

# Health Insurance Education Series: Understanding Your Insurance

MARCH 2023



**Division of Specialized  
Care for Children**

# About the Presenters



DSCC Benefits Management & Research Team



Works with the DSCC care coordination teams to help solve insurance problems.



Presenters

- » Brittani Provost
- » Amy Edwards
- » Renee Woodson

# Housekeeping



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ASL interpretation is also available.



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The chat has been turned off.



Chat



Raise Hand



Q&A



Show Captions



Resources

# Housekeeping



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# Agenda



DSCC Overview



Different ways to get health insurance



Common types of insurance plans



How insurance works

# Our Vision and Mission



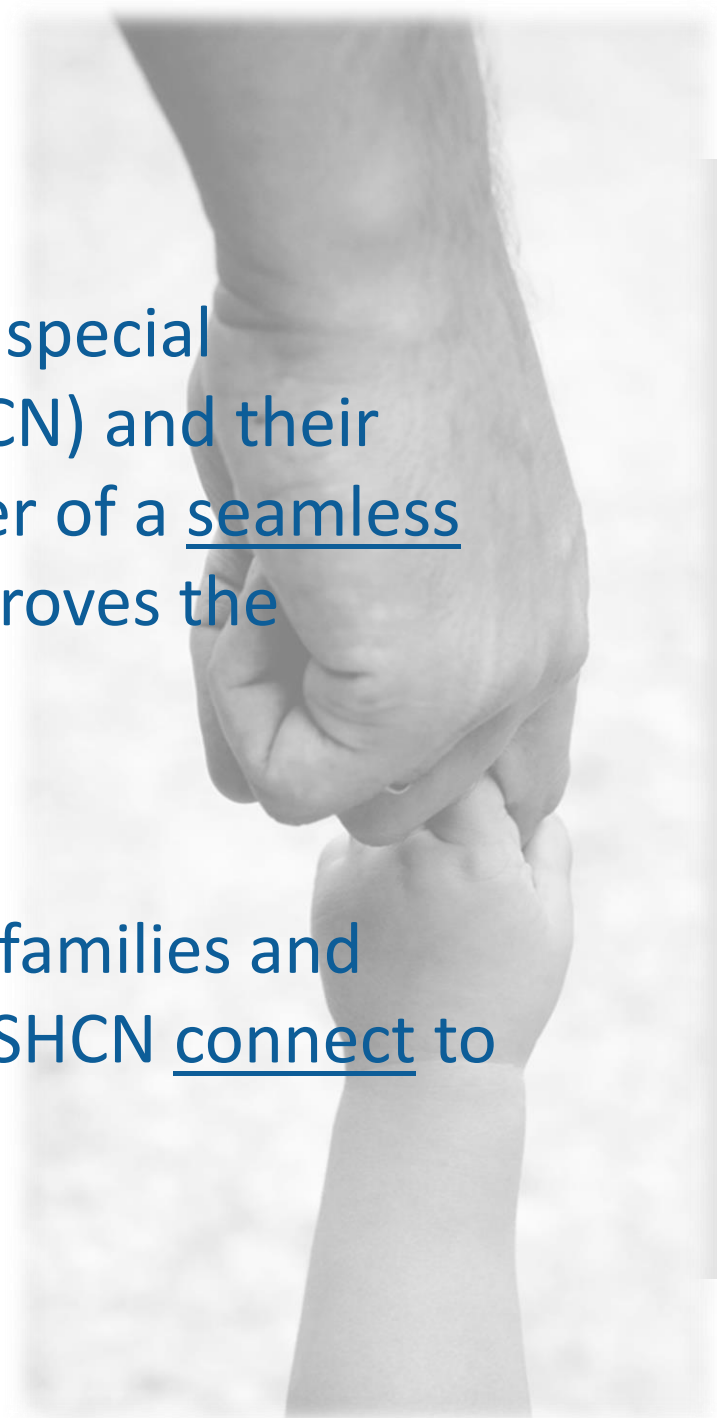
## Vision

- » Children and youth with special healthcare needs (CYSHCN) and their families will be the center of a seamless support system that improves the quality of their lives.



## Mission

- » We partner with Illinois families and communities to help CYSHCN connect to services and resources.



