responses asked for basic information about how health insurance works, what the different health insurance options are, and how to make sure health insurance claims are paid.

This curriculum utilizes a student-centered approach that recognizes multiple intelligences. Students will brainstorm, discuss, examine options, and articulate goals for the future. They will also record thoughts, work individually, in small groups, and as a class, relating health care topics to their own experiences. The lessons are informed by recent research on gist-based thinking in adolescents (see Reyna & Brainerd, 2011) and on the particular positive affective motivators recently discovered to work best in encouraging teens to embrace healthy behaviors (see Schneider & Caffray, 2012). Understanding Health Insurance also meets National Health Education Standards and National Financial Literacy Standards.
Preparing for Lesson One

Lesson Length
40 minutes

Age Level
16+

Materials
- ½” Binder in which to place handouts
- 5 Sheets of large paper
- Music
- Speakers
- Markers
- Tape
- Printed handouts

Lesson Preparations
Familiarize yourself with the “Anonymous Student Code” as well as “Student Handouts” and “Teacher Resources”.

Pre-select music to play during the “Life Goals and Health Care” activity.

Write the following headings on the top of each sheet of paper:

- **What are some things you do to take care of your health?**
- **What are some risky behaviors that might make young adults go to the doctor?**
- **What are some goals that you have for the next five years?**
- **Barriers to accomplishing your goals are…**
- **Things that help you achieve your goals are…**

Spread the papers around the room leaving space for group mingling.

Review “Q & A on Young Adults and Health Care”

Read the “Quiz” and “Quiz Answers”. It is important to touch on all concepts and the answers during the class activities and discussions.
Lesson One Outline

- Introduction (5 minutes)
- Ground Rules (5 minutes)
- Life Goals and Health Care (10 minutes)
- Q & A on Young Adults and Health Care (10 minutes)
- Lesson One Quiz (5 minutes)
- Wrap Up (5 minutes)

Binders will Contain the Following Handouts

Lesson One Students Handouts
- Consent Form
- Pre Survey
- Health Insurance Means Protection
- Lesson One Quiz
- Parent/Guardian Interview
- Health Insurance Basics Crossword

Lesson One Teacher Resources
- Building Anonymous Student Codes
- Lesson One Quiz Answers
- Lesson One Vocabulary
- Healthy Behaviors
- Routine Check-ups and Screenings
- Routine Check-ups and Screenings Sources
- Medical Debt and Bankruptcy Q & A
- Medical Debt and Bankruptcy Sources
- Lesson One Sources

Lesson One Goals
Students will assess the reasons why young people may seek health care services and discuss how their health can impact their future goals. They will also discuss ways health insurance can help them protect their health and reduce financial burdens from health care costs.

Lesson One Standards Met
- National Health Education Standard #1:
  Students will comprehend concepts related to health promotion and disease prevention to enhance health.

- National Financial Literacy Standards, Risk Management and Insurance, Standard #3:
  Explain the purpose of health, insurance protection.
Introduction (5 minutes)
The purpose of this lesson is to explain proper planning for health care, since illness and injury is inevitable, and why it is important. This lesson will also cover the basics of healthcare and insurance in order to protect physical and financial wellbeing.

Hand out the pre-survey and the consent form. Assist students in creating an anonymous student code (see code instructions) that will be written on the top of the pre-survey and all other collected papers. Have students answer the questions on the survey and sign the consent form. Collect the pre-survey and the consent form.

Ground Rules (5 minutes)
These lessons can bring up sensitive and confidential issues. Ground rules can help to minimize problems and make everyone feel comfortable. Add the following ground rules to any existing classroom rules.

- Respect each other.
- No cell phones/electronics.
- Take turns, share the floor.
- Do not write your name on anything you hand in for this class. Instead use anonymous student code.
- Do not talk about personal health information in this class. However, when it comes to personal information, what is said here stays here. Maintain each other’s confidentiality.

Life Goals and Health Care Activity (10 minutes)
Divide students into groups and assign each group to a sheet of paper. Play music while the students write. Have groups cycle through stations queued to move by stopping the music.

• What are some things you do to take care of your health?
• What are some risky behaviors that might make young adults go to the doctor?
• What are some goals that you have for the next five years?
• Barriers to accomplishing your goals are…
• Things that help you achieve your goals are….

After 5 minutes, have the class report back and discuss their written responses.
Q & A on Young Adults and Health Care (10 minutes)

Use the following questions and answers to demonstrate to students why having health care coverage is important for their health and financial well-being (Young Invincibles, 2012).

Q: What is health insurance and how does it work?

A: It's an arrangement under which a person, or their sponsor, pays a portion of their health care costs into a fund. When the person needs health care services, e.g. to go to the doctor or to a hospital for care, whoever is managing the fund pays some or all of the person's health care costs. There are two main kinds of health insurance: private and public.

When a person signs up for a public health care plan or for private health insurance, they join a group. In this group, their power to negotiate with health care providers on price is combined with that of many others. This means the manager of the fund, whether public or private, has much more power to negotiate for a lower cost of care with health care providers like doctors and hospitals.

Also, when a person has health insurance, the cost of staying healthy is shared. It's like auto insurance…All the members of the group pay into a pool, and then when someone has a wreck, the pool pays to cover the cost. The other people in the group help offset the person's costs. So the person ends up paying a lot less than they would pay on their own. With health insurance, the healthy people help pay the costs when someone is sick or injured, knowing he will do the same when they are sick or injured. One result is that each individual is protected against the risk of possible major health care needs costing many thousands of dollars.

Q: If you are young and healthy, will you need health insurance?

A: It is true that younger adults have fewer health care needs than older adults. But young adults still need a range of care, from the sudden accidents and unexpected illnesses, to the routine preventive care. Did you know:

* Rates of motor vehicle accidents, sexually transmitted diseases, and substance abuse peak in young adulthood.
* More accidents mean that young adults ages 19 to 29 find themselves in the emergency room more than any other age group under the age of 75.
* In young adults, almost half of pregnancies are unplanned, and three-quarters of unplanned pregnancies are from women under the age of 30.
* Even if a young adult is lucky enough to avoid injury, he or she still needs preventive care. There are a number of routine screenings recommended for young adults and teens, to catch early warning signs before they become big health problems. People of all ages who get regular preventive care tend to be healthier and live longer.

Q: What is publicly funded health insurance?

A: Publicly funded health care plans pay for health care services from a publicly managed fund. Who is covered and for what services is set by rules applying to everyone receiving benefits from the fund. People covered under public health insurance may pay little or none of the cost of health care services. For younger people access to public health care plans is, usually based on need and to qualify for public health care plan, people usually have to prove their income is below a certain level.

Q: What is private health insurance?

A: Under private health insurance, who is covered and for what services is set by a contract between an insured (or his sponsor) and a for-profit insurance company. This agreement between the insured person and the insurer says that the person will make a monthly payment, or premium, to the insurer. In return, the insurer pays for part or all of each person's health care costs for health care services it has agreed to cover. Often, the person also pays a small portion, called a co-payment or coinsurance, to help cover the cost of each health care service at the time it is rendered.
Q: What if your monthly budget is tight? Is it a better deal to pay for health care yourself?

A: Health care, especially for emergency room visits and follow-up care from accidents, can be very expensive, costing many thousands of dollars. Young adults typically have lower incomes, so they are even less likely than older adults to have savings to cushion them against the shock of unexpected health care problems. When young adults face sudden, large medical bills they can't pay, they can be burdened with credit problems that prevent them from being able to get loans for school or to buy a car. Especially now that affordable public plans are available to more people, the amount you pay into a health care policy or plan is going to be small compared to the unacceptably big financial risks of even one unexpected accident or illness. Everyone who can should get covered.

Q: When you have health insurance coverage does it automatically pay for all health care services?

A: It's true that dealing with health insurance can be tricky. When you have health insurance, it's very important to know what's covered and what steps you have to follow to get the insurer to pay for covered health care costs. Getting the most out of your health insurance takes some basic navigation skills that any young adult can learn.

Lesson One Quiz (5 minutes)

Have students write their anonymous student codes in the boxes before answering the following questions on the “Lesson One Quiz”.

1) How might not having access to health care affect your future goals?

2) What is the difference between public and private health insurance?

3) What is one argument for having health insurance?

4) What is one argument against having health insurance?

Collect answers and read through their responses after class in order to clarify misinformation during Lesson Two.

Wrap Up (5 minutes)

Distribute the “How to Sign Up for Health Insurance in New York State” and the “Health Insurance Means Protection” handouts.

Hand out the “Understanding Health Insurance Parent/Guardian Interview Homework”, and the “Health Insurance Basics Crossword”.

Ask students to interview the adult in charge of their health care and bring the homework to class with them the following day. Remind students not to write their names on their homework and to use their anonymous student codes. Ask them to place handouts in ½” binder and bring it back with them to class the next day.

Practicing healthy behaviors and avoiding risk, will increase your chances of staying healthy, but will not fully protect you against all illness and injury. You will need access to health care.

If you make sure you are covered by health insurance (whether public or private) you will:
-Feel good about yourself for taking care of your health and your financial future
-Help you to be healthier and live longer because you’ll get care when you need it
-Face less stress from fear of debt and have more energy to do the things you want to do in life
Lesson One Student Handouts
Obtaining Informed Consent

Since information being collected for homework and in-class discussions may be sensitive. Please check with your organization on any policies about informed consent and before implementing the UHI lessons, consider using a consent form for sign-off by parents or guardians.
Pre Survey

Please write your anonymous ID code in the boxes (NOT your name):

For each of the items below, please check one answer. If you’re not sure of the answer, please take your best guess.

