

How to Get Affordable  
Health  
Care

in CONNECTICUT

# about

## The Artists Health Insurance Resource Center

**AHIRC**, a program of **The Actors Fund**, was created in 1998 with the support of the National Endowment for the Arts to help people in entertainment and the arts find affordable health care and health care coverage and reduce the number of uninsured artists. AHIRC offers in-person counseling in New York and Los Angeles, national telephone support, an internet resource database ([www.ahirc.org](http://www.ahirc.org)) with over a half-million visitors each year and over 100 *Getting and Keeping Health Insurance* workshops held at arts, cultural and human services organizations throughout the country. This health care guide was created and edited by James Brown and Renata Marinaro, LMSW. For more information call 917-281-5955 or visit [www.ahirc.org](http://www.ahirc.org) or the websites listed in this booklet.

**The Actors Fund** is a national human services organization that helps everyone – performers and those behind the scenes – in performing arts and entertainment. Serving professionals in film, theatre, television, music, opera, radio and dance, The Fund's essential programs include social services and emergency assistance, health care and health insurance resources, housing, and employment and training services. With offices in New York, Los Angeles and Chicago, The Actors Fund has – for over 125 years – been a safety net for those in need, crisis or transition. Learn more at [www.actorsfund.org](http://www.actorsfund.org).

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## Why do I need health insurance?

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

## What are my rights and protections?

**If you are an adult and you are not insured through your employer, union, or some other type of group, you are currently not guaranteed the right to buy health insurance in Connecticut.** Private insurers can refuse to sell you insurance because of your health status, or exclude a pre-existing condition from coverage, or charge you a substantially higher premium based on your age, gender, or pre-existing medical condition. Insurers in Connecticut can count as pre-existing conditions those for which you received medical advice in the 12 months prior to the start of your policy. Coverage for pre-existing conditions can be excluded for a maximum of 12 months. However, the number of months you were covered under your previous insurance policy may be credited towards your pre-existing condition exclusion period if you have not had a break in insurance coverage of 120 days or more. This credit can cancel out or reduce the length of an exclusion period. If you are denied insurance, you may have access to a plan through the Connecticut Health Reinsurance Association (see page 3). This program offers insurance to people who are considered uninsurable and unable to buy coverage on their own. In addition, effective June 2010, people who have a pre-existing medical condition and who have been uninsured for at least six months will be eligible to enroll in a national high-risk pool and receive subsidized premiums.

**If you are insured through your employer, union, or some other type of group, you cannot be denied insurance because of your medical history.** However, insurers can count as pre-existing conditions those for which you received medical advice in the 6 months prior to the start of your policy. Coverage for pre-existing conditions can be excluded for a maximum of 12 months. You can get credit for prior coverage if you do not have a lapse in coverage of 120 days or more (150 days if you were involuntarily terminated, and 63 days if your plan is self-insured). This can cancel out or reduce the length of a pre-existing condition exclusion period.

Please note that beginning September, 2010, insurance carriers will no longer be

allowed to deny coverage to children with pre-existing conditions.

**In an emergency, federal law protects you from being denied care in a hospital emergency room, regardless of your insurance status and ability to pay.** If you do not have health insurance and it's not an emergency, hospitals are not required to treat you. However, some hospitals will anyway. In addition, some have charity care programs that set fees based on income for those who are uninsured.

For more information on your rights as a consumer, as well as the Patient Protection and Affordable Care Act, the health care reform law passed in March 2010 which will create new options for health care coverage in 2014, visit Families USA ([www.familiesusa.org](http://www.familiesusa.org)), The Kaiser Family Foundation ([www.kff.org](http://www.kff.org)), or contact your state department of insurance.

## How can I get health insurance in Connecticut?

You have three basic options for obtaining health insurance:

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

## What are my employment-related options?

**A job or a spouse/domestic partner's/parent's job** This is how most people under 65 years old get health insurance. The worker usually pays part of the cost and the employer/union pays the rest. This is called *group* insurance. Coverage of pre-existing conditions may be excluded for a period of time. A waiting period may be imposed before you can sign up for coverage. **NOTE:** Parents may cover their children up to age 26 under their individual or group health insurance plan.