# Who We Serve



DSCC provides care coordination services through four programs:

- » **Core Program** – Ages birth to 21 with medically eligible conditions.
- » **Connect Care Program** – Ages birth to 21 with special healthcare needs who are enrolled in a Medicaid Health*Choice* Illinois plan that has contracted with DSCC for care coordination.

# Who We Serve



DSCC provides care coordination services through four programs (continued):

- » **Home Care Program** – Children or youth in need of in-home shift nursing.
- » **Interim Relief Program** – Children with eligible mental health or behavioral disorders.

# Types of Health Insurance



## Public or Government Insurance

- » Medicaid
- » Medicaid Managed Care Plans
- » Medicare



## Private Insurance Plans



TRICARE – Health insurance for someone who is active in the U.S. military



## Other limited benefit plans

- » Prescription
- » Vision
- » Dental

# How to Get Medicaid



We will have a training on Medicaid in April.



Medicaid is a health insurance program that is run by the state.



Medicaid is a program for eligible low-income adults, children, pregnant individuals, elderly adults, and people with disabilities.



Anyone can apply for Medicaid at any time.

# How to Get Medicaid



To apply, you can:

- » Go online at [ABE.Illinois.gov](http://ABE.Illinois.gov).
- » Call the Customer Help Line at 800-843-6154.
- » Visit your local DHS Family Community Resource Center.
  - » Use the [DHS Office Locator](#) to find an office near you.

# How to Get Medicare



Medicare is a federal program. This means it is run by the U.S. government.



Who can get Medicare?

- » U.S. citizens or legal residents. If you are a legal permanent resident, you may have some limits with your Medicare.
- » Individuals ages 65 or older.
- » Adults and children under age 65 if they have:
  - » A certain disability (and must get Social Security Disability Insurance for 24 months)
  - » End-Stage Renal Disease
  - » ALS – Amyotrophic lateral sclerosis
  - » For a list of qualifying disabilities for someone under age 65, go to [SSA Disability Listings](#)

# How to Get Private Insurance - Employer



You can get private insurance if a job offers it to you, your spouse, or through a parent.

- » Children can stay on their parent's insurance through age 26.



Not all jobs offer private insurance



You may have only one plan option or many different options.



Keep in mind that you can usually only sign up for insurance plans or make changes to your plan during open enrollment periods.

- » Special occasions like getting married, or the birth or adoption of a child may also allow you to make changes.

# How to Get Private Insurance - Marketplace



The Marketplace is a website where you can get health insurance.



You can only sign up for insurance on the Marketplace during the open enrollment period each year. Unless you have a special enrollment period.



If you are offered insurance another way, like through your job, you may not be eligible to get a plan this way. Having other coverage options will also affect your eligibility for cost savings on Marketplace premiums.



Illinois website is [getcovered.illinois.gov](https://www.getcovered.illinois.gov) or you can go to [healthcare.gov](https://www.healthcare.gov).

# Your Costs



Premium: The amount you pay for your health insurance every month.



Deductible: The amount you pay for covered services before your insurance plan starts to pay.



Co-insurance: A percentage amount you pay for a covered healthcare service.

- » Example: Durable medical equipment is covered at 80 percent so you have a 20 percent co-insurance per service. If you need a piece of equipment that is billed at \$100, your insurance pays \$80 and you pay \$20.

# Your Costs



**Co-pay:** A set amount you pay for a covered healthcare service.

- » Example: \$20 to be seen at your regular office visit or \$30 to be seen at a specialist visit.



**Out-of-Pocket Maximum:** The most you must pay for covered services in a plan year.

# How Plans Are Different



There are many different types of insurance plans.



There are many ways that plans can be different. Here are examples of what could be different between plans:

- » How much you pay out of pocket.
  - » Some plans have a lower monthly premium or higher monthly premium.
  - » Some plans have a higher deductible or no deductible.
  - » Some plans have set copays and some plans have co-insurance for certain services.
- » Size of the provider network.
- » Whether or not there are in-network and out-of-network benefits.
- » Requirement to get a referral before getting specialty care.

# Plan Comparison Chart



This chart summarizes the common insurance plans and how they work.

