

DOCUMENT RESUME

ED 362 761

CE 064 866

TITLE Health Insurance: The Facts You Need. Teacher's Guide. Health Promotion for Adult Literacy Students: An Empowering Approach.

INSTITUTION Hudson River Center for Program Development, Glenmont, NY.

SPONS AGENCY New York State Education Dept., Albany. Bureau of Continuing Education Program Development.

PUB DATE [93]

NOTE 35p.; For other documents in this series, see CE 064 862-868.

PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS Adult Basic Education; \*Adult Literacy; Classroom Techniques; \*Consumer Education; Health Education; \*Health Insurance; Health Materials; \*Health Promotion; \*Learning Activities; Lesson Plans; Literacy Education; Medical Services; Physical Health; Resources; Teaching Guides; Teaching Methods

IDENTIFIERS Empowerment

ABSTRACT

This teaching guide is part of a series of materials developed, with input from adult learners, to aid adult literacy teachers in incorporating health education into the curriculum. This guide aims to help teachers to provide adult students with information about health insurance, available privately and from government programs. The guide provides the goals and objectives of the course and background information on types of health insurance, choosing health coverage, and policyholder rights and responsibilities. The guide includes sample lessons, handouts, answer keys, and a glossary of key terms. Three appendixes provide the following: a directory of New York State Health Maintenance Organizations (HMOs), a description of Child Health Plus in New York State, and a list of nine resources. (KC)

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# HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

*An Empowering Approach.*

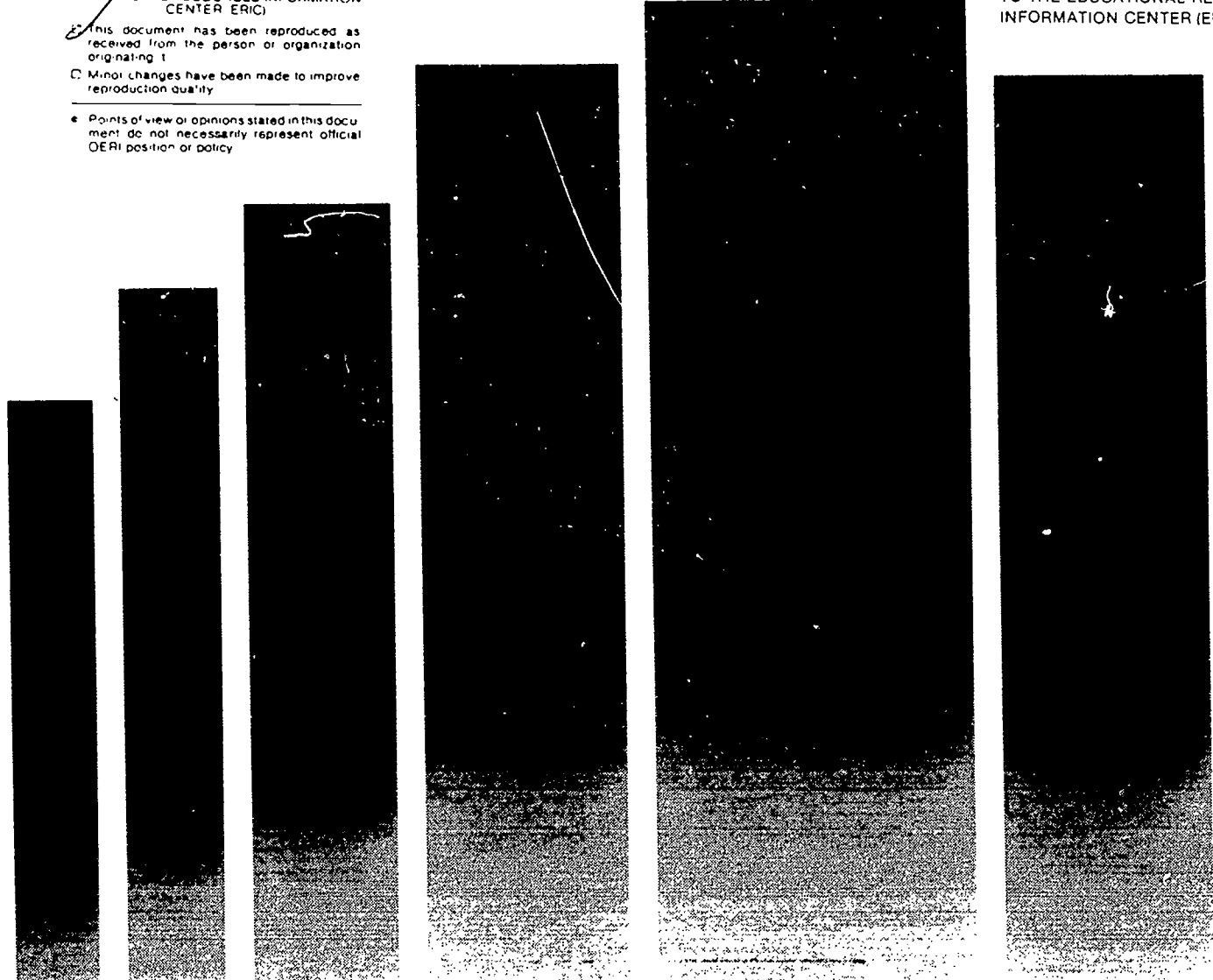
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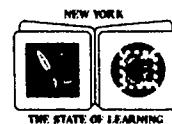


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## Health Insurance: The Facts You Need

### TEACHER'S GUIDE

The University of the State of New York • The State Education Department  
Bureau of Continuing Education Program Development • Albany, New York 12230



FF 064 866

# HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

*An Empowering  
Approach.*



## Health Insurance: The Facts You Need

The University of the  
State of New York  
The State Education Department  
Office of Workforce Preparation  
and Continuing Education  
Albany, New York 12230

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## Health Insurance: The Facts You Need

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### ACKNOWLEDGEMENTS

We would like to thank all who contributed to the production of this guide. Carol Jabonaski and Cynthia Laks encouraged us and suggested refinements. Barbara Smith, Colleen Bodane, and Scott Jill were very generous with their time and helpful with constructive comments.