1) What is the MAIN way your health care gets paid for? (Circle one)
   a. in cash
   b. through private health insurance (mine or my family’s)
   c. through a government health care plan
   d. not sure
   e. other (please explain): _____________________________________

2) After age 19, what is the MAIN way you think your health care will probably get paid for? (Circle one)
   a. in cash
   b. through private health insurance (mine or my family’s)
   c. through a government health care plan
   d. not sure
   e. other (please explain): _____________________________________

3) How important is it for you to have health insurance? (Circle one)
   a. not at all important
   b. not important
   c. important
   d. very important

For each of the items below, please write a brief answer in your own words:

4) What do you think of when you think of health insurance?

5) What would you like to know about health insurance?
Health Insurance means Protection

Don’t miss out on life...

GET COVERED!

WORSE ACCESS TO CARE
Uninsured young adults have more problems getting access to care and report more unmet health needs

HIGHER S STRESS
Uninsured young adults are more likely to face medical debt and bankruptcy, and less able to afford basic necessities and enjoy life

FEEL BAD
Young adults without health insurance feel uncertain about whether their health and future are protected

BETTER ACCESS TO CARE
Young adults with insurance have better access to care and are more likely to get care when they need it

LOWER S STRESS
Young adults with health insurance are less likely to face medical debt, and more likely to be able to make ends meet and enjoy life

FEEL GOOD
Insured adults feel good because they know they are taking care of their health and their future

To learn more, visit the Understanding Health Insurance website: http://UHI.human.cornell.edu
Lesson One Quiz

Please write your anonymous ID code in the boxes (NOT your name):


1) How might not having access to health care affect your future goals?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2) What is the difference between public and private health insurance?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3) What is one argument for having health insurance?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4) What is one argument against having health insurance?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Parent/Guardian Interview Homework

Please write your anonymous ID code in the boxes (NOT your name):

Instructions: Ask your parent or guardian the following questions, and write down their answers.

1) When I get health care, either for a routine check-up, or when I am sick or hurt, how is my health care provided for? (Fill in a number for all options which apply to you)
   ____% paid for by my parent/guardian
   ____% paid for by private health insurance
   ____% paid for by public health insurance (Medicaid, Family Health Plus, Child Health Plus or Healthy NY)
   ____% at free clinics
   ____ other (please explain): ________________________________________________________________________________

If not covered by health insurance, skip to question 3.

2) What level of coverage do I have?
   ____ Basic (low premium, covers major health issues)
   ____ Comprehensive (higher premium, covers both routine and major health issues)
   ____ Other (please explain): ________________________________________________________________________________

3) Will the way my health care is paid for change after graduation? If so, how will it change?

4) What is one piece of advice that you (my parent/guardian) would like to give me about health insurance?
Understanding Health Insurance ✳ Lesson One

Health insurance terms to know

health insurance, premium, deductible, co-payment, co-insurance, maximum out-of-pocket, Affordable Care Act of 2010

Across

3  A fixed dollar amount paid by the consumer for each covered health care cost. The insurer pays the rest of the health care cost, may vary by the type of health care cost.

6  1) An arrangement under which a consumer (or their sponsor) pays a set portion of covered health care costs and an insurer pays the remaining costs. 2) A mechanism for people to ensure that they have access to health care when they need it, and protect themselves from extreme costs if they become seriously ill or have an accident.

7  The overall maximum amount a consumer will be expected to pay for health care costs during one calendar year, varies by policy. Once reached, the insurer pays all covered health care costs.

Down

1  Otherwise known as the “Patient Protection and Affordable Care Act”. Requires most U.S. citizens and legal residents to have health insurance; creates new regulations on health plans to prevent unfair denial of coverage; requires insurers who offer family health insurance policies to allow parents to keep their children covered up to the age of 26; expands eligibility for Medicaid and other government health insurance plans.

2  A fixed percentage paid by the insurer and the consumer for each covered health care cost (e.g. 80%/20%); may vary by the type of health care service.

4  A monthly fee paid to keep health insurance coverage; may be paid by an individual consumer, their employer, or, in the case of a public plan, the government; must be paid whether or not the consumer uses services under the insurance plan in a given month.

5  A set amount that must be paid each year by the consumer for health care costs before the insurer begins to help pay health care costs.
Lesson One Teacher Resources
Building Anonymous Student Codes

Instructions to teachers: To protect student privacy in discussing sensitive health and income-related issues, don't let students put their names on work they turn in that might contain sensitive information. Instead, use these instructions to guide students in building anonymous student codes. By using a specific combination of letters and numbers taken from information that only the student knows, but which are easy to recall, this process allows pre and post-survey responses from students to be individually matched and compared.

For sensitive assignments, the handouts have a grid with four boxes in a row at the top of the page. Tell the students they will each build a student code, and use it instead of their name on assignment.

Instructions to students:
Box 1. In the first box, write the second letter of your first name;
Example 1: if your first name is Laura, write A.
Example 2: If your first name is Michael, write I.
Example 3: If your first name is Ruth-Anne, write U.

Box 2 and Box 3. In the second and third boxes, write the day you were born. If the day is a single digit number, put a zero just to its left.
Example 1: if born on the 31st of January, then write 31.
Example 2: If born on the 2nd of August, then write 02.
Example 3: If born on the 10th of June, then write 10.

Box 4. In the last box, write the first letter of your mother’s last name prior to marriage. If your mother’s name did not change due to marriage, use her current last name. If your mother’s last name changed due to marriage but you don’t know her last name prior to marriage, write X.
Example 1: if your mother’s maiden name was Smith, write S
Example 2: if your mother's last name was Johnson before and after marriage, write J.
Example 3: if you don't know your mother's last name before marriage, write X.

Once built, here is how these 3 example student codes should look:

Example 1:

A 3 1 S

Example 2:

I 0 2 J

Example 3:

U 1 0 X
Lesson One Quiz Answers

1) How might not having access to health care affect your future goals?
Possible answers:
- Having access to health care and health insurance will help keep me healthy so I can pursue my goals.
- Having access to health care will help me avoid debt so I can achieve my goals.

2) What is the difference between private and public health insurance?
Possible answers:
- Private health insurance is operated by private for-profit or non-profit organizations while public insurance is provided by government organizations like states and the federal government.
- For younger people, public health insurance is typically for people with low incomes or who are unable to afford insurance.

3) What is one argument for having health insurance?
Possible answers:
- Pro for health insurance: care costs less.
- Because you are covered: you can afford preventive care and can get care when you need it.
- Con for paying out of pocket: greater risk of not being able to afford care.
- If you can’t afford care, you may put off getting care until a health care problem is very bad.

4) What is one argument against having health insurance?
Possible answers:
- Con for health insurance: it can be expensive, and you may not need it because you are healthy.
- Pro for paying out of pocket: could be less expensive if you are healthy all the time.
Health Insurance Basics Crossword Answers

1. Affordable Care Act of 2010: Otherwise known as the “Patient Protection and Affordable Care Act”. Requires most U.S. citizens and legal residents to have health insurance; creates new regulations on health plans to prevent unfair denial of coverage; requires insurers who offer family health insurance policies to allow parents to keep their children covered up to the age of 26; expands eligibility for Medicaid and other government health insurance plans.

2. co-insurance: A fixed percentage paid by the insurer and the consumer for each covered health care cost (e.g. 80%/20%); may vary by the type of health care service.

3. co-payment: A fixed dollar amount paid by the consumer for each covered health care cost. The insurer pays the rest of the health care cost; may vary by the type of health care cost.

4. premium: A monthly fee paid to keep health insurance coverage; may be paid by an individual consumer, their employer, or, in the case of a public plan, the government; must be paid whether or not the consumer uses services under the insurance plan in a given month.

5. deductible: A set amount that must be paid each year by the consumer for health care costs before the insurer begins to help pay health care costs.

6. health insurance: 1) An arrangement under which a consumer (or their sponsor) pays a set portion of covered health care costs and an insurer pays the remaining costs; 2) A mechanism for people to ensure that they have access to health care when they need it, and protect themselves from extreme costs if they become seriously ill or have an accident.

7. maximum out-of-pocket: The overall maximum amount a consumer will be expected to pay for health care costs during one calendar year; varies by policy. Once reached, the insurer pays all covered health care costs.

8. Participating provider: Provider who is in an insurance plan’s “network” of providers who have agreed with the plan to accept lower prices. Consumers who use “out-of-network” non-participating providers may face higher prices and receive less reimbursement.
Lesson One Vocabulary

1) health insurance: an arrangement under which a person (or their proxy) pays a portion of their health care costs and an insurer pays a portion of their healthcare costs. Why do it: Having health insurance is a way to protect a person against big bills from expected and unexpected health care costs. It also helps make sure a person can get care from doctors and other providers when he/she needs it. How it works: To get insurance, a person signs up for a health insurance policy or plan, joining a group of other insured individuals. The basic agreement between the person and the insurer is that each person in the group makes a monthly payment (or premium) to the insurer based on the expected average per person cost of health care. In return, the insurer pays part of each person's health care costs for covered services. Each person ends up paying less for his/her healthcare, because the insurer is betting the premiums paid in by everyone in the group will exceed its total costs for the year, including the cost of running the plan.

2) premium: a monthly fee paid to keep health insurance coverage; may be paid by an individual, an employer, or, in the case of a public plan, the government. The premium must be paid whether or not the consumer uses services under the insurance plan in a given month.

3) deductible: a set amount that must be paid each year by the person for health care costs before the insurer begins to pay for health care services. There may be separate deductibles for different health care services within a single health insurance plan.