Plan Type	HMO	PPO	OAP	EPO	POS
What does it stand for?	Health Maintenance Organization	Preferred Provider Organization	Open Access Plan	Exclusive Provider Organization	Point-of-Service
Primary Care Physician (PCP) Required	✓	✗	✗	✓	✓
Referral to specialty care required	✓	✗	✗	✓	✗
Out-of-Network Coverage	✗	✓	✓	✗	✓
Costs	\$	\$ \$ \$	\$ - \$ \$	\$	\$ \$
Provider Network	LIMITED & SMALL	OPEN & LARGE	VARIABLES BY TIER	LIMITED & SMALL	VARIABLES
Which coverage fits your needs	<ul style="list-style-type: none"> <li>✓ Can only use in-network providers</li> <li>✓ Cost is lower</li> <li>✓ Network is more limited</li> </ul>	<ul style="list-style-type: none"> <li>✓ Has in and out-of-network benefits</li> <li>✓ Cost is higher</li> <li>✓ More flexible</li> </ul>	<ul style="list-style-type: none"> <li>✓ Has in and out-of-network benefits</li> <li>✓ Cost is low in Tier 1 and higher in Tier 3</li> <li>✓ Very flexible</li> </ul>	<ul style="list-style-type: none"> <li>✓ Can only use in-network providers</li> <li>✓ Cost is lower</li> <li>✓ Network is more limited</li> </ul>	<ul style="list-style-type: none"> <li>✓ Coverage combines parts of HMO and PPO</li> <li>✓ Some flexibility</li> <li>✓ A little higher cost</li> </ul>

# Plan Network



Paying attention to the network of providers you must use is very important. Providers are either “in-network” with your insurance plan or “out-of-network.”



Understand your insurance plan to know which providers you can use.



## In-Network

- » An in-network provider is a provider who your insurance plan has made an agreement with to provide services to anyone with that insurance plan for a less expensive rate.
- » Your health insurance plan wants you to use in-network providers because it saves them money and it will save you money.

# Plan Network



## Out-of-Network

- » An out-of-network provider has not set up a contract with your insurance plan.
- » If you do not have out-of-network benefits in your plan, you will pay for services.
- » If you have out-of-network benefits, using an out-of-network provider is more expensive.

# Understanding Your Insurance Card



If you have private insurance, you will get an insurance card.



Your card may look different from someone else's card, but every insurance card will have the same kind of information on it.



You will need to take your card to doctor's visits, the pharmacy, or other providers where you get services.



Your insurance plan should mail you a new card every year. It is important that you use the newest card.

# Understanding Your Insurance Card

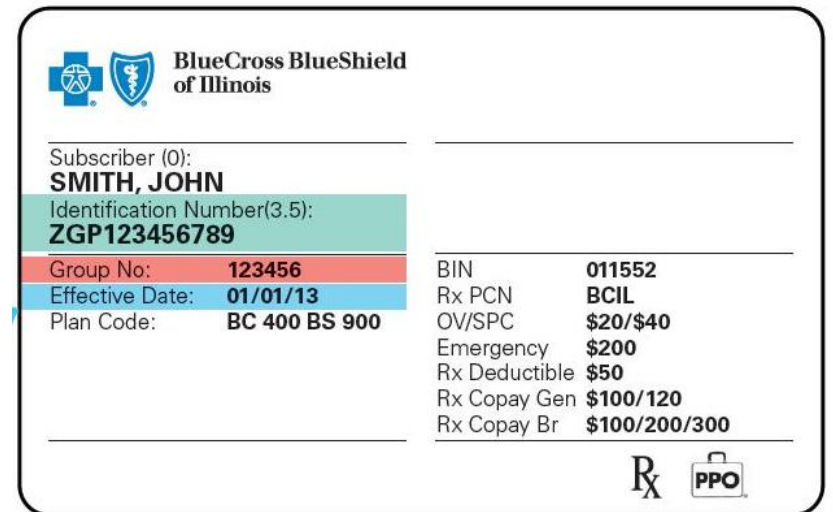


**Identification Number:** This can also be called a Member ID. Every person with a health insurance plan gets a special ID number. This number helps your doctors and other providers find out what your insurance covers, how much you will owe and helps with billing.

**Group Number:** This number is given to the employer that bought this insurance plan. Everyone with insurance through that employer will have the same group number on their card.

