

How to Get Affordable Health Care in Orange County

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Compiled by

The Health Insurance Resource Center

www.ahirc.org

**The Actors Fund,
for everyone
in entertainment.**

Celebrating 125 years.

The Health Insurance Resource Center was created in 1998 by **The Actors Fund**, with a grant from the National Endowment for the Arts, to help people in entertainment and the arts find affordable health care coverage. With in-person counseling in New York and Los Angeles, national telephone support, an Internet database of resources (www.ahirc.org) with over a half-million visitors each year, and more than a hundred *Getting and Keeping Health Insurance* workshops offered at arts, cultural, and human services organizations throughout the country, HIRC works to reduce the number of uninsured artists and expand access to quality, affordable health care.

For more information, contact us at 323.933.9244, ext. 32 or on the web at www.ahirc.org, or visit any of the websites listed in this booklet.

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► Why do I need health insurance?

- ✓ 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.
- ✓ 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.
- ✓ 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?

Your rights vary depending on whether you purchase insurance as an individual, under a group plan, or as a small business owner. **If you are not insured through your employer, union, or some other type of group, you are currently not guaranteed the right to buy health insurance in California.** Private insurers can refuse to sell you insurance because of your health status, or exclude a pre-existing condition from coverage, or charge you a higher premium based on your age, gender, or pre-existing medical condition. Insurers can count as pre-existing conditions those for which you received diagnosis, treatment or medical advice during either a 6 or 12 month period prior to the start of your policy. (Time periods vary depending on the number of people insured under the policy). The pre-existing condition exclusion period varies but is also limited to 6 or 12 months. For those accepted by a plan, the premium (monthly payment) will be determined by several factors, the most important of which is age: a person in their fifties may pay hundreds of dollars more per month than a person in their twenties for the same benefits. If you are denied health insurance, you will have access to MRMIP, California's high-risk plan (see page 3), but this is an expensive and limited alternative. You may also be eligible to buy an insurer's HIPAA plan (see page 3). If you are HIPAA eligible, no pre-existing condition exclusion period can be imposed.

If you are insured through a group health plan, you can't be charged more or turned away because of your health status. However, the insurer can impose a pre-existing condition exclusion period: if you make a claim during the first year of coverage, the plan can look at your medical history in the 6 months prior to the beginning of your policy to see whether it was for such a condition. If so, they can exclude coverage for a certain period of time. (Time periods vary depending on what type of plan you have). If you lose coverage under a fully insured group plan, you may be able to buy a conver-

sion policy. This type of policy cannot impose a pre-existing condition exclusion period, but benefits may be limited.

Please note that **in an emergency, federal law protects you from being denied care in a hospital emergency room, regardless of your insurance status and ability to pay.**

► How can I get health insurance in Orange County?

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 job** This is how most people under 65 years old get health insurance. The worker usually pays part of the cost and the employer/union pays the rest. This is called *group* insurance. Coverage of pre-existing conditions may be excluded for a period of time. A waiting period may be imposed before you can sign up for coverage.

A union Entertainment industry unions offer health insurance to eligible members. For performers, eligibility is achieved through the amount of “union work” in which an employer contributes towards the union health benefit.

American Federation of Television and Radio Artists: www.aftraahr.com

Actors' Equity: www.equityleague.org/health/index.html

Screen Actors Guild: www.sagph.org/index2.html

American Federation of Musicians Local 7: www.ocmusicians.org

Small business insurance In California, small employers (with 2 to 50 full-time employees) are guaranteed the right to buy group coverage regardless of their employees' health status. (This is what is referred to as “**guaranteed issue**” insurance). This type of coverage can be an option for those who might otherwise be rejected for individual insurance. For comprehensive information on small business insurance visit www.HealthCoverageGuide.org.

COBRA/Cal-COBRA are laws that let you keep the same insurance you had through an employer or union after you've left your job or become ineligible for benefits. You will pay the full premium, i.e. both your share and the amount your employer or union was paying on your behalf. COBRA/Cal-COBRA can be quite expensive, but may be cheaper than buying an individual policy; it may also be your *only* option if

you have a pre-existing condition. California allows you to keep your insurance beyond the usual 18 months for up to 36 months (with an increase in the monthly cost).

Keep your option to choose COBRA/Cal-COBRA open even if you think you can't afford it. One important reason to choose COBRA is that once you've exhausted it, you're eligible to purchase a "HIPAA" plan *regardless* of your health status. This is an important protection. www.dmhc.ca.gov/dmhc_consumer/hp/hp_cobra.asp

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. Alumni associations sometimes offer affordable plans to their members.