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

- » American Federation of Television and Radio Artists: [www.aftra.com](http://www.aftra.com)
- » Actors' Equity: [www.equityleague.org](http://www.equityleague.org)
- » Screen Actors Guild: [www.sagph.org/index2.html](http://www.sagph.org/index2.html)
- » American Federation of Musicians Locals: [www.afm.org/locals/index/state/ct](http://www.afm.org/locals/index/state/ct)
- » IATSE Local 74 and 84: <http://iatse84.org>

**Small business insurance** In Connecticut, small employers (with 2 to 50 employees) are guaranteed the right to buy group coverage regardless of their employees' health status. (This is what is referred to as *guaranteed-issue* insurance). This type of coverage can be an option for those who might otherwise be rejected for individual insurance.

For comprehensive information on small business insurance visit [www.ct.gov/cid/cwp/view.asp?q=390716](http://www.ct.gov/cid/cwp/view.asp?q=390716)

**COBRA** COBRA is a law that lets you keep the insurance you had through your job or union for up to 18 months (sometimes longer) after you've left or become ineligible for benefits. You will pay the full premium, i.e. both your share and the amount your employer or union was paying on your behalf. The cost can be high, but is often less expensive than buying insurance on your own. Pre-existing conditions cannot be excluded. You have 60 days from the date of your notification letter to choose COBRA coverage. **NOTE:** If you are age 62 or older, you may keep your COBRA coverage in Connecticut until you reach age 65. [www.dol.gov/ebsa/pdf/cobraemployee.pdf](http://www.dol.gov/ebsa/pdf/cobraemployee.pdf)

**A school** Most colleges and universities offer health insurance at greatly reduced cost to full-time (and in some cases part-time) students. If you are considering taking courses, you may want to investigate this option. For example, the University of Connecticut offers a basic health insurance plan to part-time as well as full-time students. [www.shs.uconn.edu/insurance.html](http://www.shs.uconn.edu/insurance.html)

## What if I have a pre-existing condition?

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

**Connecticut Health Reinsurance Association** offers private insurance to Connecticut residents who have been denied insurance due to a pre-existing medical condition. Rates are generally higher than on the open market. [www.hract.org/hra](http://www.hract.org/hra) In addition, effective June 2010, people who have a pre-existing medical condition and who have been uninsured for at least six months will be eligible to enroll in a national high-risk pool and receive subsidized premiums. For more information on this program contact your state department of insurance.

**HIPAA Plans** HIPAA is a law that guarantees you access to insurance coverage if: 1) you had at least 18 months of continuous insurance coverage, the last day of which was under a group plan, 2) you have exhausted any COBRA coverage which was available to you, and 3) you are not eligible for any public or group health plans. Be aware that once you enroll in a HIPAA plan, you cannot change insurers. The premiums for these plans are generally considerably higher than for other plans. Contacting an insurance broker may be the simplest way to compare and choose a HIPAA plan. [www.dol.gov/ebsa/faqs/faq\\_consumer\\_hipaa.html](http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html)

**Medicaid, SAGA, CADAP, CIAPAP, HUSKY, and Charter Oak Health Plan** do not exclude participation based on pre-existing conditions. See pages 5 and 6 for more information on these programs.

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

Self-employed individuals are eligible to apply for guaranteed-issue coverage through an insurance company's "Blue Ribbon" small employer plan, or through the Municipal Employees Health Insurance Plans (MEHIP) program. For information on Blue Ribbon plans call 860-297-3800 or visit [www.ct.gov/cid/cwp/view.asp?a=1267&q=254446](http://www.ct.gov/cid/cwp/view.asp?a=1267&q=254446). For information on MEHIP visit [www.ctmehip.com](http://www.ctmehip.com).

You may also be able to join a professional association that will allow you to purchase health insurance at a reduced rate. Some associations offer *discount* plans. Be wary of these plans, as they promise discounts on health services and are not comprehensive insurance plans. For a list of associations, visit [www.ahirc.org](http://www.ahirc.org).

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

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

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

Plans vary in services provided. Costs include premiums, co-pays, co-insurance, deductibles and out-of-pocket maximums. High-deductible plans generally have lower premiums, but require you to pay more for medical expenses upfront before your benefits kick in. Health Savings Accounts work best if you are healthy and make limited use of the health care system. Health insurance brokers (listed in the yellow pages) or online brokers (such as [www.ehealthinsurance.com](http://www.ehealthinsurance.com)) can help you weigh your options. Online brokers make it easy to compare plans, but list only those insurers who have paid to be on their site. Some insurance companies sell short-term insurance, which covers you for a limited period of time. This can be useful if you are between jobs or waiting for another policy to begin. However, you may not be able to renew it.