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*(Funds Provided by: The University of the State of New York, The State Education Department,  
Office of Workforce Preparation and Continuing Education under Section 353 of the  
Adult Education Act)*

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# HEALTH INSURANCE: THE FACTS YOU NEED

## INTRODUCTION

Health insurance helps individuals and families protect themselves against major health care expenses which could financially ruin most people. In today's economy, more and more people go without health insurance due to its expense, thereby lacking access to the health care system. A recent report indicates that in one age category alone (45-64 years old), over 4.5 million men and women are uninsured against injury or disease.<sup>1</sup>

This module will provide you with important information concerning health insurance, available privately and from government programs.

## GOALS AND OBJECTIVES

Upon completion of this module, students will be able to:

1. Understand public and private health insurance options
2. Evaluate personal coverage
3. Recognize rights and responsibilities of both the health insurance carrier and the policyholder
4. Explain the claims process
5. Demonstrate fluency in insurance terms.

## BACKGROUND INFORMATION

### Types of Health Insurance

This section will give an overview of available private health insurance options and related government programs.

#### *Indemnity Plans*

Until recently, the most common type of private health insurance coverage was the indemnity plan. Under an indemnity plan, the insurance company reimburses the covered patient for the cost of covered services up to a specific limit. In some cases, the insurer pays the medical care provider (*i.e.*, hospital, doctor, laboratory, or even pharmacy) directly, eliminating the need for the patient to pay first and then be reimbursed.

Indemnity plans are offered by commercial insurance companies or not-for-profit companies such as Blue Cross/Blue Shield. For more information regarding such companies, see the Yellow Pages of your telephone directory or contact the Consumer Services Bureau of the NYS Insurance Department (see Appendix C). Typical types of coverage through indemnity plans include the following:

#### ◆ **Basic Benefits**

Basic benefits typically cover hospital and medical bills. Basic hospital insurance covers your hospital bills up to certain time and dollar limits. Basic medical insurance provides coverage for surgical services performed by physicians and surgeons, anesthesia services, and in-hospital physicians' visits. Please note that basic medical insurance coverage, depending on your policy, is subject to certain time and dollar limits.

#### ◆ **Major Medical**

Major medical insurance enhances basic benefits by providing additional protection against the cost of serious illnesses or injuries which may exceed the basic benefit limits. Major medical coverage may be combined with basic benefits under a so-called comprehensive plan. Major medical benefits are usually subject to deductibles and coinsurance. The deductible is an amount which you must pay before the insurer starts paying benefits. Major medical policies usually pay a percentage of covered expenses after the deductible

<sup>1</sup>Albany Times Union, May 7, 1992, p. A-12.



has been met; the portion of covered charges which you pay is the coinsurance amount.

◆ **Prescription Drugs**

Health insurance plans often cover prescription drug costs under major medical coverage or under separate plastic card programs. Major medical coverage is subject to deductibles and coinsurance and the patient is reimbursed after submitting a claim to the insurance company. Under plastic card programs, the patient is responsible for a copayment (usually a fixed dollar amount) which is paid to the pharmacy when a prescription is filled, and no further charge is made to the patient. The insurance company pays the pharmacy for the prescription directly.

◆ **Dental**

Dental insurance often covers routine and preventative care plus restorative services from a dentist. Often plans will encourage routine and preventative care (*i.e.*, cleaning and checkups) by paying more of the cost of those services. In contrast, restorative care (such as fillings and crowns) may be reimbursed at a lower level. Dental plans also may require prior approval of certain costly procedures by the insurance company. The most generous plans also include coverage for orthodontia (braces), usually subject to annual or lifetime limits.

◆ **Vision**

Vision benefits may include routine refractions (eye examinations) by an optometrist or ophthalmologist plus an allowance toward the cost of prescription eyeglasses or contact lenses, usually on a time-limited basis (*i.e.*, one paid every two years).

◆ **Long-term Care**

Long-term care insurance provides benefits during an extended period of convalescence, and may cover services ranging from nursing home to home health care. Unless specifically added, most health insurance policies do not cover services which are generally considered custodial and not the treatment of illness or injury. It is important to verify which services are covered under the specific policy.

### **Health Maintenance Organizations (HMOs)**

Growing numbers of individuals and their families are receiving health insurance coverage through health maintenance organizations (HMOs). An HMO is an organization that provides a range of health care services to its members for a fixed periodic prepayment. In contrast to indemnity plans (in which covered individuals are reimbursed or indemnified a specified amount for medical costs after services have been received), HMOs offer prepaid health care in which members or their employers prepay a dollar amount in exchange for the HMO providing all necessary health care services covered under the terms of the plan. Members agree to receive their care through the HMO and may obtain prepaid care outside of the HMO only in emergency situations. HMOs often emphasize preventative care, early detection, and health promotion. For a list of HMOs in New York State, please see Appendix A.

There are three types (models) of HMOs:

◆ **Staff Model**

Under the staff model HMO, members receive care from primary care physicians, specialists, and other health care providers at the HMO's facility. Physicians and other medical care providers are typically salaried employees of the staff model HMO. Hospital services are typically provided through a hospital or hospitals which have a contract with the HMO.

◆ **Group Model**

The group model HMO contracts with groups of physicians to provide care to members typically on a partnership basis with the HMO. Under the group model, contracting physician groups seldom provide care to patients who are not members of the HMO.

◆ **Independent Practice Association (IPA) Model**

The independent practice association (IPA) model HMOs contract with individual physicians or group practices to provide services to HMO members. Members may choose their primary care physician from contracting providers. Under the IPA model, physicians provide services in their offices to both HMO members and other patients. IPA model HMOs are becoming increasingly popular because members may find that their private physicians are



members of the HMO or that the choice of primary care physicians is wider than under other HMO models.

**Government Programs**

Both our Federal and State governments offer insurance benefits to qualifying senior citizens, disabled persons, and some persons with special conditions such as AIDS. Following are descriptions of programs offered in New York State.

◆ **Medicare**

Persons age 65 or over (or younger if disabled) may be eligible to receive health insurance coverage through Medicare, a program offered under the Federal Social Security Act. Medicare provides hospital insurance under Part A, which is paid by employer and employee Social Security tax contributions. Medical care coverage is provided under Part B, which is partially funded by monthly premiums paid by Medicare recipients. Medicare coverage does not include certain services such as prescription drugs and long-term care. It is subject to deductibles (which are adjusted annually) and other limitations which should be closely reviewed by covered persons. If a retired person is covered by Medicare and private insurance, claims must be submitted for payment to Medicare first with any balances then sent to the private insurance company. Under Federal law, an actively employed person aged 65 or over who is eligible for both Medicare and other health insurance coverage through his/her employer must select *either* Medicare or the employer's coverage until the date of retirement.