► 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:

TEIGIT – www.teigit.com

The Entertainment Industry Group Insurance Trust administers health insurance plans for members of participating arts and entertainment associations. Coverage for members and their dependents is guaranteed if they meet eligibility requirements.

MRMIP – www.mrmib.ca.gov

The Major Risk Medical Insurance Program (MRMIP) is California's insurance program for people with serious health problems who are unable to buy individual health insurance. Premiums are more expensive than comparable open-market plans. You may continue to participate in MRMIP as long as you qualify.

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. Four insurers (Blue Cross, Blue Shield, Health Net and Kaiser Permanente) offer HIPAA 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.dmhc.ca.gov/dmhc_consumer/hp/hp_cobra.asp

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

If you are a sole proprietor you do not have the right to “guaranteed issue” insurance. However, you may be able to join a professional association which will allow you to purchase health insurance at a reduced rate. Some associations and arts organizations offer discount plans; be wary of these plans, as they only promise *discounts* on health services and are not comprehensive insurance plans. For a listing of associations, visit www.ahirc.org.

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

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

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

Plans vary in services provided. Costs include premiums, co-pays, co-insurance, deductibles and out-of-pocket maximums. High-deductible plans generally have lower premiums, but require you to pay more for medical expenses up front before your benefits kick in. Health Savings Accounts work best if you are healthy and make limited use of the health care system. Health insurance brokers (listed in the yellow pages) or online brokers (such as www.ehealthinsurance.com) can help you weigh your options. Online brokers make it easy to compare plans, but list only those insurers who have paid to be on their site.

Some insurance companies sell **short-term insurance**, which covers you for a limited period of time. This can be useful if you are between jobs or waiting for another policy to begin. However, you may not be able to renew it.

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

If you plan on traveling outside southern California, speak with your insurer about coverage. PPO plans may pay out-of-network claims according to your contract. Generally, HMO plans pay claims for emergencies only.

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

Eligibility for almost all government health care programs is based on your income, figured as a percentage of the Federal Poverty Level (FPL), as well as other requirements. The 2008 FPL for one person is \$10,400 and for a family of four is \$21,200.

Medi-Cal is California's Medicaid health insurance program. You may be eligible if any of the following categories apply to you *and* you meet low-income and asset guidelines: you receive SSI/SSP, are 65 years or older, blind, disabled, pregnant, or the parent or caregiver relative of a child under 21. To determine your income, Medi-Cal adds all your sources of income and then subtracts certain deductions. Medi-Cal's coverage is comprehensive and includes primary care, hospitalization, prescriptions, and other services. There are no premiums. www.medi-cal.ca.gov

Medical Services Initiative (MSI) program provides medical care for Orange County residents ages 21 through 64 years who have limited or no other financial resources for medical care. MSI contracts with hospitals, physicians, and outpatient services to provide health care coverage for low-income, uninsured adults. In order to be eligible, your income must be below 200% of the FPL. www.ochealthinfo.com/medical/msi/index.htm

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

Free individual counseling about Medicare is available through the Health Insurance Counseling and Advocacy Program (HICAP). Visit their website for office locations. www.cahealthadvocates.org/HICAP/index.html

Healthy Families is insurance for children up to age 19. It provides comprehensive health, dental and vision coverage to children in low-income families who are uninsured and don't qualify for Medi-Cal. Income limits are based on family size and the ages of the children. Benefits are administered by insurance companies. Premiums and co-payments are low. www.healthyfamilies.ca.gov

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

ADAP and **CARE/HIPP** The AIDS Drug Assistance Program (ADAP) and CARE/HIPP help HIV+ uninsured or under-insured individuals access medications,

treatments, and insurance. ADAP makes medications available to those who do not qualify for Medi-Cal. CARE/HIPP pays health insurance premiums for people at risk of losing their insurance coverage. Income and asset limits apply. www.dhs.ca.gov/ps/ooa/programs/care/adap.htm

The AIM Program offers comprehensive, low-cost health care to pregnant women. AIM is for uninsured middle-income families who don't qualify for Medi-Cal. It is also available to women who have health insurance, but whose deductible or co-payment for maternity services is more than \$500. If you qualify for AIM, your baby will automatically qualify for Healthy Families. www.aim.ca.gov

The National Breast and Cervical Cancer Early Detection Program provides low-income, uninsured women access to screening and diagnostic services to detect breast and cervical cancers. Women who are subsequently diagnosed with cancer may be immediately eligible for limited Medicaid. www.dhs.ca.gov/mcs/womenshealth/bcctp.htm

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

It is possible to get affordable health care for common conditions without health insurance by taking advantage of sliding-scale programs at community clinics (which set fees based on income) and retail clinics. For a selected list of community clinics see the last page of this booklet, or visit The Bureau of Primary Health Care's website (www.ask.hrsa.gov/pc), which can direct you to a sliding-scale clinic closest to your home.