4) co-payment: a way for the person and the insurer to share health care costs. The person pays a fixed dollar amount for each covered health care service or prescription. The insurer pays the rest of the cost of the service or prescription. Some health insurance policies require the deductible to be paid before co-payments begin. The co-payment may vary by the type of health care service.

5) co-insurance: a way for the consumer and the insurer to share health care costs. The person pays a fixed percentage of the cost of health care services or prescriptions and the insurer pays the rest of the cost. Most health insurance policies require the deductible be met before co-insurance begins. The co-insurance may vary by the type of health care service.

6) maximum out-of-pocket: the overall maximum amount the person will be expected to pay for health care costs during one calendar year and varies by policy. Until this maximum is paid by the person, the insurer and person share in the cost of covered expenses. After the maximum is reached, the insurer pays all covered expenses, often up to a lifetime maximum. Most costs (deductibles, co-pays, etc.) count toward the maximum out-of-pocket expense depends on the health insurance policy.

7) lifetime maximum: the largest amount the insurer will ever pay for a person's health care costs during his/her entire lifetime. Policies can have a yearly limit and/or a lifetime limit. Note that under the Affordable Care Act 2010, lifetime limits on most benefits are prohibited on or after September 23, 2010. Plans can still put an annual dollar limit and a lifetime dollar limit on spending for health care services that are not “essential.” (see Healthcare.gov)

8) Participating provider: Provider who is in an insurance plan's “network” of providers who have agreed with the plan to accept lower prices. Consumers who use “out-of-network” non-participating providers may face higher prices, while plans may provide less reimbursement, set limits on maximum eligible expenses. Expenses that exceed these limits may not count towards out-of-pocket maximums. This can make using non-participating out-of-network providers very expensive.
9) “Affordable Care Act of 2010”: Otherwise known as the “Patient Protection and Affordable Care Act”. This law seeks to expand health insurance coverage, control health care costs, and improve the health care delivery system. Requires most U.S. citizens and legal residents to have health insurance; creates new regulations on health plans to prevent unfair denial of coverage; requires insurers who offer family health insurance policies to allow parents to keep their children covered up to the age of 26; expands Medicaid eligibility to 133% of the federal poverty level.

Lesson One Vocabulary Sources

Healthcare.gov
http://www.healthcare.gov


HUMANA “StaySmartStayHealthy “How Does Health Insurance Work?” video
http://www.staysmartstayhealthy.com

http://www.kff.org/insurance/upload/7766.pdf
Healthy Behaviors for Young Adults

There are many ways you can keep yourself healthy. Here are some basic tips on staying healthy:

**Exercise regularly**
The U.S. Department of Agriculture recommends that adolescents do an hour or more of mostly aerobic activity daily (2012 a).

**Make healthy food choices**
Make sure you get a balanced mix of meats, veggies, fruits, whole grains and dairy each day. Eat a variety of balanced meals throughout the day with moderate portion sizes. Limit the saturated fats and go easy on the fast foods (U.S. Department of Agriculture, 2012 b).

**Get to a healthy weight and stay there**
If you are overweight or underweight, balance and moderate your diet and exercise. Once you get to a healthy weight, keep eating a healthy diet and exercising regularly to stay there (U.S. Department of Agriculture, 2012 b).

**Don't smoke**
There is help for quitting. For tips on how to quit, go to http://www.smokefree.gov, run by the Tobacco Control Research Branch of the National Cancer Institute. To talk to someone about how to quit, call the National Quitline: 1-800-QUITNOW (784-8669).

**Practice safer sex**
Don't have sex or use barrier methods such as condoms. If you are having sex, get screened by a health care provider for sexually transmitted infections and have your partner screened as well. Visit your local family planning clinic for more information (U.S. Department of Health and Human Services, 2012).

**Don't drink alcohol**
Heavy drinking not only impairs your judgment but it increases your risk of getting into an accident, engaging in high-risk sex, or abusing drugs and alcohol later in life. It can also cause depression and liver damage (Center for Disease Control, 2012).

**Get routine medical checkups and screenings**
Get a comprehensive medical checkup to make sure your body is healthy and disease-free. Get health screenings as recommended.
Healthy Behaviors for Young Adults Sources


Routine Check-ups and Screenings for Young Adults

Even if you feel fine it is important to see your health care provider. Regular visits with a doctor or nurse help establish a relationship with a provider in case of illness or injury. Here is a list of routine check-ups and screenings that you should get as recommended.

**Just for Women:**
Visit a Gynecologist: The American College of Obstetricians and Gynecologists recommends that girls visit a gynecologist between the ages of 13 and 15 (2011).

Pap Smear: Start receiving them at age 21. This test checks for abnormal cell changes in the cervix that may be cancerous (The American College of Obstetricians and Gynecologists 2011).


**Just for Men:**
Testicular Exam: Men should do a monthly testicular self-exam and report any unusual changes to their health care provider. Ask your health care provider to teach you the proper way to do the exam (American Cancer Society, 2012).

**For Everyone:**
Immunizations: Complete this quiz to see immunizations you may need: [http://www2.cdc.gov/nip/adultimmsched/](http://www2.cdc.gov/nip/adultimmsched/).

Dental exam: Go to the dentist every year for an exam and cleaning (Medline, 2011 a, b).

Eye exam: If you have problems with your vision, have an eye exam every 2 years (Medline, 2011 a, b).

Depression: You should be screened for depression if in the last 2 weeks you have felt down, sad, hopeless or have felt little pleasure in doing things (U.S. Department of Health and Human Services 2010 a, b).

Overweight and Obesity: Being obese increases your risk for a number of health ailments such as high blood pressure and diabetes. If you think you might be obese, ask your doctor to screen you. You can check your Body Mass Index (BMI) by entering your height and weight into a BMI calculator, such as the one available through the National Heart Lung Blood Institute run by the U.S. Department of Health and Human Services, found at: [http://www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)

Diabetes: Get screened for diabetes, if your blood pressure is higher than 135/80, or you take medication for high blood pressure, or if you are overweight, BMI or 25 or higher, or if you have a family history of diabetes (U.S. Department of Health and Human Services 2010 a,b).

High Blood Pressure: High blood pressure can cause stroke, heart attack, kidney and eye problems, and heart failure. To prevent this from happening, starting at age 18, have your blood pressure checked at least every 2 years (U.S. Department of Health and Human Services 2010 a,b).

High Cholesterol: Starting at age 20, have your cholesterol checked yearly. Especially if you smoke, are obese, have diabetes, high blood pressure, a family history of heart disease, heart attacks, or blocked arteries (U.S. Department of Health and Human Services 2010 a,b).
Routine Check-ups and Screenings for Young Adults Sources


http://www.acog.org/~/media/For%20Patients/faq150.pdf?dmc=1&ts=20120930T1428014032


http://www.ahrq.gov/ppip/healthymen.htm

http://www.ahrq.gov/ppip/healthywom.htm

http://nhlbiupport.com/bmi/
Medical Debt and Bankruptcy FAQ

Teachers may use the following resource as supplemental and background information for Lesson One.

What is medical debt?
Medical debt is when someone owes money to a health care provider for unpaid portions of a health care bill. Some health care providers charge late fees and/or interest fees when bills are late. They may also send the bill to a collection agency if it goes unpaid long enough. This can damage a person's credit rating.

What is medical bankruptcy?
Consumers facing a big medical debt may file for bankruptcy either to eliminate their debts completely, or to develop a plan to repay them. Filing for bankruptcy is easier in some states, harder in others, depending on each state's laws. Filing for bankruptcy can damage a person's credit rating, making it hard to get approved for any kind of loan or credit card.

What are the causes of medical bankruptcy in the United States?
According to a study by Himmelstein et al., (2009), high out-of-pocket medical expenses and losing or quitting a job because of a health event are the main causes of medical bankruptcy in the U.S.

What is the impact of medical bankruptcy on young adults?
Young adults between the ages of 19 and 29 represented one of the largest and fastest growing segments of the U.S. population without health insurance (p. 1, Nicholson et. al, 2009). According to the U.S. Census Bureau, between 2006 and 2007, 17.5% of young adults aged 18-24 year olds are not covered under a health insurance plan, for a variety of reasons. First, young adults who just graduated from high school and recently entered the work force are lacking in work experience, and thus may only be able to find low-paying, minimum-wage jobs. As a result, young adults are more likely to experience poverty, despite holding a full time job. In 2007, 5.6% of young adults were in poverty, compared with 3.3% of 24-34 year olds and 2.3% of 35-54 year olds (Table 698, U.S. Census Bureau, 2007). More than one-third (35%) of all young adults surveyed, both insured and uninsured, reported having problems with medical bills, which included having trouble making payments and being contacted by a collection agency because of their inability to pay bills. (Figure 12, Nicholson et al, 2009). This problem was significantly worse for young adults not covered by an insurance plan, with close to half of uninsured young adults (49%) reporting problems paying medical bills, and 40% out of this group carrying medical debt.