◆ **Medicaid**

State Medicaid programs provide coverage for persons who can't afford to pay for medical care and who meet certain income, age, or disability requirements. In New York State, Medicaid provides payment for a broad range of hospital, medical, and dental services including prescription drugs and long-term care. If persons are covered by health insurance and Medicaid, the non-Medicaid health insurance pays for services first. In New York State, Medicaid eligibility is determined by local Social Services Departments.

◆ **AIDS Health Insurance Program**

New York State offers a special program for persons who have symptoms of HIV infection or AIDS and who are losing their health insurance coverage because they can no longer work or can work only part-time. For persons meeting certain income eligibility guidelines, the program will pay their health insurance premiums to allow such persons to continue their coverage as provided under Federal law (see description of COBRA on page 6). Eligibility is determined by local Social Services Departments.

◆ **AIDS Prescription Drug Assistance Program**

New York State also sponsors a program to help AIDS patients obtain high cost drugs for treatment of the HIV infection. Applicants must be NYS residents and demonstrate financial need. Eligibility is determined by the NYS Department of Health.

◆ **Elderly Pharmaceutical Insurance Coverage (EPIC)**

Senior citizens meeting certain income guidelines are eligible to receive partial reimbursement for the cost of prescription medications under the Elderly Pharmaceutical Insurance Coverage program (EPIC), administered by the State of New York. Residents who are 65 or over, meet certain income requirements, and who do not receive Medicaid benefits may join the EPIC program. Participants may select one of two plans: (1) an annual membership fee, or (2) a deductible plan. After paying the annual fee or meeting the deductible, participants will pay only a fixed dollar copayment which varies with the cost of the prescription. The following chart illustrates the payment system:

<i>Prescription Cost</i>	<i>Copayment</i>
Minimum	\$3.00
\$8.01 - \$13.00	\$5.00
\$13.01 - \$23.00	\$7.00
\$23.01 - \$33.00	\$10.00
\$33.01 and over	\$23.00

◆ **New York Child Health Insurance Program**

New York State offers a program to provide health insurance to children with little or no family coverage. The program, called *Child Health Plus*, provides coverage through certain insurance companies and HMOs at little or no cost to families meeting income eligibility guidelines. Covered services include regular well-child checkups, immunizations, doctor's office visits for sickness or injury, lab work, X rays, outpatient or doctor's office surgery, outpatient treatment for alcoholism and substance abuse, and emergency medical services. Inpatient hospital services are not covered. For additional information, see Appendix B.

◆ **Where to Obtain Further Information**

Appendix C lists the addresses and telephone numbers of agencies to contact for further information concerning the aforementioned government programs.

### Choosing Your Health Coverage

In choosing health insurance coverage, an individual should examine a number of factors before making a final decision. These factors include:

**Available Options**

The number of options available to individuals may be affected by a number of factors, including employment status, geographic location, and, in some cases, health status. For example, employed individuals may have several options (indemnity plan plus HMOs) through their employers which are not available on an individual basis to a person who is not a member of a larger group. For persons who are not covered by a group plan, indemnity coverage options may be restricted to individual direct payment policies which, by law, must be made available by not-for-profit insurance companies such as Blue Cross/Blue Shield and HMOs. Information on direct payment policies may be obtained directly from those insurance companies or HMOs.

**Affordability**

The cost of coverage is affected by the level and use of benefits provided, the method used to pool the

claims experience of the persons covered, and additional charges added by the insurer. In general, insurance costs for comparable benefits will be lower through a group insurance policy than through an individual direct payment policy. Effective April 1, 1993, New York State law requires insurers of individuals and small groups (i.e., 3 to 50 eligible employees) to accept all applicants without regard to their health history or current health status and restricts preexisting condition limitations. Rates for individual and small group coverage cannot vary based on age, sex, occupation, or health status.

Costs are also affected by the ability of the insurer to manage care, to prevent fraud and abuse, to eliminate unnecessary care, and to encourage persons to use care cost effectively. HMOs have attempted to better control costs by requiring approval of certain specialist services by primary care ("gatekeeper") physicians; in many cases there are financial incentives for such gatekeeper physicians to closely review referrals to specialists. For example, most HMO members would receive care from a podiatrist only after approval by their primary care physician.

**Accessibility**

Accessibility to health care is an important consideration, particularly with respect to HMO coverage. Since HMOs provide prepaid health care through their facilities or physician network, individuals who select the HMO type of coverage must closely review the geographic accessibility of those providers. Most HMOs limit services outside of their network to emergency care. Consequently, individuals who travel frequently, who maintain residences in several geographic areas, or who have dependents living outside of the HMO service area should closely review the accessibility question.

**Freedom of Choice**

Freedom of choice refers to the individual's ability to choose medical care providers with the cost of services received covered under his health insurance policy. HMOs typically will limit freedom of choice to their staff facilities or provider network; indemnity plans typically do not. If an individual has a strong commitment to establishing or maintaining a relationship with a medical care provider, he should closely examine the freedom of choice question, particularly if enrollment in an HMO is contemplated.

In addition, a number of indemnity plans will offer participating provider options under which certain services will be covered on a paid-in-full or reduced cost basis if received from a participating provider. Because such arrangements may offer significant financial advantages to covered individuals, information in the form of lists of physicians who serve as participating providers should be examined by persons considering that coverage option. Participating provider directories may be obtained from insurers offering such arrangements. **Handout A** shows an example of a maternity claim where services were rendered by a participating provider physician.

### ***Benefit Limitations***

Purchasers of health insurance should closely examine the benefits offered by insurers and HMOs, particularly in areas where there is a personal or family history of medical problems. Significant limitations are often found in such benefit areas as mental health and drug and alcohol rehabilitation. Benefits may be limited to an annual or lifetime fixed dollar amount or by a cap on the number of services (*i.e.*, visits or hospital days) covered under the policy. In addition, buyers should examine the level of catastrophic protection offered by a policy and avoid simply focusing on the level of up-front deductibles and copayments.