**Effective Date:** This is the date that your insurance started under this plan.

**Co-pay:** Your insurance card will tell you what your copays are. Your co-pay will depend on what service you are using.



# Using Your Member Portal

Here is an example of a Member Portal for a private insurance plan. Your portal may look different but will have similar information. Think of your Member Portal as the center for all your insurance plan information.



The screenshot shows a member portal for Jane Doe on the RAINY DAY INSURANCE HMO PLAN. The page features a navigation menu with options like 'At A Glance', 'Plan & Benefits', 'Find Care', 'Claims', 'Authorizations', 'Spending', and 'Contact & Forms'. There are also notification icons for 212 alerts and an email icon. The main content area is titled 'Home' and includes 'FEATURED BENEFITS' such as 'Virtual Visits' (with a 'Get Started' button) and a 'Cost Calculator' (with a 'Learn More' button). Below these are two sections: 'Your Plan' and 'Your Recent Claims'. The 'Your Plan' section shows a table with details for the 'STATE OF ILLINOIS' HMO plan. The 'Your Recent Claims' section shows a table with one claim entry for 12/20/2022, involving Jane Doe and Dr. Smith, with a responsibility of \$30.00.

Jane Doe – RAINY DAY INSURANCE HMO PLAN

Your Account Settings Help Log Out

At A Glance Plan & Benefits Find Care Claims Authorizations Spending Contact & Forms 212

## Home

FEATURED BENEFITS

### Virtual Visits

Video chat with a doctor

[Get Started](#)

### Cost Calculator

Estimate & compare treatment costs

[Learn More](#)

### Your Plan

Medical Plan	STATE OF ILLINOIS
Type	HMO

### Your Recent Claims

Date	Member	Provider	Your Responsibility
12/20/2022	Jane Doe	Smith, John MD	\$30.00

# Member Portal




Your member portal can help you:

- » Find old claims
- » View Explanation of Benefits (EOBs)
- » Check to see if there is a Prior Authorization
- » Ask for a new insurance card
- » See if you've met your deductible
- » See your cost for a service or office visit
- » Review plan benefits
- » Contact your insurance plan

# Member Portal





RAINY DAY INSURANCE

Your Account Settings Help Log Out

At A Glance Plan & Benefits Find Care **Claims** Authorizations Spending Contact & Forms 212

[Current Plan Year | 2023 | 2022](#)

**Search Claims**

Service Date (On or After):  Service Date (On or Before):  Member:

---

**JANE DOE**

---

**SMITH, JOHN MD**

Service Date 12/20/2022  
Claim # 1234005678

[Details](#)

[View Explanation of Benefits \(EOB\) as PDF](#)

Service	Billed
12/20/2022 12345 ANNUAL PHYSICAL 60 MINUTES	\$150.00
<b>Claim Total</b>	<b>\$150.00</b>
<b>Your Responsibility</b>	<b>\$30.00</b>

[HIPAA Privacy Rules](#) require us to protect member information. You can see:

- All claims for dependents under 13
- Non-sensitive claims for dependents 13-18

To see all of a family member's claims, you can request access to become a personal representative.

[Request Access](#)

Your Claims

Spending

Claims History

What is an EOB?

Authorize Personal Representative

# Locating a Provider



You can find a doctor by calling the Member Services number on your card.



You can also use your health plan member portal or the health plan website.



The search results will share if the doctor is in-network or out-of-network.



It is important that when finding a provider, you use in-network providers.

# Locating a Provider



Refine Your Search

Type  
Physician (Primary Care) ▾

Specialty  
Pediatrics ▾

Accepts New Patients? ⓘ ⓘ

Provider First Name

Provider Last Name

Provider #

NPI

Gender  
Any ▾

Language  
Any ▾

Medical Group Affiliation ⓘ ⓘ

Hospital Affiliation ⓘ ⓘ

Find a Doctor Browse Plans Find a Pharmacy Contact Us

## My Directory

State Of Illinois/Health Alliance HMO (Ah)

We found **32,395** results

Results per page: 10 ▾ Sort by: Default ▾ Page 1 of 3,240 [Next >](#)

