

How to Get Affordable

Health Care

in NEW JERSEY

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) 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 **212.221.7300** or visit 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.

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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?

Getting insurance as an individual on the open market

Every resident of New Jersey has the right to buy health insurance. In general, you cannot be denied insurance or charged more because of your health status, age, gender, or occupation. (Certain private insurance plans, called “Basic and Essential” plans, allow variation in price based on age and gender.). 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. However, the amount of time you were covered under your previous insurer may be credited toward your pre-existing condition exclusion period if you have not had a break in coverage of 31 days or more. This can cancel out or reduce the length of an exclusion period.

Getting insurance through a group or small business

If you are insured through your employer, union, or some other type of group, you cannot be denied insurance because of your medical history. Insurers can, however, 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 6 months. However, the amount of time you were covered under your previous insurer may be credited toward your pre-existing condition exclusion period if you have not had a break in coverage of 90 days or more. This can cancel out or reduce the length of an exclusion period.

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. 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 which set fees based on income for those who are uninsured. For easy-to-understand information on your rights as a consumer, visit

www.healthinsuranceinfo.net

How can I get health insurance in New Jersey?

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. Selected entertainment unions include:

- » American Federation of Television and Radio Artists: www.aftra.com
- » Actors' Equity: www.equityleague.org
- » Screen Actors Guild: www.sagph.org/index2.html

Small business insurance. If you are a sole proprietor or own a small business, you may be able to find less expensive health insurance by calling a local insurance agent or visiting an on-line broker such as www.ehealthinsurance.com. The New Jersey Department of Banking and Insurance also has comprehensive information on comparing and purchasing small business insurance at www.state.nj.us/dobi/division_insurance/ihcseh/sehmain.htm

COBRA. is a law that lets 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 can be quite expensive, but may be cheaper than buying an individual policy. www.hmohelp.ca.gov/dmhc_consumer/hp/hp_cobra.aspx

Federal COBRA subsidy. Under the American Recovery and Reinvestment Act of 2009 (ARRA), the federal government will pay 65% of your COBRA premium for up to nine months. You are eligible if you have been offered COBRA and you were involuntarily terminated from your job between September 1, 2008 and December 31, 2009. If you were terminated after September 1st and did not elect COBRA, you have another 60 days to enroll. Pre-existing condition exclusion periods do not apply. Contact the Department of Labor for more information. www.dol.gov/ebsa/cobra.html

A school. Most colleges and universities offer health insurance at greatly reduced cost. If you are considering taking courses, you may want to investigate coverage through your school. For example, students registered for at least 1 credit at a Rutgers campus (New Brunswick, Newark and Camden) are eligible to purchase a plan that uses the Rutgers University Health Centers for \$142-\$173 per semester. Two full health insurance plans are also available for annual premiums of \$465 and \$606.

<http://riskmanagement.rutgers.edu/students.html>. *Please note:* New Jersey permits children under the age of 30 to remain on their parents' employer-based insurance if they meet eligibility requirements and are considered a dependent.

www.state.nj.us/dobi/division_consumers/du31.html

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

If you are a sole proprietor, you may be able to join a professional association which will allow you to buy insurance at a reduced rate. Some associations and arts organizations offer discount plans; be wary of these plans, as they only promise *discounts* and are not comprehensive insurance plans. For a list of associations, visit www.ahirc.org.

TEIGIT 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. www.teigit.com

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

Private, direct-purchase plans in New Jersey can be divided into 4 types:

- » **HMO** plans, which offer a wide variety of health services but limit coverage of care to doctors within their network.
- » **PPO/Indemnity plans**, which pay for care in or outside a network of providers. If you go to an out-of-network provider, you often pay the doctor directly and file for reimbursement from the insurance company. Out-of-network services usually have high deductibles.
- » **Basic and Essential** plans provide the bare minimum coverage, are the most affordable and, unlike other health insurance sold in the state, can use age and gender to determine the premium.
- » **HSAs (Health Savings Accounts)** which combine tax-sheltered funds for health care with qualified high-deductible insurance plans.