### ***Preexisting Conditions***

Preexisting conditions are physical or mental conditions of insured persons which existed before a health insurance policy was issued. Buyers should carefully examine policies to determine if they contain preexisting condition exclusions and, if so, how the exclusion would reduce coverage for medical expenses.

### ***Waiting Periods***

Group health insurance policies may require a waiting period from the time a person becomes employed until the date his or her coverage is effective. Individuals who are employed or seeking employment should investigate if a waiting period will delay their eligibility for health insurance coverage.

### ***Exclusions***

All health insurance policies will identify services which are excluded from coverage. Often exclusions are general in nature and seem innocuous until a costly claim is rejected based on the exclusion. For

example, most policies will exclude coverage for care that is not medically necessary. Buyers should be aware of the process for determining medical necessity — is it determined by the insurance company after the fact, in which case the person may be responsible for the entire cost of the medical claim after the services have been received? Alternatively, is medical necessity determined before the service is rendered? Does the policy exclude experimental procedures? If so, how and when is a procedure determined to be experimental and therefore not covered? How can the insured person get answers to these questions *before* the service is provided? By clearly understanding policy exclusions, buyers can reduce the chances of having claims rejected and having to pay unexpected medical costs.

## **Policyholder Rights and Responsibilities**

Individuals covered by a health insurance policy have certain rights and responsibilities. They include:

### ***Filing Claims***

Policies will outline the process for submitting claims including time limits, use of certain forms, submission of required documentation, such as receipts, and providing related information necessary for the carrier to process your claim. A policyholder is required to provide that information; failure to provide required information may result in a delay or rejection of a claim. Covered persons should become familiar with the requirements of their policies. **Handout D** is an example of a standard claim form.

### ***Appealing Claims***

Policies will describe the process a policyholder may use to appeal a claim which has been reduced or rejected. Often the appeal process will include a time frame for submission of an appeal. Covered persons should be aware of their right to appeal a claim determination of the insurer and the procedural requirements.

### ***Managed Benefit Requirements***

Managed care benefit plans are offered by both indemnity plan insurers and HMOs to reduce the cost of unnecessary care and to encourage the use of care in the most cost-effective setting. Particularly with

indemnity plans, managed care may include a requirement that the policyholder call for approval before being admitted into a hospital or receiving a second opinion before certain surgical procedures are performed. If a policyholder does not comply with the managed care procedural requirements, financial penalties may apply and, in some cases, coverage may be retrospectively (retroactively) denied. It is therefore essential that policyholders understand the managed benefit requirements of their policies.

#### ***Enrollment Status***

Policyholders are responsible for informing the insurer of changes in their enrollment status which may affect the continued eligibility of themselves or their dependents. For example, many health insurance policies will cover dependents over age 19 who are enrolled as full-time students in an accredited college. You may be required to document continued enrollment and to notify the insurer of any change in student status.

#### ***Option Changes***

If a policyholder's employer offers several health insurance options, he or she may have the right to change options annually or, in some cases, more frequently. Policyholders should be aware of the timing and frequency of option transfer periods established by their employers.

#### ***Continued Coverage Rights***

Under Federal law (the Consolidated Omnibus Budget Reconciliation Act of 1986, also known as

COBRA), most employers providing group health insurance to employees and their families must offer the opportunity to temporarily extend their coverage under certain circumstances where their coverage would otherwise end. Employees and their dependents may be required to pay 102 percent of the cost of the coverage.

If an employee loses coverage because of a termination in employment (for other than gross misconduct) or due to a reduction in hours, continuation coverage may be purchased for up to 18 months.

If a spouse of an employee loses coverage due to the death of the employee, reduction in the employee's hours, termination of employment (for other than gross misconduct), divorce or separation from the employee, or the spouse becomes eligible for Medicare and loses coverage, continuation coverage may be purchased for up to 36 months. In the case of an employee who is eligible for Medicare disability, continuation coverage may be purchased for up to 29 months.

Similar conditions permit the purchase of continued coverage by dependent children for up to 36 months.

Policyholders losing their health insurance coverage should contact their employers for information on COBRA. In addition, New York State law may provide continuation of coverage rights in limited cases where COBRA does not apply.

# Sample Lesson 1: Coverage Options

**Goal:** To discuss various options for health insurance coverage and assistance in paying for prescription drugs.

**Outcome**

**Objective:** The learner will gather possible options from sections which appear in the text of this guide.

**Instructional**

**Materials &**

**Resources:**

- ◆ *Health Insurance: The Facts You Need*
- ◆ **Handout B** included in this guide (key located at module end)
- ◆ **Appendix C** included in this guide

## Activities

- Activity 1** Distribute **Handout B** and read Scenario #1 with students. Refer to the information regarding *Continued Coverage Rights* (page 6) and *Government Programs* (page 3) or to **Appendix C** for a list of names and addresses of agencies to contact for further information concerning government programs. Discuss the possible avenues the scenario's subject may take. Also suggest that there are service organizations which may help persons who have specific illnesses.
- Activity 2** From **Handout B**, read scenario #2 with students. Refer to the information regarding *Government Programs* (page 3) or to **Appendix C** for a list of names and addresses of agencies to contact for further information concerning government programs. Ask students to develop scenarios in which children would be covered under the Child Health Plus program; for example, a trip to the emergency room, a child with a substance abuse problem, checkups and shots, and so on.
- Activity 3** From **Handout B**, read scenario #3 with students. Refer to the information on the **EPIC** program for the elderly (page 3). Add this possibility to the scenario: *If Lydia does subscribe to the EPIC program and needs a prescription that costs \$25, how much is she obligated to pay?* Refer to the table on page three.

## Sample Lesson 2: Stake Your Claim

**Goal:** To understand the claim-making process in an indemnity plan.

**Outcome**

**Objective:** The learner will be able to fill out a standard claim form.

**Instructional  
Materials &**

**Resources:** ♦ **Handouts C and D** included in this guide

### Activities

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**Activity 1** Distribute **Handout C**, *Global Health Network Insurance Policy*, and read with students. Help to explain the concept of deductibles and subscriber expenses. Refer students to last page of **Handout C** for a mock subscriber card containing the subscriber number, plan number, and so forth.