**Springfield Pediatrics Clinic**  Accepting New Patients

<b>Pediatricians</b>	123 Main St Springfield, IL 62704-0000 Sangamon County (217)123-4567
Provider #111111 NPI #1234567890 Additional Languages Spanish	<a href="#">View Map</a> <b>OUT-OF-NETWORK</b>

**Kids Clinic Healthcare**  Accepting New Patients

<b>Pediatricians</b>	333 Park Dr Springfield, IL 62704-0000 Sangamon County (217)555-5555
Provider #222222 NPI #9876543210 Additional Languages Spanish	<a href="#">View Map</a> <b>IN-NETWORK</b>

## My Directory

State Of Illinois/Health Alliance HMO (Ah)

Map Satellite

We found **27** results matching **exact match** × Zip: **62704** × Type: **Physician (Primary Care)** × Specialty: **Pediatrics** ×

# Getting a Referral



A referral is when your primary care doctor works with your health insurance to get permission for you to see a specialist or for you to receive care.



If you don't get a referral this could make you responsible for the full amount of your doctor's appointment or the services you received.



Even if your doctor tells you that your insurance approved the referral, it is always a good idea to call your health insurance plan and check.

# Prior Authorization



A prior authorization is when your insurance company reviews the services needed and gives approval before they will pay for services.



You can use your member portal to check if you need a prior authorization. You can call your insurance plan to check this too.



If your prior authorization is approved, your doctor will likely call you to let you know or you may receive a letter in the mail.



If your prior authorization is denied, you will get a letter from the insurance plan telling you why it was denied and what your rights are.

# Multiple Insurance Policies



You can have more than one insurance plan.



Examples of when someone could have more than one plan are:

- » Both parents/guardians have insurance through their jobs
- » Private insurance and Medicaid
- » Private insurance and Medicare
- » Medicaid and Medicare

# Multiple Insurance Policies



If you have more than one private insurance plan, you need to know which plan pays first and which pays second. This is called primary and secondary.

- » Primary means that your doctor will bill that insurance first. Secondary means that plan will be billed after primary insurance.
- » You must call each plan to see which coverage is primary or secondary.



Medicaid will always pay after primary coverage. If you have private insurance, Medicaid pays second.



Medicare works differently. The Centers for Medicare & Medicaid Services (CMS) will decide if Medicare is the primary plan or if it is the secondary plan. Contact Medicare to find out.

# Understanding an Explanation of Benefits (EOB)



- ➔ You may receive an Explanation of Benefits (EOB) letter in the mail or through email from your health insurance plan.
- ➔ An EOB is not a bill. It is a document that shows you the details on a recent visit or procedure you had.
- ➔ The EOB will show you how much you may owe for that appointment.
- ➔ You will likely receive your EOB before you receive the actual bill.

# Understanding an Explanation of Benefits (EOB)



## 1. Phone Numbers

You can call your health plan if you have questions about finding a provider or what your coverage includes.

**2. Payee** is the person who will receive any reimbursement for over-paying the claim.

## EXPLANATION OF BENEFITS

**1** Customer Service Number: 1-800-123-4567

Statement Date: XXXXXX  
Document Number: XXXXXXXXXX

Member Name:  
Address:  
City, State, Zip:



### THIS IS NOT A BILL

Subscriber Number: XXXXXXXXXX ID: XXXXXX Group: ABCDE Group Number: XXXXX

Patient Name: XXXXXX Provider: Claim Number: XXXXXXXX  
Date Received: XXXXXXXXXX Payee: **2** Date Paid: XXXXXXXX

## 3. Service Description

shows the health services you received, like a medical visit, lab test, or screening.

## 4. Provider Charges

is the amount your provider bills for your visit.

## 5. Allowed Charges

is the amount your provider will be paid; this may not be the same as the Provider Charges.

Claim Detail				What your Provider Can Charge You		Your Responsibility			Total Claim Cost		
Line No.	Date of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Co Pay	Deductible	Coinsurance	Paid by Insurer	What You Owe	Remark Code
1	3/20/22-3/20/22	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC
2	3/20/22-3/20/22	Medical care	Paid	\$375.00	\$118.12	\$35.00	\$0.00	\$0.00	\$83.12	\$35.00	PDC
Total				\$406.60	\$120.27	\$35.00	\$0.00	\$0.00	\$85.27	\$35.00	PDC

Remark Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

## 6. Paid by Insurer

is the amount your health plan will pay to your provider.