The Coalition of Orange County Community Clinics is a consortium of health care service providers dedicated to building a community-wide system of comprehensive, high quality affordable health care. Visit their website for a clinic directory. www.cocc.org

Retail clinics, like **Minute Clinic**, offer preventive care and routine treatment for common conditions like strep throat and sinus infections. Minute Clinic is located in CVS drug stores throughout Orange County. www.minuteclinic.com/en/USA

▶ **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 online at www.pharmacychecker.com.

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

Some major retailers offer lower-cost medication.

Wal-Mart (www.walmart.com/pharmacy), **Target** (www.target.com) and **Ralphs** (www.ralphs.com/pharmacy.htm) offer over 300 generic medications for \$4 for a 30-day supply. **Costco** (www.costco.com) also offers members discounts via their prescription program.

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

If you are in crisis, call the **Orange County Mental Health Hotline** at 714-834-6900. The hotline is available 24 hours per day, 7 days per week. They can talk with you and refer you to services in your area.

The Network of Care for Behavioral Health is a resource provided by Orange County Behavioral Health Services. Their website will help you find mental health services, including individual and family counseling, crisis intervention and support groups. orange.networkofcare.org/mh/resource/find.cfm.

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

► How can I lower the cost of dental services?

Dental insurance plan summaries, comparisons and applications are available at www.dentalinsurance.com.

Dental discount plans offer discounts on services at participating dentists for an annual membership fee. Discount plans are not insurance. Patients' experiences with these plans are mixed; they seem to work best when a dentist you already know and trust is participating. Use caution here. Links to these plans can be found at www.dentalplans.com.

The Orange County Dental Health Program provides basic and essential dental services to children, persons who are HIV+, and adults with dental emergencies

in Orange County. Clients must not have other resources for dental care.
www.ochealthinfo.com/public/dental/index.htm

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 limit, the plan pays 100% of covered expenses for the remainder of the calendar year.

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

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

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

Selected Orange County hospitals

Anaheim:

Anaheim General Hospital, 3350 W. Ball Rd. (714-827-6701)
Western Medical Center, 1025 S. Anaheim Blvd. (714-533-6220)

Orange:

UCI Medical Center, 101 The City Dr. South, (714 456-7890)

Santa Ana:

Coastal Communities Hospital, 2701 S. Bristol St. (714-754-5454)

Huntington Beach:

Huntington Beach Hospital, 17772 Beach Blvd. (714-842-1473)

Selected community health care clinics

Anaheim:

UCI Family Health Center, 300 W. Carl Karcher Dr. (714-456-7002)

Santa Ana:

UCI Family Health Center, 800 N. Main St. (714-456-7002)

Clinic for Women, 1227 W. 17th Street (714-500-0340)

Orange:

Lestonnac Free Clinic, 1215 E. Chapman (714-633-4600)

Huntington Beach:

Huntington Beach Community Clinic, 8041 Newman (714-500-0224)

Laguna Beach:

Laguna Beach Community Clinic, 362 Third St. (949-494-0761)

Selected mental health care clinics

Irvine:

California Graduate Institute Counseling Center, 4199 Campus Dr. (949-737-5460)

Jewish Family Service of Orange County, 1 Federation Way (714-445-4950)

Santa Ana:

Orange County Adult Mental Health Clinic, 1200 N. Main St. (714-480-6767)

Catholic Charities Counseling Center, 1800 East McFadden Ave. (714-347-9600)

Anaheim:

Orange County Adult Mental Health Clinic, 2035 E. Ball Road (714-517-6300)

Westminster:

Orange County Adult Mental Health Clinic, 14140 Beach Blvd. (714-896-7566)

Selected 24-hour pharmacies

Anaheim:

CVS, 2011 East La Palma Ave. (714-991-9161)

Walgreens, 128 S. State College Blvd. (714-778-2519)

Walgreens, 946 S. Brookhurst St. (714-520-5575)

Santa Ana:

CVS, 3911 S. Bristol St. (714-556-7183)

Huntington Beach:

Walgreens, 17522 Beach Blvd. (714-596-5272)

Orange:

CVS, 1535 E. Katella Ave. (714-639-6060)

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