**Activity 2** Distribute **Handout D**, a mock claim form. Under this mock insurance plan, each time a subscriber visits a health care provider, s/he is required to fill out a claim form. Ask students to fill out the mock claim form.

## Sample Lesson 3: Out-of-Pocket Expenses

**Goal:** To understand the concept of deductibles and copayments in an indemnity plan.

**Outcome**

**Objective:** The learner will be able to compute the portion of medical expenses s/he will be responsible for in a given time period.

**Instructional**

**Materials &**

**Resources:**

- ◆ Handouts C and E included in this guide.
- ◆ Calculator

### Activities

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**Activity 1** Refer back to **Handout C**, the mock insurance policy. Review the concept of deductibles and copayments. Distribute **Handout E**, a compilation of mock medical receipts, and review with students.

**Activity 2** Ask students to look at the medical expenses on **Handout E**. Using criteria outlined in the policy, figure the total portion of medical expenses the subscriber would be responsible for under a family policy.



# HANDOUT A

## BENEFIT COMPARISON TOTAL OBSTETRICAL CARE—NORMAL DELIVERY

*James E. Smith, M.D., P.C.  
123 State Street  
Anywhere, NY 12345*

GLOBAL BENEFITS		IRON CROSS BENEFITS
Dr. Smith's Fee	\$2200.00	
Usual & Customary Fee	\$2150.00	
\$450.00 payable at 100%	\$450.00	Paid in full to Dr. Smith as a Participating Provider.
\$1700.00 payable at 80%	<u>\$1360.00</u>	
<u>Total Benefit</u>	<u>\$1810.00</u>	

**MEMBER  
OUT-OF-POCKET  
EXPENSE\***  
**\$390.00**

**MEMBER  
OUT-OF-POCKET  
EXPENSE**  
**\$0.00**

\* Member has previously satisfied  
the annual deductible.

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## HANDOUT B

### SCENARIO #1

John has become infected with HIV and is unable to continue work with his employer. He has exhausted his sick leave and has been removed from the payroll, terminating his health insurance coverage. What should he do to obtain health insurance coverage?

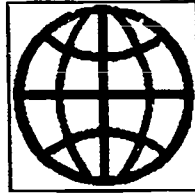
### SCENARIO #2

Bill and Sally are employed full-time at fast-food restaurants which do not provide health insurance benefits. They have two children who are in elementary school and are concerned about adequate health insurance coverage for themselves and their children. What are their options?

### SCENARIO #3

Lydia is a senior citizen enrolled in Medicare who must take several expensive prescription drugs each day. Unfortunately, the cost of these prescriptions is not covered under the Medicare program. Because she lives on a fixed income, Lydia may not be able to pay for these prescriptions which have been rapidly increasing in cost. What should she do?

## HANDOUT C



### GLOBAL HEALTH NETWORK INSURANCE POLICY

#### Health Care Benefits

##### Deductible and Coinsurance Provisions

If you have individual coverage, you must pay the first \$200 of charges each calendar year before we can reimburse you for benefits covered under this contract.

If you have family coverage, three members of your family can satisfy the deductible for your entire family for a calendar year. This happens when each of three covered members from your family satisfy the individual deductible amount of \$200. After this, no more deductible will apply during that calendar year to charges for covered services provided to other covered members of your family. However, these charges must have been incurred after the three deductibles were satisfied.

After the deductible has been met according to the above rules, we shall pay 80 percent of the usual and customary charges for the benefits covered under this contract. When we have paid you or, on your behalf, the amount of \$2,000, this coinsurance provision will no longer apply and we then shall pay 100 percent of the usual and customary charges for covered services for the remainder of the calendar year.

If two or more members of your family are injured in the same accident, only one deductible will apply. However, the accident must have occurred on or after the effective date of this plan.

If your group changes from another Comprehensive to this Comprehensive Plan, any amounts paid as deductibles under the other plan during that calendar year will be applied to the comprehensive deductible under this plan for the remainder of that calendar year.

## HANDOUT C (cont'd)

### GLOBAL HEALTH NETWORK

*Subscriber Identification Card*

**STONE MARY A**

SUBSCRIBER NUMBER

**BCD123-45-6789**

GROUP NO.	GHN PLAN	COVERAGE
<b>0055500</b>	<b>800</b>	<b>FAMILY</b>

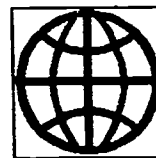
COVERAGES

<b>COMPREHENSIVE MANAGED BENEFITS</b>	<b>01/01/92</b>
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# HANDOUT D

## GLOBAL HEALTH NETWORK INSURANCE CLAIM FORM

P.O. Box 1000  
 Anywhere, NY 12345  
 Phone (518) 555-WELL  
 FAX (518) 555-1000



PATIENT AND INSURED (SUBSCRIBER) INFORMATION			
1. Patient's Name	2. Patient's Birth Date	3. Insured's Name	
4. Patient's Address	5. Patient's Sex ___ Male ___ Female	5A. Insured's Sex ___ Male ___ Female	6. Medicare Number
	5B. Patient's Phone Number	6B. Private Insurance Number	6A. Medicaid Number Group Number
6C. Patient's Employer, Occupation, or School	7. Patient's Relationship to Insured ___ Self ___ Spouse ___ Child ___ Other	8. Insured's Employer or Occupation	
9. Other Health Insurance Coverage: <small>Enter Name of Policyholder, Plan Name and Address and Policy or Private Insurance Number</small>	10. Was Condition Related To ___ Patient's Employment ___ Crime Victim ___ Auto Accident ___ Other Liability	11. Insured's Address	
12. I authorize the release of information as provided on the reverse side of this claim form  Patient's or Authorized Signature _____ Date _____		13. I am in agreement with the authorization to pay statement on the reverse side of this claim form  Insured's Signature _____	
PHYSICIAN OR SUPPLIER INFORMATION			
<p>(Health care provider would normally complete this portion or attach a detailed receipt for services rendered)</p>			

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# HANDOUT E

JAMES E. SMITH, M.D., P.C.  
123 State Street  
Anywhere, NY 12345

January 27, 1992

Patient: Mary Stone  
Normal Delivery \$2200.00

Patient: John Stone, Jr.  
Circumcision \$200.00

**Total Charges \$2400.00**

MARY JONES, M.D.  
General Practitioner  
432 Erie Boulevard  
Someplace, NY 56789

