

UNDERSTANDING YOUR PRIVATE HEALTH INSURANCE

Fact Sheet for Early Intervention Supports & Services

This fact sheet was developed to ensure that families are well informed! Understanding your family's health coverage is the first step to accessing the coverage available to you.

Understanding the details about your private health insurance plan can be intimidating. Be sure to have and read a copy of your health insurance plan or policy, not just a summary. You can ask for a copy by calling the number on your insurance card. Be sure to see if early intervention services are described as being covered. Children can no longer be excluded from being covered by their family insurance policy due to a preexisting condition.

DETERMINE THE TYPE OF PLAN THAT YOU HAVE

Fee for Service: Traditional plan where you can see any doctor. They will bill your insurance company and you will be responsible to pay the provider the amount that your insurance company did not pay.

Managed Care Plan: Health insurance plan that contracts with health care providers and medical facilities to provide care for members at a reduced cost. These types of restricted plans generally cost you less; there are three types:

- ***Health Maintenance Organizations (HMOs):*** You choose a primary care doctor who coordinates your care; typically a referral for specialty care is needed.
- ***Preferred Provider Organizations (PPOs):*** You choose your own doctor from a network of "preferred" providers. If a provider is out of network, you pay a higher amount.
- ***Point of Service Plans (POS):*** A combination of HMO and PPO. There is a network that functions like a HMO, in which you choose a primary care doctor. If you choose a doctor who is not in the network, you pay a higher amount.

DO YOU HAVE AN INDIVIDUAL PLAN OR GROUP PLAN?

Group Plan: Health insurance through your job; there are typically specific "open enrollment" times when you are allowed to enroll or make changes in these plans.

Individual Policies: If you are unable to get insurance through your employer, you have to shop for an individual plan. These plans are more expensive; medical history will be reviewed before determination of coverage will be made. If coverage is provided, the premium cost will be presented at that time.

IF YOU HAVE A GROUP PLAN WITH YOUR EMPLOYER, IS IT SELF-INSURED OR FULLY INSURED?

Fully Insured: Group health insurance in which an employer pays a premium to an insurer and in return, the insurer assumes the financial risk of paying claims. There is an insurance contract between the employer and the insurer.

Self-insured: Group coverage in which the employer acts as its own insurer. The Employer uses an administrator to administer the plan. This includes establishing a provider network, processing claim payments, and conducting other tasks necessary to run the plan. There is no insurance contract between the employer and the administrator because the employer bears the risk for payment of claims. This type of coverage usually occurs with larger companies.

WHY DOES THIS MATTER?

Companies with Self-insured coverage do not have to include Virginia's Early Intervention Private Insurance Mandate, although many choose to do so. If not, employees may advocate with their employer to cover their child's services!

PRIVATE INSURANCE WORKSHEET

After reading your health plan policy be sure to know the answer to the following questions!

· How much does your plan cost? Does your employer pay a portion of the premium? Is the premium deducted from your paycheck?

· Do you have a co-pay? If so, what is it?

· Do you have a deductible? *(The amount you must pay before the insurer starts to pay)*

· Do you have a network of doctors and/or specialists you must choose from to see?

· Are you required to have a referral to see a specialist?

· Does your plan have the Early Intervention Services benefit?

· How many sessions of speech therapy, occupational therapy and physical therapy services are covered in your plan annually?

· Is your plan fully insured or self-insured?

· Are there any exclusions (non covered services) listed in your policy?

· What is your plan's Out-Of-Pocket Maximum? *(This is the highest amount an individual would pay in co-payments, deductibles and co-insurance in a calendar year)*

· Do you know your plan's Complaint and Appeal Process?

For More Information or Questions

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