While enactment of the Affordable Care Act of 2010 has lead to many young adults obtaining health insurance under the dependent care provisions, many still remain uninsured. In fact, according to a study by the Urban Institute, even if the Affordable Care Act were fully implemented in 2011, there would still be 19 million non-elderly adults without health insurance, of which 37% would be eligible for Medicaid but not enrolled, most of them young adults, with an average age of 32 (Urban Institute, 2011).
Sources for Medical Debt and Bankruptcy FAQ


http://www.urban.org/publications/1001520.html

http://www.census.gov/hhes/www/hlthins/hlthin07.html/
Lesson One Sources

Centers for Disease Control and Prevention: National Center for Health Statistics (2009). Health, United States, 2008 with Special Feature on the Health of Young Adults. Washington, D.C.  
http://www.cdc.gov/nchs/data/hus/hus08.pdf


Humana stay smart stay healthy: “How does insurance work?”  
http://www.youtube.com/watch?v=nXfGeMNnBsM

Humana stay smart stay healthy: “Deductibles and coinsurance”  
http://www.youtube.com/watch?v=8IybFtOtXdc

Kaiser Family Foundation (2010). The Uninsured, a Primer; Key Facts About Americans Without Health Insurance.  
http://www.kff.org/uninsured/7451.cfm

National Health Education Standards  
http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm

National Financial Literacy Standards  

Young Invincibles (2012). Amicus brief to Supreme Court Decision on Health Care Reform Act.  
Preparing for Lesson Two

Lesson Length
40 minutes

Age Level
16+

Materials:
- 6 sheets of large paper
- Markers
- Music
- Speakers
- Printed handouts

Lesson Preparations
Familiarize yourself with the “Anonymous Student Code” as well as “Student Handouts” and “Teacher Resources”.

- Make copies of student consent forms to return to students the next day.
- Read through responses on pre-surveys.
- Read through student responses to the “Parent/Guardian Interview Homework” and use responses to direct focus during Lesson Two.

Review the following questions and use them to lead the homework discussion:

- What was it like to ask your parent/guardian these questions?
- Did you learn anything surprising?
- What advice did you get?
Write the following headings on the top of each large sheet of paper:

- **Parent/guardian**: coverage through your parent/guardian's health insurance plan.

- **Student**: health insurance offered by the college or university you are attending.

- **Individual**: private health insurance for people who aren't connected to a parent's plan, college or job-based coverage or other group coverage.

- **Employer**: group health insurance that is offered to an employee, and often to his or her family, by his/her employer.

- **Government**: health insurance plans that are administered by the state or federal government.

- **No health insurance**: pay for all medical costs out of pocket.

Review "Doors Pros and Cons Grid" for use in the discussion of each door.

Spread the papers around the room leaving space for group mingling.

Review “Q & A How do I Choose a Health Care Policy or Plan?”

Use the sample answers to help guide the discussion.

Read the “Quiz” and “Quiz Answers”. It is important to touch on all concepts and the answers during the class activities and discussions.

Print a few copies of the “Plans For Printing” for students who do not have internet access and provide copies of the links that can be accessed by students who have access to the internet.

Check to see if the school nurse is equipped to help students sign up for health insurance.
Lesson Two Outline

• Introduction and Ground Rules (5 minutes)
• Review and Homework Discussion (5 minutes)
• Doors to Health Care Activity (10 minutes)
• Q & A How do I Choose a Health Care Policy or Plan? (10 minutes)
• Lesson Two Quiz (5 minutes)
• Homework and Wrap Up (5 minutes)

Binders will Contain the Following Handouts

Lesson One Students Handouts
- Consent Form
- Pre Survey
- Health Insurance Means Protection
- Lesson One Quiz
- Parent/Guardian Interview
- Health Insurance Basics Crossword

Lesson Two Students Handouts
- Copy of signed consent form from 1st day
- Doors to Health Care for Young Adults
- Lesson Two Quiz
- Read a policy homework
- Doors to Health Care Crossword

Lesson Two Teacher Resources
- Lesson Two Quiz Answers
- Insurance Policy’s for Printing
- Doors Pros and Cons Grid
- Lesson Two Sources

Lesson Goals
This lesson is designed to get students thinking about the different ways to obtain health care, how current choices about school and work may affect the options that will be available later, and how to choose among available options.

Standards Met
- National Health Education Standard #3:
  Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

- National Financial Literacy Standards, Planning and Money Management Standard. #4:
  Apply consumer skills to purchase decisions.

- National Financial Literacy Standards, Financial Responsibility and Decision Making Standard. #4:
  Make financial decisions systematically by considering alternatives and consequences.
Lesson Two
Doors to health care: 
What are my options and how do I choose one?

Introduction and Ground Rules (5 minutes)
As students come in, pass back copies of their signed consent form to be placed in binders. Remind students of the following ground rules and the use of anonymous student codes.

- Respect each other.
- No cell phones/electronics.
- Take turns, share the floor.
- Do not write your name on anything you hand in for this class. We will provide instructions for how to build your anonymous code.
- Do not talk about personal health information in this class. When it comes to personal information, what is said here stays here. Maintain each other’s confidentiality.

Review and Homework Discussion (5 minutes)
Make sure students have written their anonymous student codes on the homework and then collect. Then ask for student reactions.

- What was it like to ask your parent/guardian these questions?
- Did you learn anything surprising?
- What advice did you get?

Reiterate that making sure you are covered by health insurance helps you take care of your future, be healthier and live longer, and face less stress from fear of debt.

Introduce the next activity about different health care options that are available to young adults. Inform them that they will be brainstorming the pros and cons of each health care option.

Doors to Health Care Activity (10 minutes)
Divide students into 6 groups. Assign each group to a sheet of paper and ask them to brainstorm and write the pros and cons. After a few minutes ask each group to report back to the class.

- Parent/guardian: Coverage through your parent/guardian’s health insurance plan.
- Student: Health insurance offered by the college or university you are attending.
- Individual: Private health insurance for people who aren’t connected to a parent’s plan, college or job-based coverage or other group coverage.
- Employer: Group health insurance that is offered to an employee, and often their family, by an employer.
- Government: Health insurance plans that are administered by a state or federal government.
- No health insurance: pay for all medical costs out of pocket.

Have a representative from each group report back to the class. Use the “Doors Pros and Cons Grid” to enhance discussion and add to what students have written.
Q & A How do I Choose a Health Care Policy or Plan? (10 minutes)
Pose the following questions and invite student responses.

Q: What things would you want to know about a health insurance policy or plan before you sign up for it?
A: Use the following to add to student responses.
1) Cost: What costs you will have to pay
2) Coverage: What health care services are covered and what portion of them the insurer will pay
3) Provider: Which health care providers in your area are in the network of the insurer? Is your favorite
doctor in the insurer's participating provider network?

Q: How could you find the answers to your questions about a policy or plan before signing up?
A: Read your policy; read the policy summary; ask a customer service representative of the insurer; ask a
government or non-profit facilitated enroller or other health insurance assistance professional for help.

Lesson Two Quiz (5 minutes)
Pass out the “Lesson Two Quiz”. Ask students to take 3 minutes to write down their answers, with their
student code in the boxes at the top. Collect the Quiz.

Wrap Up (5 minutes)
Explain that they will be answering the questions on the homework in one of the following ways:
1) By interviewing the person in charge of their health insurance or
2) By using one of the provided links to access a sample health insurance plan or
3) By using a printed copy of a health insurance plan

Pass out “Read a Policy Homework” and the “Vocabulary Crossword” needed to complete the homework.
Give students either a hard copy of the “Example Health Insurance Plan” or print the “Health Insurance
Policy’s for Printing”.

Wrap up the lesson by saying the following:
Right now your health care may, or may not, be paid for by your family or through a government sponsored
plan. As you become an adult, there will be a time when you will be in charge of managing your own health
care and getting health care services when you need them. For coverage, each person will have different
options to choose from. Knowing your options and making smart choices will increase your chances of
being able to get the health care you need, and reduce your stress from medical bills in the future.

If you don't have health insurance now, ask a trusted adult to see if you can sign up for Child Health Plus or
Medicaid. Some of you may have the option of staying on your parents' family health insurance until age 26,
but it’s not automatic—as your parent or guardian to contact their insurer to ask how to apply. If you find
yourself without health insurance, but need health care, there may be free or reduced cost care options in
your community. This lesson includes a handout on how to find these.
Lesson Two Student Handouts
Doors to health care for young adults

**Student**
You may be charged for health insurance as part of your tuition. This coverage provides free or low-cost access to campus health care. Some plans have limited benefits and may not cover all of your health care needs.

**Government**
Many, though not all, public health care plans include routine, preventive care, prescription plans, dental and eye care. While your share of the costs will tend to be very low, the application process can be burdensome, and your choice of doctors may be limited.

**Individual**
You have the freedom to tailor your plan to your needs. Choice of plan features is not limited by employer, parent or government decision. Costs are higher than with employer and government plans.

**Employer**
Employers, especially large ones, can often get better rates on health insurance than you can get on your own. Your employer, however, may limit the health care services covered.

**Parent**
If you are under 26 and your parents have health insurance, getting covered under a parent’s health plan may give you more time to explore a career path that doesn’t offer employer-sponsored coverage right away.

**No Health Insurance**
By going without health care coverage altogether, you save the cost of paying premiums. Some basic services may be available for free in your community. However, few people can afford the cost of a major health crisis without insurance.

Which door is open to you?
The decisions you make **NOW** will affect which doors are open to you in the **FUTURE**.

TO LEARN MORE:
Visit the Understanding Health Insurance website! http://UHI.human.cornell.edu
Lesson Two Quiz

Please write your anonymous ID code here (NOT your name):

1) There are many ways to get health insurance. Name three ways.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2) In choosing among the ways to get health insurance, name three things a young adult should consider.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3) Given what you know about the doors available, which ones do you think might be available to you in a few years? Which one would you choose and why?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Read a Policy Homework

Please write your anonymous ID code here (NOT your name):

Your assignment is to read an actual health insurance plan to find out what health care services are covered and how much it costs. To do this, either ask your parent or guardian for the answers to these questions, based on your family’s health insurance OR use an online health insurance policy or plan description.