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

If you plan to travel outside Connecticut, speak with your insurer about coverage. PPO plans pay out-of-network claims according to your contract. Generally, HMO plans pay

claims outside their service areas for life-threatening emergencies only.

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

Eligibility for almost all government health care programs is based on your income, figured as a percentage of the Federal Poverty Level (FPL), as well as other requirements. The 2010 FPL for one person is \$10,830 and for a family of four is \$22,050. The United Way of Connecticut has a very comprehensive and informative guide to government-subsidized health care programs.

[www.211ct.org/healthcare/HealthCareUninsuredGuide2008.pdf](http://www.211ct.org/healthcare/HealthCareUninsuredGuide2008.pdf)

**Medicaid** is a public health insurance program. You may be eligible if *any* of the following categories apply to you *and* you meet low-income and asset guidelines: you are disabled, 65 years or older, pregnant, a child under 19, or the parent or caregiver of a child under 19. People who have high medical expenses may also qualify for Medicaid in limited situations. Coverage is comprehensive and includes primary care, hospitalization, prescriptions, and other services. There are no premiums. **Note:** 'Ribicoff Kids' is a special Medicaid program for 19 and 20 year olds.

[www.ct.gov/dss/lib/dss/pdfs/medicaid.pdf](http://www.ct.gov/dss/lib/dss/pdfs/medicaid.pdf)

**SAGA** is state-funded medical insurance for low-income adults without dependent children. The program includes behavioral health, dental, vision and prescription coverage. Application for SAGA services is made at your local Department of Social Services office. Call Infoline at 211 for the office nearest you.

**HUSKY** is a free (Husky A) or low-cost (Husky B) health insurance program for children up to age 19. It is open to working families at every income level. The program offers comprehensive health care benefits, including preventive care, physician visits, prescriptions, vision care, dental care, physicals, mental health and substance abuse services, emergency and hospital care.

[www.huskyhealth.com/hh/site/default.asp](http://www.huskyhealth.com/hh/site/default.asp)

**Charter Oak Health Plan** is for adults ages 19 through 64. There are no income or asset limits to qualify, and pre-existing conditions are covered without exclusions. Premiums currently range from about \$90 to \$300 per month. The state subsidizes premiums for people below 300% of the Federal Poverty Level. Coverage is comprehensive. Deductibles are based on income and co-pays and co-insurance rates vary. [www.charteroakhealthplan.com](http://www.charteroakhealthplan.com)

**Medicare** is health insurance for people age 65 and older and the disabled. Medicare is divided into different areas of coverage: Part A covers hospitalization, Part B covers outpatient and other medical services, and Part D covers medications. You don't have to pay a premium for Part A; both Parts B and D require premiums, and all parts require co-insurance or co-pays. [www.medicare.gov](http://www.medicare.gov)

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

**The Connecticut AIDS Drug Assistance Program (CADAP)** makes medications available to HIV+ individuals who do not qualify for Medicaid. Income and asset limits apply. [www.ct.gov/dss/lib/dss/PDFs/CADAPappo3.pdf](http://www.ct.gov/dss/lib/dss/PDFs/CADAPappo3.pdf)

**The Connecticut Insurance Assistance Program for AIDS Patients (CIAPAP)** pays insurance premiums for up to 18 months (or longer in certain situations) for individuals with AIDS who are in danger of losing their insurance through their employer. Income and asset limits apply. [www.ct.gov/dss/lib/dss/pdfs/ciapap.pdf](http://www.ct.gov/dss/lib/dss/pdfs/ciapap.pdf)

**The National Breast and Cervical Cancer Early Detection Program** provides low-income, uninsured women access to screening services to detect breast and cervical cancers. Women who are subsequently diagnosed with cancer may be eligible for limited Medicaid. [www.ct.gov/dph/cwp/view.asp?a=3124&q=388824](http://www.ct.gov/dph/cwp/view.asp?a=3124&q=388824)

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

It is possible to get affordable health care without insurance by taking advantage of sliding-scale programs (which set fees based on income) at community clinics and some hospitals. For contact information and a selected list of hospitals and clinics, see the last page of this booklet, or visit **The Health Center Program's** website ([findahealthcenter.hrsa.gov](http://findahealthcenter.hrsa.gov)), which can direct you to the sliding-scale clinic closest to your home.