**7. What You Owe** is the amount you owe after your insurer has paid everything else. You may have already paid part of this amount. Payments made directly to your provider may not be subtracted from this amount.

## 8. Remark Code

is a note from the health plan that explains more about the costs, charges, and paid amounts for your visit.

# What is a Bill?



— MAKE CHECKS PAYABLE TO —

Best Main Hospital  
123 Space Way  
Nowhere, IL, 60202

FOR BILLING INQUIRES CALL: 800-555-1212

Alex Smith  
808 First Avenue  
Town, IL, 60204

Best Main Hospital  
123 Space Way  
Nowhere, IL, 60202

## STATEMENT

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGES	INSURANCE PAYMENTS	BALANCE
03/04/2021	01234	Surgery	\$45,000		
03/04/2021	99999	Other charges	\$5,000	\$40,000	\$5,000
				\$4,000	\$1,000
			\$50,000	\$44,000	\$6,000

# What to Do If You Get a Bill?



If you get a bill, compare it to the Explanation of Benefits before paying it.



If you have a question or a concern about a bill, call your insurance company or the medical provider to ask them to explain the charges.



If you don't agree with the bill, you have the right to appeal.

# The Right to Appeal



An appeal is when you ask your health insurance company to reconsider their decision. Health insurance plans are required to tell you why they did not cover services.



You may get a letter from your insurance plan denying coverage for services.



You have the right to file an appeal with your insurance company.



We will have a training that talks about Appeals in May.



# Types of Appeals



There are three different types of appeals you can file.



These are based on the time, outcome, and medical need of the denied service or supply.

- » **Pre-service Appeals** are before the service happens.
- » **Post-service Appeals** are for services already received that were denied.
- » **Expedited Appeals** can be used if a regular appeal could seriously risk the life or long-term health of a person. This is if you need the health plan to decide quickly.

# Appeal Packet



## A letter to your insurance plan

- » The letter should be to the point and specific.
- » Tell them that you disagree with their decision and why you disagree.
- » Tell them what result you want



## A letter from your doctor or medical provider

- » The letter should say why the doctor supports your decision to appeal the denial.



## Any other information you have that may be helpful

- » This could be calls with your insurance company where you were provided information
- » Other medical reports that support the need for the service

# Appeal Tips



Mail your letter certified. This will give you proof that you sent the letter before the deadline.



Make copies of your appeal packet.



You can request an expedited review of your appeal if a treatment or procedure is needed right away.



If you get your insurance through your employer, you may also be able to get help from your employer's human resources or benefits department.

# Resource Links



[Illinois Attorney General - Health Care Bureau](#)



[Illinois Department of Insurance - Consumer Health Insurance](#)



[Illinois Private Health Insurance Marketplace](#)



[Senior Health Insurance Program](#)



[Medicare Website](#)



[Illinois Medicaid – Healthcare & Family Services](#)



[Patient Advocate Foundation Resource Library](#)



[DSCC Resource Library – Medical/Health](#)

# Summary



There are many ways to get insurance.



Each insurance plan can be different. It is important to understand how they work.



Using in-network doctors can help you maximize your benefits.



If you need help, there are many resources that will give you more information or guidance.

# Questions



We have saved some time for questions.



Please use the **Q&A button** box if you have questions. You can also use the **Raise Hand** button and we will unmute you.



Chat



Raise Hand



Q&A



Show Captions



Resources

# Thank you!

## Survey



Thank you for participating in our training today. We hope you found it helpful!



We will email the slides to you. They will be posted at <https://dscc.uic.edu/family-education-webinars/>



The recording for this training will also be posted on the website.



Please complete the survey at the end of the training. Your thoughts are very helpful and important.



We also would like to know any other topics you would like more training on.

# Future Webinars



This training is part of a series of trainings called “Health Insurance Education”



You can review this recording and materials for the other two trainings on our website.

- » March: Understanding Your Insurance
- » April: Medicaid Eligibility and Coverage
- » May: Insurance Appeals



Visit <https://dscc.uic.edu/family-education-webinars/>

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