January 5, 1992

Patient: John Stone  
Office Visit \$30.00  
Throat Culture \$45.00

**Amount Due \$75.00**

Joseph Perel, M.D.  
1030 Union Street  
Someplace, NY 56789

Care Limited to Pediatrics

February 28, 1992

Patient: John Stone, Jr.  
Office Visit \$30.00  
DPT Vaccination \$75.00  
Polio Vaccine \$75.00

**Amount Due \$180.00**

Joseph Perel, M.D.  
1030 Union Street  
Someplace, NY 56789

Care Limited to Pediatrics

March 30, 1992

Patient: John Stone, Jr.  
Office Visit \$30.00

**Amount Due \$30.00**

JAMES E. SMITH, M.D., P.C.  
123 State Street  
Anywhere, NY 12345

March 15, 1992

Patient: Mary Stone  
Six-Week Checkup \$40.00

**Total Charges \$40.00**

MARCO VEGA, M.D.  
UROLOGIST  
Executive Office Park  
Anywhere, NY 12345

Patient: John Stone

June 2, 1992  
Office Visit \$50.00

**Amount Due \$50.00**

## KEY TO HANDOUT B

### Scenario #1:

Under the Federal COBRA law, John would have a right to continued coverage under his employer's health plan for up to 18 months. He may be required to pay 102 percent of the premium cost of such coverage. By law, John's employer is required to notify him of his COBRA rights under these circumstances. John must apply for continued coverage under COBRA. He may also be eligible for New York State's AIDS Health Insurance program, which would pay his COBRA premiums if he meets certain income guidelines. He should contact his local Department of Social Services regarding eligibility for the AIDS Health Insurance Program. In addition, John may be eligible to receive certain high cost drugs free of charge under the New York State AIDS Drug Assistance Program. He should contact the NYS Department of Health's AIDS Institute at 1-800-542-2437 for eligibility and coverage information.

### Scenario #2:

Bill and Sally must obtain health insurance on an individual basis since their employer group does not offer coverage. Insurers and HMOs offering individual policies must provide coverage to all persons regardless of their occupation or health status, subject only to preexisting condition limitations or waiting periods.

For their children, Bill and Sally may obtain health insurance coverage for other than inpatient hospital services at little or no cost under the **New York State Child Health Plus Program**. They should call 1-800-522-5006 toll-free to obtain enrollment information.

### Scenario #3:

Lydia should investigate enrolling in the **New York State Elderly Pharmaceutical Insurance Coverage Program (EPIC)** to help pay part of the cost of her prescription costs. She may obtain enrollment and coverage information by calling 1-800-332-3742 toll-free.



## KEY TO HANDOUT E

The Stones subscribe to a family policy, so the deductible for each of the three family members is \$200, and the copayment amount is 20 percent after the deductibles have been met.

John Stone's medical expenses total \$125. Because his deductible has not yet been met, he must pay the full amount: **\$125.00**

Mary Stone's total medical expenses are \$2240. She must pay the first \$200 of her expenses (the deductible) + 20 percent of the rest. To figure out how much Mary owes, use the following formula:

$$\begin{array}{rclcl}
 \text{[Total Expenses - Deductible]} & \times & [.20] & = & \text{Copayment} \\
 [(\$2240 - \$200) = \$2040] & \times & [.20] & = & \$408.00 \\
 \text{Copayment} & + & \text{Deductible} & = & \text{Total Out-of-Pocket Expense} \\
 \$408 & + & \$200 & = & \underline{\$608.00}
 \end{array}$$

John Jr.'s medical expenses total \$410. The same formula used to figure Mary's expenses applies:

$$\begin{array}{rclcl}
 \text{[Total Expenses - Deductible]} & \times & [.20] & = & \text{Copayment} \\
 [(\$410 - \$200) = \$210.00] & \times & [.20] & = & \$42.00 \\
 \text{Copayment} + \text{Deductible} & = & \text{Total Out-of-Pocket Expense} \\
 \$42 & + & \$200 & = & \$242.00
 \end{array}$$

<i>Therefore, the Stones are responsible for:</i>	<b>\$125.00</b>
	<b>608.00</b>
	<b>242.00</b>
	<b>\$975.00</b>

Their total medical bills were \$2775. Insurance covered \$1800 of those expenses.

## GLOSSARY

<b>Basic Benefits</b>	Health insurance benefits which may cover hospital or medical benefits subject to certain time and dollar limits.
<b>Calendar Year</b>	The period of time from January 1 through December 30, often specified in insurance policies.
<b>COBRA</b>	Also known as the Consolidated Omnibus Budget Reconciliation Act; Federal law which requires employers to offer employees and their dependents who are losing medical coverage the option of purchasing continued health insurance.
<b>Coinsurance</b>	A policy provision frequently found in major medical insurance where the insured person and the insurer share the covered losses in a specified ratio, <i>i.e.</i> , 80 percent paid by the insurer and 20 percent paid by the insured.
<b>Deductible</b>	The amount of covered charges which must be paid by the insured before benefits are payable by the insurance company.
<b>EPIC</b>	The New York State Elderly Pharmaceutical Insurance Coverage Program, which provides partial coverage for the cost of prescription medications purchased by participating senior citizens.
<b>Exclusions</b>	Specific conditions or circumstances listed in the insurance policy for which the policy will not provide benefit payments.
<b>Freedom of Choice</b>	The ability of the insured to choose medical care providers with the cost of services received covered under the insured's health insurance policy.
<b>HMO</b>	Also known as a Health Maintenance Organization; an organization which provides a wide range of comprehensive health care services for a specified group at a fixed periodic payment.
<b>Indemnity Plan</b>	A health benefit plan which reimburses the insured for the cost of covered services up to a specific limit.
<b>Long-term Care Insurance</b>	Insurance which provides benefits during an extended period of convalescence, and may cover services ranging from nursing home to home health care; usually not part of most health insurance policies unless specifically added.
<b>Major Medical</b>	Insurance which enhances basic benefits by providing additional protection against the cost of serious illnesses or injuries which may exceed the basic benefit limits.
<b>Managed Care</b>	Health care plans that include a network of health care providers where charges are negotiated, and health care utilization by insured is subject to standards and review.
<b>Medicaid</b>	The New York State program of public assistance to persons regardless of age whose income and resources are inadequate to pay for health care.
<b>Medicare</b>	A program offered under the Federal Social Security Act that covers certain medical expenses of eligible persons aged 65 or over (or younger if disabled).