Name of plan: _____________________________

Source (circle one): printed copy/website

Type of plan: (circle one): private/government (public)

Level of coverage: (circle one): basic/comprehensive

1) Are there limits on your choice of doctors and hospitals under this plan? (Hint: does this website include a list of doctors and hospitals who are “in network”, participating providers in the plan?) (Check one)
   Yes___   No___  can’t tell ______

2) What health care services are covered? (Check if covered):
   Hospital and doctor care___
   Lab tests___
   Medical equipment___
   Prescription drugs___
   Rehabilitation following illness or injury (for example, physical therapy) ___
   Preventive care___
   Mental health care___
   Other_________________________________

3) What is the premium? __________________ per month/year (Circle one)

4) What is the deductible for services by in-network providers? __________________

5) What is the deductible for services by out-of-network providers? ________________

6) What is the co-payment and coinsurance for services by in-network providers?
   co-payment: ________________  coinsurance: _______________

7) What is the out-of-pocket maximum for one year?________________

Bonus: What happens under the policy if you use an out-of-network provider? What is different from when you use a network provider? Could using a out-of-network provider turnout to be very expensive and why? (Hint: check and see if the plan sets a limit on the amount of the cost of an out-of-network service eligible for reimbursement. Examples are limits based on the “customary and usual” cost of services (an estimate of the average cost in the community) or the price paid by Medicare).
Insurance Policy Links Homework

Print copies of the following links so that students who have internet, but will not get a chance to talk to the person in charge of their health insurance, can look at a health care policy on the internet. These will be used to complete the homework assignment. Cut the 4 sections apart.

Cornell Endowed Health Insurance Policy example:
https://www.hr.cornell.edu/benefits/health/80_20.html

Cornell Student Health Insurance Policy example:

New York State Empire Plan example:
http://www.cs.ny.gov/ebd/ebdonlinecenter/pamarket/glance.cfm

Cornell Endowed Health Insurance Policy example:
https://www.hr.cornell.edu/benefits/health/80_20.html

Cornell Student Health Insurance Policy example:

New York State Empire Plan example:
http://www.cs.ny.gov/ebd/ebdonlinecenter/pamarket/glance.cfm

Cornell Endowed Health Insurance Policy example:
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Cornell Student Health Insurance Policy example:

New York State Empire Plan example:
http://www.cs.ny.gov/ebd/ebdonlinecenter/pamarket/glance.cfm

Understanding Health Insurance ✳ Lesson Two
Doors to health care

out-of-pocket, coverage, participating provider, facilitated enrollee, basic, comprehensive, parent h.i., student h.i., individual h.i., employer h.i., government h.i.

Across
9 a professional who is trained to help people determine which government health insurance plan they may be eligible for and help them apply for government health insurance.
11 in a health insurance policy or plan, the set of health care services that the insurer will pay for. In general, there are two types of plan: basic coverage and comprehensive coverage.

Down
1 health insurance coverage you have through your parent or guardian’s family plan. Also known as “dependent care coverage”.
2 provider who is “in the network”: a doctor or other health care provider who has an arrangement with a health insurance company or health care plan to provide services at a lower cost to covered individuals.
3 health insurance for people who aren’t connected to job-based or other group coverage; premiums tend to be higher because an individual has less purchasing power than a group.
4 health insurance plans that are administered by the state or federal government.
5 coverage which, in addition to paying for major illnesses and injuries, also pays for a wide range of routine medical expenses, including checkups, screenings for early detection of disease, immunizations, prescription drugs and maternity care.
6 health insurance offered by the college or university one is attending; sometimes paid for as part of tuition and fees; covers students while they are enrolled in school; you may or may not have the option to waive this coverage.
7 group health insurance that is offered to an employee (and often his or her family) by his/her employer; the employer may or may not also contribute toward the premium costs of the employee.
8 any cost paid by the consumer, as opposed to by the insurer. Includes any health care services not covered under a consumer’s health insurance policy or plan. Includes, for covered services, premium, deductibles, coinsurance and copayments.
10 coverage which pays for most of the cost of for major illnesses and injuries, but does not cover routine medical expenses.
Lesson Two Teacher Resources
Building Anonymous Student Codes

Instructions to teachers: To protect student privacy in discussing sensitive health and income-related issues, don't let students put their names on work they turn in that might contain sensitive information. Instead, use these instructions to guide students in building anonymous student codes. By using a specific combination of letters and numbers taken from information that only the student knows, but which are easy to recall, this process allows pre and post-survey responses from students to be individually matched and compared.

For sensitive assignments, the handouts have a grid with four boxes in a row at the top of the page. Tell the students they will each build a student code, and use it instead of their name on assignment.

Instructions to students:
Box 1. In the first box, write the second letter of your first name;
Example 1: if your first name is Laura, write A.
Example 2: If your first name is Michael, write I.
Example 3: If your first name is Ruth-Anne, write U.

Box 2 and Box 3. In the second and third boxes, write the day you were born. If the day is a single digit number, put a zero just to its left.
Example 1: if born on the 31st of January, then write 31.
Example 2: If born on the 2nd of August, then write 02.
Example 3: If born on the 10th of June, then write 10.

Box 4. In the last box, write the first letter of your mother’s last name prior to marriage. If your mother’s name did not change due to marriage, use her current last name. If your mother’s last name changed due to marriage but you don’t know her last name prior to marriage, write X.
Example 1: if your mother’s maiden name was Smith, write S
Example 2: if your mother’s last name was Johnson before and after marriage, write J.
Example 3: if you don’t know your mother’s last name before marriage, write X.

Once built, here is how these 3 example student codes should look:

Example 1:

|   | A  | 3 | 1 | S |

Example 2:

|   | I  | 0 | 2 | J |

Example 3:

|   | U  | 1 | 0 | X |
Lesson Two Quiz Answers

1) There are many ways to get health insurance. Name three ways.
Possible answers:
Private policy, public plan, employer sponsored, student, parent, spouse

2) In choosing among the ways to get health insurance, name three things a young adult should consider.
Possible answers:
health needs, plan costs, plan benefits, family size, travel plans, in network providers, employer subsidy, lifestyle and risk factors

3) Given what you know about the doors available, which ones do you think might be available to you in a few years? Which one would you choose and why?
Possible answers:
Evaluate the answers that students give based on the depth of their comprehension and the way that they explain their choice.
Doors to Health Care Crossword Answers

1. parent/guardian health insurance: health insurance coverage you have through your parent or guardian’s family plan. Also known as “dependent care coverage”. The law now requires insurers who offer family coverage to let parents/guardians apply to keep their son or daughter covered up to the age of 26, regardless of the son or daughter’s school or marital status.

2. participating provider; provider who is “in the network”: a doctor or other health care provider who has an arrangement with a health insurance company or health care plan to provide services at a lower cost to covered individuals.

3. individual health insurance: health insurance for people who aren’t connected to job-based or other group coverage; premiums tend to be higher because an individual has less purchasing power than a group.

4. government health insurance: also known as “public” health insurance) health insurance plans that are administered by the state or federal government.

5. comprehensive coverage: in addition to paying for major illnesses and injuries, also pays for a wide range of routine medical expenses, including checkups, screenings for early detection of disease, immunizations, prescription drugs and maternity care.

6. student health insurance: health insurance offered by the college or university one is attending; sometimes paid for as part of tuition and fees; covers students while they are enrolled in school; you may or may not have the option to waive this coverage.

7. employer health insurance: group health insurance that is offered to an employee (and often his or her family) by his/her employer; the employer may or may not also contribute toward the premium costs of the employee.

8. out-of-pocket [health care] costs: any cost paid by the consumer, as opposed to by the insurer. Includes any health care services not covered under a consumer’s health insurance policy or plan. Includes, for covered services, premium, deductibles, coinsurance and copayments.

9. facilitated enroller: a professional who is trained to help people determine which government health insurance plan they may be eligible for and help them apply for government health insurance.

10. basic coverage: pays for most of the cost of for major illnesses and injuries, but does not cover routine medical expenses.

11. coverage: in a health insurance policy or plan, the set of health care services that the insurer will pay for. In general, there are two types of plan: basic coverage and comprehensive coverage.
Lesson Two Vocabulary

1) Out-of-pocket [health care] costs: Any cost paid by the consumer, as opposed to by the insurer. These costs may include health care services not covered by a health insurance policy or plan, premiums, deductibles, coinsurance, and co-payments.

2) Coverage: Is the set of health care services paid for by a health insurance policy or plan. In general, there are two types of plan: basic coverage and comprehensive coverage.

3) Participating “in the network” provider: A doctor or other health care provider who has an arrangement with a health insurance company to provide services at a lower cost to individuals.

4) Facilitated Enroller: A professional who is trained to help people determine which government health insurance plan they may be eligible for and to assist with the application process.

5) Basic Coverage: Pays for most of the costs associated with major illnesses and injuries, but does not cover routine medical expenses.

6) Comprehensive Coverage: In addition to paying for major illnesses and injuries, it also pays for a wide range of routine medical expenses, including routine checkups and screenings, immunizations, prescription drugs, and maternity care.

7) Parent/Guardian Health Insurance: Coverage you have through your parent or guardian's family plan, also known as “dependent care coverage”. The law now requires insurers who offer family coverage to let parents/guardians apply to keep their dependents covered through the age of 26, regardless of student or marital status.

8) Student Health Insurance: Offered by the college or university one is attending, and paid for as part of tuition and fees, it covers students while they are enrolled in school. The option to waive this coverage may or may not be available.

9) Individual Health Insurance: People who are not connected to job-based or other group coverage can purchase a plan. Although premiums tend to be higher because an individual has less purchasing power than a group.

10) Employer Health Insurance: Group coverage that is offered to an employee, and often his or her family, by their employer who may or may not also contribute toward the premium costs for the employee.