Plans vary widely in services provided. Costs include premiums, co-pays, deductibles and co-insurance. High-deductible plans, sometimes known as 'catastrophic' insurance, generally have lower premiums but are not available for direct purchase in

New Jersey. HSAs work best if you are healthy and make limited use of the health care system. Once you've decided on your risk limit (which is essentially an estimation of how much you could afford to pay or borrow if faced with a medical emergency) and found a good medical provider, you can choose a carrier and type of policy. A list of current premiums for all carriers offering PPO/Indemnity plans, HMOs and Basic and Essential plans in New Jersey is located at www.state.nj.us/dobi/division_insurance/ihcseh/ihcrates.htm. 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.

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

If you plan on traveling outside New Jersey, speak with your insurer about coverage. PPO plans 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 2009 FPL for one person is \$10,830 and for a family of four is \$22,050.

New Jersey FamilyCare is a state program that makes comprehensive health coverage available to anyone under the age of 19 who is uninsured and not eligible for Medicaid. The program is designed for families with low incomes. Parents at higher income levels can purchase insurance for their children at reasonable rates through the NJ FamilyCare ADVANTAGE program administered by Horizon NJ Health.

www.njfamilycare.org

Medicaid is a public health insurance program for those with very limited income and assets. In order to determine income eligibility, Medicaid adds all your sources of income and then subtracts certain deductions. Medicaid's coverage is comprehensive and includes prevention, primary care, hospitalization, prescriptions, and other services. There are no premiums. In New Jersey, pregnant women, people who are aged, blind or permanently disabled, parents of children already enrolled in Medicaid, non-citizens with a medical emergency, and low-income families with children – but not single adults - may be eligible. www.state.nj.us/humanservices/dmahs/clients/medicaid/. *Please note:* The Medically Needy Program allows documented medical expenses to be used to reduce monthly income to meet eligibility limits for those whose incomes or assets are normally too high to qualify for regular Medicaid. To find out if you qualify, call 1-800-356-1561.

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 **State Health Insurance Assistance Program (SHIP)**. Visit their web site for office locations. www.nj.gov/health/senior/ship.shtml

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

AIDS Drug Distribution Program (ADDP) provides free medications to low-income individuals who meet eligibility guidelines. www.state.nj.us/health/aids/freemed.shtml

AIDS Health Insurance Continuation Program (HICP) is a state program for persons who are HIV+ or have AIDS and who, because of their illness, are unable to maintain their private health insurance coverage. This program pays insurance premiums for clients who can no longer work or can work only part time. www.state.nj.us/health/aids/keepins.shtml *Note:* One of the best resources in New Jersey for people with AIDS/HIV is the **Hyacinth AIDS Foundation**. Learn more at www.hyacinth.org/hyacinth/home/index.jsp.

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.cdc.gov/cancer/nbccedp/

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 quality, 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). **The Health Center Program** can direct you to a sliding-scale clinic closest to your home. <http://findahealthcenter.hrsa.gov> You can also search for a community clinic at the New Jersey Department of Health website: <http://web.doh.state.nj.us/apps2/fhs/cphc/cphcSearch.aspx>. For a selected list of clinics see the end of this guide.

The Actors Fund operates **The Al Hirschfeld Free Health Clinic**, a primary care clinic in Manhattan for entertainment professionals and people working in the performing arts. Eligibility guidelines are based on years and earnings in the entertainment industry and the performing arts. All services are free. Call 212-489-1939 for an appointment.

New Jersey Hospital Care Payment Assistance Program (Charity Care) provides free

or reduced-charge care for patients who receive inpatient and outpatient services at acute care hospitals throughout New Jersey. Some services are separate from hospital charges and may not be eligible for this reduction. www.state.nj.us/health/cc

Retail clinics like Minute Clinic offer routine treatment and preventive care at set prices for common conditions such as strep throat and ear infections. See their website for locations throughout New Jersey. 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.

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

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

Pharmaceutical Assistance to the Aged and Disabled provides low-cost coverage of generic and brand-name drugs to low-income residents age 65 and older and the disabled. www.state.nj.us/health/seniorbenefits/paaddetail.shtml

Senior Gold Prescription Discount Program helps those who do not qualify for either Medicaid or the Pharmaceutical Assistance to the Aged and Disabled program pay for their prescription drugs, insulin, needles and syringes. www.state.nj.us/health/seniorbenefits/seniorgold.shtml

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** 1-800-273-TALK (8255) is available 24 hours a day, 7 days a week for phone intervention, information, and referral to local resources. Local New Jersey crisis hotlines can be found at <http://suicidehotlines.com/newjersey.html>.