<b>Participating Provider</b>	A health care professional who has agreed with an insurance company to accept certain set fees for services. Payment is made according to the terms of this contract and the participating provider can bill the subscriber for any balance up to the usual and customary charge.
<b>Preexisting Conditions</b>	Physical or mental conditions of an insured person which existed before a health insurance policy was issued; certain health insurance policies may exclude coverage for such conditions.
<b>Provider</b>	A health care professional who renders health services for which benefits are available.
<b>Subscriber</b>	A person who has a right to benefits under the insurance contract.
<b>Usual and Customary Charge</b>	A charge which is not more than the most common charge for the same service by providers within the same specific geographic area or socio-economic area. The amount of a usual and customary charge for a service is usually determined by the subscriber's insurance company.
<b>Waiting Period</b>	A group health insurance policy requirement establishing a period of time between a person's date of employment and his or her effective date of coverage.

## APPENDIX A



**New York State  
Health  
Maintenance  
Organization  
Conference and  
Council**

### **Directory of New York State HMOs**

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1202 Troy-Schenectady Road  
Latham, NY 12110  
518/783-6866  
January, 1993

# HMOs OF NEW YORK STATE

## Aetna Health Plans of New York

(Formerly HealthWays)  
Aetna Life and Casualty, Inc.  
2700 Westchester Ave., Purchase, NY 10577

914/251-0800

**AREA** Five boroughs of New York City, Long Island, Rockland and Westchester counties and New Jersey.

**CONTACTS** Angelo V. D'Ascoli, Executive Director  
Franklin L. Brogoli, M.D., Medical Director  
Lucinda Annino, Manager

NY Enrollment 15,000 Operations Began 1987 HMO Model IPA

## Blue Choice

Blue Cross and Blue Shield of the Rochester Area  
150 E. Main St., Gateway Centre, Rochester, NY 14647

716/454-1700

**AREA** Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties.

**CONTACTS** Peter Wood, Vice President  
Joseph Stankaitis, M.D., Medical Director  
Denise Opydyke, Director, Corporate Sales

NY Enrollment 375,000 Operations Began 1985 HMO Model IPA

## BlueCare Plus

12 Rhoads Drive, Utica, NY 13502-6398

800/722-7884, 315/797-4200

**AREA** Chenango, Delaware, Fulton, Herkimer, Madison, Montgomery, Oneida, Oswego and Otsego counties.

**CONTACTS** Henry F. Becker, Vice President ADS  
Fel Davies, M.D., Medical Director  
Peter Falzarine, CHC, Marketing Director

NY Enrollment 9,000 Operations Began 1986 HMO Model IPA

## CHP—Community Health Plan

**Capital Area Region**  
1201 Troy-Schenectady Rd., Latham, NY 12110  
Albany, Clinton, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington counties in New York, southern Vermont and western Massachusetts. Sixteen centers serve the area.

518/783-1864

**Hudson Valley Region**  
160 Union St., Poughkeepsie, NY 12601  
(Formerly, HealthShield Region) Dutchess, Putnam, Ulster and parts of Orange counties. Ten centers serve the area.

914/471-2368

**Bassett Region**  
One Atwell Rd., Cooperstown, NY 13326  
Chenango, Delaware, Herkimer, Madison, Otsego and Schoharie counties. Sixteen centers serve the area.

607/547-9244

**CONTACTS** John Baackes, President  
Bruce Nash, M.D., Medical Director  
Carole Montepare, Marketing Manager—Capital Area Region  
Joseph Liu, Marketing Manager—Hudson Valley Region  
Audrey France, Associate Marketing Manager—Bassett Region

NY Enrollment 147,000 Operations Began 1977 HMO Model Staff/Network Federally Qualified

## CIGNA Healthplan of New York

(Formerly, Total Health HMO)  
Sales and Marketing Office, 195 Broadway, 12th Floor  
New York, NY 10007

212/618-5500

**AREA** Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties and other states including Connecticut, New Jersey, and Pennsylvania.

**CONTACTS** Chan Wheeler, SVP, Regional Managed Care  
Jonathan Kaplan, M.D., Medical Director & General Manager  
William J. Corbe, Manager Sales and Marketing

NY Enrollment 48,600 Operations Began 1986 HMO Model IPA Federally Qualified

## Capital District Physicians' Health Plan

One Columbia Circle, Albany, NY 12203

518/452-1941

**AREA** Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties.

**CONTACTS** Diane E. Bergman, Executive Director  
Barry Schwartz, M.D., Medical Director  
Peggy Smyth-Bonneau, Acting Director, Marketing

NY Enrollment 128,000 Operations Began 1984 HMO Model IPA

## ChoiceCare Long Island

Corporate Center, 395 No. Service Rd., Melville, NY 11747-3127

516/894-4000

**AREA** Nassau, Queens and Suffolk counties.

**CONTACTS** David S. Reynolds, Ph.D., President  
Steven Christianson, D.O., Medical Director  
Thomas D. Delaney, Sr. Director of Marketing  
Lloyd S. Straus, CFO  
Sharon Smith-Daly, R.N., Sr. Director for Health Services  
Russell J. Koutrouby, Sr. Director for Corporate Planning

NY Enrollment 39,000 Operations Began 1985 HMO Model IPA

## Community Blue

The HMO of Blue Cross of Western New York, Inc.  
1901 Main St., Buffalo, NY 14208

716/887-8900

**AREA** Allegany, Cattaraugus, Chautauque, Erie, Genesee, Niagara, Orleans and Wyoming counties.

**CONTACTS** Mary Lee Campbell-Wisley, Vice President, ADS  
Charles W. Pruet, M.D., Medical Director  
Libeth L. Walls, Vice President, Marketing

NY Enrollment 139,000 Operations Began 1985 HMO Model IPA

## Elderplan

6323 Seventh Ave., Brooklyn, NY 11220

718/921-7990

**AREA** Southwestern Kings county. Three medical center satellites. Note: Enrollment limited to Medicare beneficiaries age 65 and over.