11) Government Health Insurance: Also known as “public” health insurance, these plans are administered by the state or federal government.

12) COBRA: A federal law that may let you and your family keep employer-based health insurance for a limited time after aging off a parent's policy or after you would otherwise lose coverage. This is sometimes called “continuation coverage” and usually lasts 18-36 months while being paid for entirely by you or your parent/guardian.

13) “Under 26” Dependent Care Coverage: Part of the Affordable Care Act of 2010 that requires insurers who offer family coverage to let parents keep their children covered up to the age of 26 and in New York State the age is extended to age 29.
Lesson Two Vocabulary Sources

http://wnylc.com/health/entry/72/

http://www.dfs.ny.gov/insurance/health/chlthinf.htm

New York State Department of Health (2012). Getting the Health Insurance You Need: A Fact Sheet for Teens and Young Adults.  
http://www.health.ny.gov/publications/4989/

United States Department of Health & Human Services (2011). Young Adults and the Affordable Care Act.  


http://www.gettingcovered.org/
Insurance Policies for Printing

Print a few copies of each plan, for students without internet or who will not have a chance to talk to the person in charge of their health insurance. Also print copies of the links so that students who have internet, but will not a chance to talk to the person in charge of their health insurance, can look at policies on the internet. These will be used to complete the homework assignment.

Cornell Endowed Health Insurance Policy example:
https://www.hr.cornell.edu/benefits/health/80_20.html

Cornell Student Health Insurance Policy example:

New York State Empire Plan example:
http://www.cs.ny.gov/ebd/ebdonlinecenter/pamarket/glance.cfm
<table>
<thead>
<tr>
<th>Health Care Options</th>
<th>Positives</th>
<th>Negatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employer-sponsored health insurance</strong></td>
<td>Allows complete independence from your parents, spouse, and college, because you don’t have to go through any of them to arrange coverage. Employers speak for a larger group in negotiating with insurers, so they are often able to get lower rates. Because the employer is paying part of the costs, the cost to you will be lower. Some employers work with insurers to provide financial incentives to employees to help them live healthier lives.</td>
<td>You may not have as many plan options because you have to take the plan your employer offers. Your employer may have limits on the services that they will help pay for.</td>
</tr>
<tr>
<td><strong>Student health insurance</strong></td>
<td>It may be included as part of your tuition and is available to most students. Some colleges have student health centers which are often located on campus, giving you easy access to health care services.</td>
<td>Some student health insurance plans have limited benefits and may need a supplemental plan to achieve comprehensive coverage.</td>
</tr>
<tr>
<td><strong>Parent health insurance (“Under 26”)</strong></td>
<td>This is an option extended by the Affordable Care Act’s “under 26 dependent care” provision, in New York State, this age is extended to 29. If your parent’s coverage meets your needs and is likely to remain the same for a while this is a good choice. It means that you will not have to worry about coverage for several years. This may allow you to pursue a career path that doesn’t offer employer-sponsored coverage right away.</td>
<td>The premium may increase in order for your parents to keep you on or re-add you to their plan. Some parents do not have a plan that they can add you to and some may not be willing to pay the extra costs. You may be responsible for any additional costs.</td>
</tr>
<tr>
<td><strong>Medicaid or other public health care plans</strong></td>
<td>Individuals covered by these plans will have most health care services paid for with few additional costs. Many, though not all, public health care plans have excellent comprehensive benefits that include prescription, dental, and eye care plans.</td>
<td>The application process can be burdensome. You may be required to prove your income level every year in order to stay on the plan. Some medical providers do not accept public health care plans.</td>
</tr>
<tr>
<td><strong>Individual health insurance</strong></td>
<td>Choice of plan features is not limited by employer, parent, or public plan decisions. There are many plans to choose from and they range in all different levels of coverage. You have the ability to tailor a plan to meet your current and expected health care needs.</td>
<td>For most people this option is not affordable as the costs are much higher than for group plans negotiated by an employer or government.</td>
</tr>
<tr>
<td><strong>Out of pocket/ no health insurance</strong></td>
<td>You save the cost of paying premiums, co-payments and coinsurance. If you can afford to pay, you are not limited to in-network health care providers. Free and reduced cost health care services can also be found in many communities. Routine screenings, vaccinations, some medications, and gynecological services can often be found at reduced costs or cost may be based on income.</td>
<td>Few people can afford the costs of a major health issue without health insurance. Unexpected illnesses or accidents may require emergency room care, and can be very expensive. Depending on how serious the illness or injury, the costs could bankrupt you. Routine and preventive care may also be neglected.</td>
</tr>
</tbody>
</table>
Doors Pros and Cons Grid Sources

http://wnylc.com/health/entry/72/

http://www.dfs.ny.gov/insurance/health/chlthinf.htm

New York State Department of Health (2012). Getting the Health Insurance You Need: A Fact Sheet for Teens and Young Adults.  
http://www.health.ny.gov/publications/4989/

United States Department of Health & Human Services (2011). Young Adults and the Affordable Care Act.  


http://www.gettingcovered.org/
Lesson Two Sources

Department of Health & Human Services

Healthcare.gov finder
http://finder.healthcare.gov/

HUMANA Stay Smart Stay Healthy video: “How to choose the right health care plan”
http://www.youtube.com/watch?v=x-ceGSdWwSg&feature=related

National Financial Literacy Standards
http://www.jumpstart.org/national-standards.html

National Health Education Standards
http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm

New York State Department of Health (2012). Getting the Health Insurance You Need; a Fact sheet for Teens and Young Adults.
http://www.health.ny.gov/publications/4989/
Preparing for Lesson Three

Lesson Length
40 minutes

Age Level
16+

Materials
Printer
Printer Paper
Scissors
Laminator for the “Steps to Health Care”
Printed handouts

Lesson Preparations
Familiarize yourself with the “Anonymous Student Code” as well as “Student Handouts” and “Teacher Resources”.

Copy the “Parent/Guardian interview” and “Lesson Two Quiz” (To be returned to students)

Print two copies of “Steps to Health Care for Printing”. Cut each set of steps apart and laminate each step to create two sets of 16 cards. Mix up both sets before giving one set to each group.

Lesson Three Outline
• Introduction and Ground Rules (5 minutes)
• Review and Homework Discussion (5 minutes)
• Steps to Health Care (10 minutes)
• Lesson Three Quiz (10 minutes)
• Post Survey (5 minutes)
• Wrap Up (5 minutes)
Binders will Contain the Following Handouts

Lesson One Students Handouts
- Consent Form
- Pre Survey
- Health Insurance Means Protection
- Lesson One Quiz
- Parent/Guardian Interview
- Health Insurance Basics Crossword

Lesson Two Students Handouts
- Copy of signed consent form from 1st day
- Doors to Health Care for Young Adults
- Lesson Two Quiz
- Read a policy homework
- Doors to Health Care Crossword

Lesson Three Students Handouts
- Lesson Three Quiz
- Post Survey
- How to Read a Health Care Bill Homework
- Health Care Overview Crossword
- How to Sign up for a Public Health Care Plan in Tompkins County
- How to Sign up for a Public Health Care Plan in New York State
- Free and Reduced Cost Health Care in New York State

Lesson Three Teacher Resources
- Lesson Three Quiz Answers
- Lesson Three Vocabulary
- Steps to Health Care for Printing
- Steps to Health Care Answer Sheet
- Lesson Three Sources

Lesson Goals
This lesson is designed to raise student awareness about the fact that even if they have health insurance, they will still have health care costs, and will need to take steps to minimize these costs by knowing how to make the most of their health insurance.

Standards Met
-National Heath Education Standard #3:
Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

-National Financial Literacy Standards, Financial Responsibility and Decision Making Standard #4:
Make financial decisions systematically by considering alternatives and consequences.
Lesson Three
Steps to health care: How do I get the most out of my coverage?

Introduction and Ground Rules (5 minutes)
As students come in, pass back copies of the “Parent/Guardian interview” and “Lesson Two Quiz”
Remind students of the following ground rules and the use of anonymous student codes.

- Respect each other.
- No cell phones/electronics.
- Take turns, share the floor.
- Do not write your name on anything you hand in for this class. We will provide instructions for how to build your anonymous code.
- Do not talk about personal health information in this class. When it comes to personal information, what is said here stays here. Maintain each other’s confidentiality.

Review and Homework Discussion (5 minutes)
Make sure students have written their anonymous student codes on the homework and then collect. Ask the following questions linking content to the homework:

- What was it like to look through a health care policy?
- Were there any questions that were difficult to find the answers to?
- What did you find out about health insurance costs? Coverage? Provider networks?
- What can you do with this information?

Knowing your options and making smart choices will increase your chance of receiving the health care services you need. Reading through your health insurance policy and knowing what to look for can help you compare different policies or plans so you can make the best choice. But that's not enough. Once you have health insurance, you also need to know some basic steps to help you get the most out of your coverage.

Steps to Health Care (15 minutes)
If you have health insurance, you will likely be paying premiums, deductibles, co-payments and/or coinsurance. Did you know that every insurer has rules for how you request that they pay their part of the bill? Asking your insurer to reimburse its part of the cost is called filing a claim. To ensure your medical claims are paid for, it is important to check with your insurance provider and if needed, obtain pre-approval before receiving medical services. Sometimes you file the claim, and sometimes your health care provider will do this for you. Use an in-network provider wherever possible and notify your insurance company if you plan to go outside the network. You, or your health care provider, will need to file a claim with your insurer shortly after receiving services. If you don't, your insurer can legally refuse to pay their part of the cost, even if the bill is for a health care service that's covered in your policy.