NJMentalHealthCares is a free mental health information and referral service available Monday through Friday, 8 A.M. to 8 P.M. (EST) and at other times by callback. www.njmentalhealthcares.org

The New Jersey Association of Mental Health Agencies lists mental health agencies, hospital psychiatric centers, and counseling centers by county and town. www.njamha.org/?sec=0&cat=2

How can I lower the cost of dental services?

The New Jersey Dental Clinic Directory is a central source of information on public dental clinics. Services are primarily provided by local health departments, hospitals and Federally Qualified Health Centers. *Note:* Many of the clinics have financial and/or residency requirements.

www.state.nj.us/health/fhs/newborn/documents/dental_directory.pdf

The University of Medicine and Dentistry in New Jersey (UMDNJ) operates a dental clinic in Newark. The work is done by students, residents and faculty, and the cost is about half of what it would be at a private practice.

<http://dentalschool.umdj.edu/patients/njds.htm>

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. Links to these plans can be found at

www.dentalplans.com.

Resources

New Jersey selected hospitals

Atlantic City: AtlantiCare Regional Medical Center, 1925 Pacific Ave. (609-345-4000)

Hackensack: Hackensack University Medical Center, 30 Prospect Ave. (201-996-2000)

Newark: University Hospital UMDNJ, 150 Bergen St. (973-972-4300)

Jersey City: Christ Hospital, 176 Palisade Ave. (201-795-8200)

New Brunswick: Robert Wood Johnson University Hospital, One Robert Wood Johnson Place (732-828-3000)

Toms River: Community Medical Center, 99 Route 37 West (732-557-8000)

New Jersey selected community health care clinics

Jersey City

Horizon Health Center, 2 locations: 412 Summit Ave. (201-963-5774), and 714 Bergen Ave. (201-451-6300 ext 113)

Newark

Newark Community Health Centers, 3 locations: 101 Ludlow St. (973-565-0355), 516 Bergen St. (973-648-0866), and 982 Broad St. (973-353-0699)

Hoboken

North Hudson Health Center, 124 Grand St. (201-795-9521)

Atlantic City

AtlantiCare, 1401 Atlantic Ave. Suite 2600 (609-412-8969)
Southern Jersey Family Medical Centers, 1301 Atlantic Ave. (609-572-0000)

Trenton

Henry J. Austin Health Center, 2 locations: 317 Chambers St. (609-392-2635), and
112 Ewing St. (609-396-9600)

New Jersey selected mental health care clinics

Atlantic City: Atlantic City Medical Center Behavioral Health Unit, 1925 Pacific Ave.
(609-344-4081)

Newark: UMDNJ-University Behavioral Healthcare, 183 S Orange Ave. (973-972-4866)

Jersey City: Mount Carmel Guild Behavioral Healthcare, 285 Magnolia Ave.
(201-395-4800)

Trenton: Partners In Recovery, 10 Southard St. (609-396-4557)

Princeton: Association for Advancement of Mental Health, 819 Alexander Rd.
(609-452-2088)

New Jersey selected 24-hour pharmacies

Jersey City

Walgreens, 2395 Kennedy Blvd. (201-333-4092)

Rite Aid, 1212 Summit Ave. (201-876-0107)

Newark

Walgreens, 61 Ferry St. (973-465-0285)

Walgreens, 561 Irvington Ave. (973-373-0387)

Rite Aid, 117-129 Clinton Ave. (973-733-2866)

Hoboken

CVS, 811 Clinton St. (201-420-4170)

Atlantic City

CVS, 10 Renaissance Plaza (609-345-7418)

Rite Aid, 30 North Albany Ave. (609-340-0160)

Trenton

Walgreens, 1096 Route 33 (609-689-3060)

Rite Aid, 4125 S Broad St (609-585-6500)

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
646.721.3275 | www.lincnet.net



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225 W State Street
Trenton, NJ 08608-1001
609-292-6130
www.njartscouncil.org

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