**Retail clinics** like Minute Clinic offer preventive care and routine treatment at fixed rates for common conditions like strep throat and sinus infections. Minute Clinics are located in CVS pharmacies. [www.minuteclinic.com](http://www.minuteclinic.com)

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

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

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

**NeedyMeds** also has information on pharmaceutical patient assistance programs, as well as discount drug cards, low-cost clinics, disease-based assistance, and government programs. [www.needymeds.org](http://www.needymeds.org)

**ConnPACE** is a state prescription assistance program for income-eligible people who receive disability benefits or are age 65 or older. [www.connpace.com](http://www.connpace.com)

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

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

If you are in crisis and uncertain how to proceed, the **National Suicide Prevention Lifeline** at 800-273-TALK (800-273-8255) is available 24 hours per day, 7 days per week. Staff can speak with you and refer you to local mental health resources.

**DMHAS** The Connecticut Department of Mental Health and Addiction Services has a comprehensive online mental health service locator with resources searchable by geographic area and type of service. [www.ct.gov/dmhas/site/default.asp](http://www.ct.gov/dmhas/site/default.asp)

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

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

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

**Connecticut Office of Oral Public Health** has a directory of clinics, hospitals, mobile units, and school-based dental service providers in Connecticut. [www.ct.gov/dph/lib/dph/oral\\_health/pdf/dentalsafetynet051105.pdf](http://www.ct.gov/dph/lib/dph/oral_health/pdf/dentalsafetynet051105.pdf)

**Connecticut Mission of Mercy (CTMOM)** is a periodically occurring large-scale dental clinic operated by the Connecticut State Dental Association, which provides free dental services to individuals who cannot afford dental care. Check the CSDA site for dates and locations. [www.csdac.com/CTMOMPpatients/CTMOMPpatients.html](http://www.csdac.com/CTMOMPpatients/CTMOMPpatients.html)

**University of Connecticut School of Dental Medicine** in Farmington provides a wide range of dental services, including advanced and urgent care, performed by students under the supervision of dental faculty. Costs are significantly less than they would be at a private practice. <http://sdm.uchc.edu/patients/index.html>

**Dental discount plans** offer discounts on services at participating dentists for an annual membership fee. They are not insurance. Patients' experiences with these plans are mixed; they seem to work best when a dentist you already know and trust participates. Use caution. Links to these plans can be found at [www.dentalplans.com](http://www.dentalplans.com)

## Resources

### Selected hospitals

#### *Bridgeport*

Bridgeport Hospital, 267 Grant St. | 203.384.3000

#### *Hartford*

Hartford Hospital, 80 Seymour St. | 860.545.5000

#### *New Haven*

Yale-New Haven Hospital, 20 York St. | 203.688.4242

#### *New London*

Lawrence & Memorial Hospital, 365 Montauk Ave. | 860.442.0711

### Selected community health care clinics

#### *Bridgeport*

St. Vincent's Medical Center – Community Outreach Program,  
2800 Main St. | 203.576.5710

#### *Hartford*

Community Health Services, 500 Albany Ave. | 860.249.9625

#### *New Haven*

Hospital of Saint Raphael – Adult Primary Care Center, 1450 Chapel St. | 203.789.4044

#### *New London*

Community Health Center, One Shaw's Cove | 860.447.8304

### Selected mental health clinics

#### *Bridgeport*

Greater Bridgeport Community Mental Health Center, 1635 Central Ave. | 203.551.7400;  
Outpatient Services, 97 Middle St. | 203.579.7300

#### *Hartford*

Capitol Region Mental Health Center, 500 Vine St. | 860.297.0800

#### *New Haven*

Connecticut Mental Health Center, 34 Park St. | 203.974.7300

#### *New London*

Sound Community Services, 165 State St., Suite 200 | 860.443.0036

### Selected 24-hour pharmacies

#### *Bridgeport*

CVS, 3710 Main St. | 203.371.1280

#### *Hartford*

Walgreens, 161 Washington St. | 860.522.5005

CVS, 1099 New Britain Ave. | 860.236.6181

#### *New Haven*

Walgreens, 88 York St. | 203.752.9893

#### *New London*

Walgreens, 698 Bank St. | 860.440.3566

## Glossary

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

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

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

### **HMO - Health Maintenance**

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

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

**Network and non-network providers:** Doctors and facilities that either work for or contract with a group health care organization are considered “network providers”. Those that do not are considered “non-network providers”.

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

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

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

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

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237 W. 35th Street, Suite 1202  
New York, NY 10001  
646.731.3275 | [www.linchnet.net](http://www.linchnet.net)



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