So to get the most out of your health insurance and make sure your claims are paid for, you will need to know and follow the “Steps to Health Care.”
Split the class into two groups and provide each group with a set of cards. Each group will work together to put the cards in order. Bring the class back together after about 5 minutes or when both groups have finished. Discuss the order chosen by students as well as the correct order.

1. Get to know what is covered by your health insurance policy and find out which doctors are in the insurer's network of participating providers (i.e. are “in-network”).
2. Pay your health insurance premiums on time.
3. Have a health care need.
4. Call insurer to receive advice on which kind of provider to go to for treatment, such as a primary care provider, specialist, or to the Emergency Room.
5. Get pre-approval from the insurer to seek this health care service.
6. Check to see if this health care service counts towards your deductible.
7. Know how much you have already paid toward your deductible.
8. Make an appointment with a health care provider who is a participating provider with your insurer.
9. Go to health care appointments on time and bring your health insurance card and any other documents requested by provider.
10. Know what health care services are covered in your policy.
11. Communicate with your health care provider about the services you wish to receive and special billing instructions.
12. Get treatment and pay co-payment for visit with health care provider.
13. File a claim or ask the health care provider to file the claim with your insurance company.
14. When you get your “statement of benefits”, read the fine print to see if the insurer paid what they should under your policy.
15. When you get the “health care provider bill” read the fine print to make sure that the services you received were billed correctly.
16. Pay your part of the health care bill on time.

Have both groups report to the class and discuss the order and importance of the steps for about 10 minutes. What did the groups agree on? What did they disagree on? What is the correct order and what are the consequences of doing the steps in a different order?

**Lesson Three Quiz (5 minutes)**
Pass out the “Lesson Three Quiz”, have students write their anonymous student codes in the boxes provided and allow five minutes to answer the questions. Collect quizzes to grade before returning to the students.

**Post Survey (5 minutes)**
Pass out the post-survey “My Health Care Plan” and ask that they write their anonymous student codes in the boxes provided. Collect the surveys after they are completed.
Wrap Up (5 minutes)
Pass out the “How to Read a Health Care Bill” handout and explain how to use one of the three options to complete the homework.

Provide students with “How to Sign up for a Public Health Care Plan in Tompkins County”, “How to Sign up for a Public Health Care Plan in New York State”, and “Free and Reduced Cost Health Care in New York State” handouts.

Having health care coverage and knowing the rules, in order to get the most out of it, can greatly reduce your health care costs. Understanding the steps to health care will allow you to develop a good relationship with your health care providers and your health insurance provider, making you feel more comfortable and confident when you access health care. Know the costs, covered services, and participating providers. Follow the steps to get your health care claims paid. If you are not currently covered by health insurance, ask a trusted adult to help you see if you can sign up for Child Health Plus or Medicaid.
Lesson Three Student Handouts
Lesson Three Quiz

1) Put these three steps in order:

_____ Make an appointment with a health care provider who is a participating provider with your insurer.

_____ Get pre-approval from the insurer to seek a health care service.

_____ Know what health care services are covered in your policy.

2) What would happen if you left out a step or completed them out of order?

3) What should happen if you follow all the steps in order?

4) What if you follow all the steps in order and the insurer still doesn’t pay the claim?
Getting the most out of your health insurance

pre-authorization, claim, statement of benefits, participating provider

Across
2 getting approval from your insurer, prior to seeking particular health care services, that they agree the health care you want to seek is appropriate, and they will pay a portion of the bill.
3 a formal request from you (or your health care provider) to your insurer, asking them to pay a portion of the cost of particular health care services you have received; insurers have a specific form that must be used in making this request.
4 a notice from your insurer stating whether they paid or denied your claim. If they paid, it will say how much. If they denied, it will give a reason why.

Down
1 provider who is “in network”; a health care provider who has entered into an agreement with an insurer to accept a lower reimbursement rate for services in exchange for being on the insurer’s list of health care providers for whose services it will reimburse at the fullest rate.
Post Survey

Please write your anonymous ID code here (NOT your name):

For each of the items below, please check one answer. If you're not sure of the answer, please take your best guess.

1) What is the MAIN way your health care gets paid for? (Circle one)
   a. in cash
   b. through private health insurance (mine or my family’s)
   c. through a government health care plan
   d. not sure
   e. other (please explain): _________________________________

2) After age 19, what is the MAIN way you think your health care will probably get paid for? (Circle one)
   a. in cash
   b. through private health insurance (mine or my family’s)
   c. through a government health care plan
   d. not sure
   e. other (please explain): _________________________________

3) How important is it for you to have health insurance? (Circle one)
   a. not at all important
   b. not important
   c. important
   d. very important

4) The main thing I will need to do after age 19 to make sure I have access to health care is (Check one):
   __ask my parent/guardian to keep me covered under their health insurance
   __sign up for student health insurance at college
   __look for a job with employer health insurance
   __buy my own individual health insurance
   __enroll in a government health care plan
   __look for free or reduced cost health care
   __nothing, I am healthy and won't need health care
   __other (please explain): _________________________________

For each of the items below, please write a brief answer in your own words:

5) The most important thing I learned from the Understanding Health Insurance curriculum is:

6) The least useful thing I learned from the Understanding Health Insurance curriculum is:
How to Read a Health Care Bill Homework

When you decide to take steps to control your health costs, knowing how to read your doctors bills and other medical bills will come in handy. There are three pieces of paperwork you’ll need to compare.

1. The list of services performed. This is handed to you when you leave the doctor’s office or testing site.

2. The bill the doctor or health facility sends you. It is a list of the services from #1 above, and the charges for each service.

3. The explanation of benefits (EOB) that comes from your payer.

Among the three pieces of paper, you’ll find terminology and codes that will help you be sure you are being billed only for the services that were performed.

You’ll see everything from dates of service to the services provided to costs on your bill. All medical bills have the same basics.

In this bill, the column for “Pat#” means which of the patients on my account received the service. “Prv#” is used by your doctor’s office to mean which of the doctors you saw. And the Bs under “Msg” refer to the fact that they billed the insurer.
How to Read a Health Care Bill Continued

In the column giving the service description, so many of these medical words are unfamiliar. To learn what the terminology means, you can use a medical dictionary or a medical encyclopedia or even a list of medical tests.

The key here will be to line up these services with the paperwork you were given when you left the doctor's office, and to be sure you actually received these services.

If any services seem unusual to you, or if you question whether you received them, then contact the phone number provided on the bill.

Why do this? You don't want to pay, or you don't want your insurance to pay, for any services you did not receive.

If you think you were billed for something you didn't get, or for something you didn't need, call your health care provider.

Adapted from:
Trisha Torrey (Updated April 17, 2011). How to read your doctors’ bills or other medical bills. About.com Guide.
http://patients.about.com/od/costsconsumerism/ig/Read-a-Medical-Bill/
How to Sign Up for a Public Health Care Plan, if you live in Tompkins County

Option 1: Get help from a facilitated enrollment program

Tompkins County “Get Covered” info line: dial 211

Catholic Charities Child Health Plus/Family Health Plus facilitated enrollment assistance: call 1-800 231-0744 to schedule an appointment.

Department of Social Services Medicaid application: (607) 274-5359

Total Care NY (providing facilitated enrollment for Medicaid, Child Health Plus and Family Health Plus in Onondaga, Oswego, Tompkins and Cortland County): 1-800-223-7242, www.totalcareny.com

Option 2: Do it yourself

Medicaid is for people who can’t afford to pay for medical care due to very low income and/or high medical bills. Click: “How do I apply for Medicaid?” http://www.health.state.ny.us/health_care/medicaid/index.htm

Family Health Plus is for residents of New York State who are adults (single, couples, parents) who are aged 19 to 64 who have income too high to qualify for Medicaid. Click “Application” http://www.health.ny.gov/health_care/family_health_plus/

Child Health Plus or Children’s Medicaid (depending on income) is for residents of New York State who are kids under age 19. Click: “How do I apply?” http://www.health.ny.gov/health_care/child_health_plus/

Healthy New York is for residents of New York State who are working individuals, small employers or small proprietors, and who don’t qualify for Medicaid or Family Health Plus but earn less than a certain % of the federal poverty level. Click “How to apply” http://www.ins.state.ny.us/website2/hny/english/hny.htm

The New York State Bridge Plan is for people who have a health condition that existed before starting to look for health insurance, and who have not had health insurance for 6 months. Click “apply online now” http://www.ghi.com/nybridgeplan/index.html

Use this screening tool to help you find out which New York State public health insurance programs you and your family members may be eligible for. https://apps.nyhealth.gov/doh2/applinks/accessny/eligibility/gettingstarted.jsp

Also try this web browser guide to New York State’s programs and services. www.myBenefits.ny.gov
How to Sign Up for a Public Health Care Plan in New York State

Medicaid is for people who can't afford to pay for medical care due to very low income and/or high medical bills. Click: “How do I apply for Medicaid?”
http://www.health.state.ny.us/health_care/medicaid/index.htm

Family Health Plus is for residents of New York State who are adults (single, couples, parents) who are aged 19 to 64 who have income too high to qualify for Medicaid. Click “Application”
http://www.health.ny.gov/health_care/family_health_plus/

Child Health Plus or Children’s Medicaid (depending on income) is for residents of New York State who are kids under age 19. Click: “How do I apply?”
http://www.health.ny.gov/health_care/child_health_plus/

Healthy New York is for residents of NYS who are working individuals, small employers or small proprietors, and who don't qualify for Medicaid or Family Health Plus but earn less than a certain % of the federal poverty level. Click “How to apply”
http://www.ins.state.ny.us/website2/hny/english/hny.htm

The New York State Bridge Plan is for people who have a health condition that existed before starting to look for health insurance, and who have not had health insurance for 6 months. Click “apply online now”
http://www.ghi.com/nybridgeplan/index.html

Use this screening tool to help you find out which New York State public health insurance programs you and your family members may be eligible for.
https://apps.nyhealth.gov/doh2/applinks/accessny/eligibility/gettingstarted.jsp

Also try this web browser guide to New York State's programs and services.
www.myBenefits.ny.gov
Free and Reduced Cost Health Care in New York State

1) New York State Free Clinics
Here is a directory to free clinics in different counties in New York State:

2) New York State Cancer Services
The Department of Health's Cancer Services Program helps underserved people get comprehensive breast,
cervical and colorectal cancer screening services and prostate cancer education. They have local community
offices spread across New York State. The program also provides education on cancer prevention and early
detection, as well as community-based cancer support services for persons with cancer and their families.
For more information regarding different cancer screening programs, visit:
http://www.health.state.ny.us/diseases/cancer/services/

Contact: Cancer Services Program
canserv@health.state.ny.us

Also, for a directory to local county programs, visit:
http://www.health.state.ny.us/diseases/cancer/services/partnerships/

3) AIDS Drug Assistance Program (ADAP):
The Department of Health's HIV Assistance Program offers free treatment programs for low-income
individuals suffering from HIV. To be eligible for these programs, your household income must be at
or below $44,000/year for households of one, $59,200/year for a household of two and $74,400/year for
households of three or more. The resource limit for all households is $25,000. For more information on the
different programs, visit:
http://www.health.state.ny.us/diseases/aids/resources/adap/index.htm
Contact: HIV Uninsured Care Programs
In State - Toll Free 1-800-542-2437

4) New York State Prescription Saver Program
The New York State Prescription Saver Program helps New York State residents who have low-income and
couldn't apply to the Elderly Pharmaceutical Insurance Program (EPIC) pay for their drugs by giving them a
drug discount card. The discount card can lower the cost of prescription drugs by as much as 60 percent on
generics and 30 percent on brand name drugs.
Applications can be completed online at:
https://nyprescriptionsaver.fhsc.com/

5) Free and Low Income Health Clinics offering STD Testing
Here is a directory to health centers and health clinics throughout New York State that will give you free STD
testing and other free health services.
http://yourstdhelp.com/new_york.html

6) New York State Department of Health Toll-Free Helplines
This directory to the Department of Health's toll-free help lines will help you find information about free
health insurance, free clinics, and other resources to free care in your local government agency, depending
on what type of information you need.
http://www.health.state.ny.us/contact/doh800.htm

Call the Public Health Duty Officer Help line at 1-866-881-2809
Lesson Three Teacher Resources
Building Anonymous Student Codes

Instructions to teachers: To protect student privacy in discussing sensitive health and income-related issues, don’t let students put their names on work they turn in that might contain sensitive information. Instead, use these instructions to guide students in building anonymous student codes. By using a specific combination of letters and numbers taken from information that only the student knows, but which are easy to recall, this process allows pre and post-survey responses from students to be individually matched and compared.

For sensitive assignments, the handouts have a grid with four boxes in a row at the top of the page. Tell the students they will each build a student code, and use it instead of their name on assignment.

Instructions to students:
Box 1. In the first box, write the second letter of your first name;
Example 1: if your first name is Laura, write A.
Example 2: If your first name is Michael, write I.
Example 3: If your first name is Ruth-Anne, write U.

Box 2 and Box 3. In the second and third boxes, write the day you were born. If the day is a single digit number, put a zero just to its left.
Example 1: if born on the 31st of January, then write 31.
Example 2: If born on the 2nd of August, then write 02.
Example 3: If born on the 10th of June, then write 10.

Box 4. In the last box, write the first letter of your mother’s last name prior to marriage. If your mother’s name did not change due to marriage, use her current last name. If your mother’s last name changed due to marriage but you don’t know her last name prior to marriage, write X.
Example 1: if your mother’s maiden name was Smith, write S
Example 2: if your mother’s last name was Johnson before and after marriage, write J.
Example 3: if you don’t know your mother’s last name before marriage, write X.

Once built, here is how these 3 example student codes should look:

Example 1:

A 3 1 S

Example 2:

I 0 2 J

Example 3:

U 1 0 X
Get to know what is covered by your health insurance policy and find out which doctors are in the insurer’s network of participating providers (i.e. are “in-network”)

Pay your health insurance premiums on time.

Have a health care need.

Call insurer to receive advice on which kind of provider to go to for treatment, such as a primary care provider, specialist, or to the Emergency Room.

Get pre-approval from the insurer to seek this health care service.
Check to see if this health care service counts towards your deductible.

Know how much you have already paid toward your deductible.

Make an appointment with a health care provider who is a participating provider with your insurer.

Go to health care appointments on time and bring your health insurance card and any other documents requested by provider.

Know what health care services are covered in your policy.

Communicate with your health care provider about the services you wish to receive and special billing instructions.
Get treatment and pay co-payment for visit with health care provider.

File a claim or ask the health care provider to file the claim with your insurance company.

When you get your “statement of benefits”, read the fine print to see if the insurer paid what they should under your policy.

When you get the “health care provider bill” read the fine print to make sure that the services you received were billed correctly.

Pay your part of the health care bill on time.
Steps to Health Care Answer Sheet

1. Get to know what is covered by your health insurance policy and find out which doctors are in the insurer’s network of participating providers.

2. Pay your health insurance premiums on time.

3. Have a health care need.

4. Call insurer to receive advice on which kind of provider to go to for treatment, such as a primary care provider, specialist, or to the Emergency Room.

5. Get pre-approval from the insurer to seek this health care service.

6. Check to see if this health care service counts towards your deductible.

7. Know how much you have already paid toward your deductible.

8. Make an appointment with a health care provider who is a participating provider with your insurer.

9. Go to health care appointments on time and bring your health insurance card and any other documents requested by provider.

10. Know what health care services are covered in your policy.

11. Communicate with your health care provider about the services you wish to receive and special billing instructions.

12. Get treatment and pay co-payment for visit with health care provider.

13. File a claim or ask the health care provider to file the claim with your insurance company.

14. When you get your “statement of benefits”, read the fine print to see if the insurer paid what they should, under your policy.

15. When you get the “health care provider bill” read the fine print to make sure that the services you received were billed correctly.

16. Pay your part of the health care bill on time.
Lesson Three Quiz Answers

1) Put these three steps in order:

Make an appointment with a health care provider who is a participating provider with your insurer. (c)

Get pre-approval from the insurer to seek a health care service. (b)

Know what health care services are covered in your policy. (a)

2) What would happen if you left out a step or completed them out of order?
Possible answers:
- Your insurer may not cover you for services that would normally be covered, or you might need to take additional steps, file additional claims, spend time advocating for yourself on the phone or through letters to the insurer.

3) What should happen if you follow all the steps in order?
Possible answers:
- Insurer reimburses covered services quickly, avoid late fees, develop good rapport with health care providers.

4) What if you follow all the steps in order and the insurer still doesn't pay the claim?
Possible answers:
- Talk to the insurer customer service representatives and then file an appeal with the State Insurance Department. Ask a facilitated enroller or health insurance advocate in your community for help.
Steps to Health Care Crossword Answers

1) participating provider: provider who is “in network”; a health care provider who has entered into an agreement with an insurer to accept a lower reimbursement rate for services in exchange for being on the insurer's list of health care providers for whose services it will reimburse at the fullest rate.

2) pre-authorization: getting approval from your insurer, prior to seeking particular health care services, that they agree the health care you want to seek is appropriate, and they will pay a portion of the bill.

3) claim: a formal request from you (or your health care provider) to your insurer, asking them to pay a portion of the cost of particular health care services you have received; insurers have a specific form that must be used in making this request.

4) statement of benefits: a notice from your insurer stating whether they paid or denied your claim. If they paid, it will say how much. If they denied, it will give a reason why.
Lesson Three Vocabulary

1) pre-authorization: getting approval from your insurer, prior to seeking particular health care services, that they agree the health care you want to seek is appropriate, and they will pay a portion of the bill.

2) claim: a formal request from you (or your health care provider) to your insurer, asking them to pay a portion of the cost of particular health care services you have received; insurers have a specific form that must be used in making this request.

3) statement of benefits: a notice from your insurer stating whether they paid or denied your claim. If they paid, it will say how much. If they denied, it will give a reason why.

4) budget for fixed and unexpected health costs.

5) fixed health care costs: monthly health insurance premiums, plus your costs for regular doctor visits and medications

6) unexpected out-of-pocket health care costs: health related expenditures normally not covered by health insurance.

7) flexible Spending Account (F.S.A.): allows a person to set aside tax-free dollars for use in paying for health care costs that come up; may be used with other health plans, not just a high deductible plan; unused portion of money left in the account is lost at end of year

8) health Savings Account (H.S.A.): allows a person to set aside tax-free dollars to be used to pay for health care tax free account only used for health care; used for care when someone in family gets sick; money left in the account at the end of the year carries over to the next year

9) participating provider/provider who is “in network”: a health care provider who has entered into an agreement with an insurer to accept a lower reimbursement rate for services in exchange for being on the insurer’s list of health care providers for whose services it will reimburse at the fullest rate.
Lesson Three Vocabulary Sources


HUMANA “StaySmartStayHealthy “How do I budget for health care?” video
http://www.staysmartstayhealthy.com

HUMANA “StaySmartStayHealthy “How can I save money on health care?” video
http://www.staysmartstayhealthy.com
Lesson Three Sources

High School Financial Planning Program
http://hsfpp.nefe.org

National Financial Literacy Standards

National Health Education Standards
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