**CONTACTS** Kathleen Borgard, Chief Operating Officer  
Raymond Cecora, M.D., Medical Director  
Terrie Raphael, Director of Enrollment and Community Relations

NY Enrollment 5,900 Operations Began 1985 HMO Model Network

## FHP—Foundation Health Plan

HMO-CNY, Inc., Regional Office  
2 Court St., Binghamton, NY 13901

607/723-4133

**AREA** Broome, Tioga, parts of Cortland, Chenango and Delaware counties in New York; and parts of Bradford and Susquehanna counties in Pennsylvania.

**CONTACTS** Joseph Buttigieri, CEO  
Edward M. Cox, M.D., Medical Director  
Patrick McGuigan, Director of Marketing

NY Enrollment 18,600 Operations Began 1984 HMO Model IPA

## HCP—Health Care Plan

900 Guaranty Building, Buffalo, NY 14202

716/847-1480

**AREA** Nine facilities serving Cattaraugus, Erie and Wyoming counties; and a network of select physicians serving Niagara county.

**CONTACTS** Arthur R. Goshin, M.D., President  
Edward J. Marine, M.D., Medical Director  
Stanley J. Duda, Director of Marketing

NY Enrollment: 85,000 Operations Began 1978 HMO Model Staff Federally Qualified

## HIP—Health Insurance Plan of Greater New York

7 West 34th St., New York, NY 10001

212/630-5000

**AREA** Five boroughs of New York City, Nassau, Suffolk and Westchester counties, New Jersey and southeastern Florida. More than 60 centers serve this area, including six mental health centers.

**CONTACTS** Stephen I. Lewis, First Senior Vice President  
Jesse Jampol, M.D., Medical Director  
John J. Klitsch, Vice President, Marketing

NY Enrollment 929,000      Operations Began      HMO Model Group  
Prepaid group practice-1947  
HMO-1978

## HealthNet

Empire Blue Cross and Blue Shield  
622 Third Ave., New York, NY 10017

212/856-1915, 800/453-0113

**AREA** Albany, Bronx, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington and Westchester counties.

**CONTACTS** Victor Botnik, VP, Managed Care Programs  
Arthur DeSimone, M.D., Medical Director  
Steve Bory, Administrator

NY Enrollment 110,000      Operations Began 1973      HMO Model Group/PA

## IPHP—Independent Prepaid Health Plan

HMO—CNY, Inc.

315/426-6820

344 So. Warren St., PO Box 4712  
Syracuse, NY 13221

**AREA** Onondaga, Oswego, parts of Cayuga and Cortland and western Madison counties.

**CONTACTS** Joseph Buttiglieri, CEO  
Henry Bartos, M.D., Medical Director  
Patrick McGuigan, Director of Marketing

NY Enrollment 20,000      Operations Began 1986      HMO Model IPA

## Independent Health

Western New York

511 Farber Lakes Drive, Buffalo, NY 14221

716/631-5392

Allegany, Cattaraugus, Chautauque, Erie, Genesee, Niagara, Orleans and Wyoming counties.

Hudson Valley

220 White Plains Rd., Tarrytown, NY 10591

914/631-0939, 800/654-5494

Dutchess, Orange Putnam, Rockland, Ulster and Westchester counties.

**CONTACTS** William McHugh, Executive Vice President—Western NY  
Robert Kohn, M.D., Medical Director—Western NY  
Jack Hoerner, Director, Marketing—Western NY  
William Yurkowski, Executive Director—Hudson Valley  
Herbert Sperling, M.D., Medical Director—Hudson Valley  
Peter Osinski, Director, Marketing—Hudson Valley

NY Enrollment 257,000      Operations Began 1980      HMO Model IPA  
Federally Qualified

## Kaiser Foundation Health Plan of New York

210 Westchester Ave., White Plains, NY 10604

914/882-8500

**AREA** Westchester county and southern Connecticut. Four centers service the area.

**CONTACTS** Michael Dudley, Vice President & Regional Manager  
Barney Newman, M.D., Medical Director  
William Kramer, Health Plan Manager  
Karen King, Acting Marketing Manager  
Debra Jenkins, Government Relations Director

NY Enrollment 39,000 Operations Began 1976 HMO Model Group Federally Qualified

## MHP—Mid-Hudson Health Plan

Park West Hurley Avenue, PO Box 3788  
Kingston, NY 12401

800/443-4711

914/338-0202, Fax 914/338-5812

**AREA** Columbia, Delaware, northern Dutchess, Greene and Ulster counties.

**CONTACTS** Edward Ulimann, Executive Director  
Neil Lieblich, M.D., Medical Director  
Peter Kraft, Regional Marketing Director

NY Enrollment 22,000      Operations Began 1984      HMO Model Network

## MVP Health Plan

111 Liberty St., Schenectady, NY 12306

518/370-4793

**MVP East** Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

**MVP North** Clinton, Essex, Franklin and St. Lawrence counties.

**MVP South Central** Broome, Chenango, Delaware, Otsego and Tioga counties.

**MVP Central**

4847 Commercial Drive, Yorkville, NY 13495

315/738-1825

Herkimer, Madison and Oneida counties.

**MVP Mid-Hudson**

385 South Rd., Beechwood Office Park, Poughkeepsie, NY 12601

914/473-1762

Dutchess and Ulster counties.

**CONTACTS** David W. Olikar, President and CEO  
Franklyn C. Hayford, M.D., Medical Director—East  
John Vasle, M.D., Medical Director—North  
Harry Love, M.D., Medical Director—Central  
Janandhana Mahadeva, M.D., Medical Director—South Central  
Eleanor Kane, M.D., Medical Director—Mid-Hudson  
Mary Bianchi, Associate Marketing Director

NY Enrollment 169,000      Operations Began 1983      HMO Model IPA

## Managed Health

410 Lakeville Rd., New Hyde Park, NY 11042

516/352-2990

**AREA** Nassau, Queens and Suffolk counties.

**CONTACTS** Jack Resnick, M.D., President  
Daniel Reinhardt, M.D., Medical Director  
Richard Denzang, Director of Marketing

NY Enrollment 3,800      Operations Began 1990      HMO Model Group

## MetLife Network

MetLife HealthCare Network of NY, Inc.

2929 Express Drive North

Hauppauge, NY 11787

516/348-4200

**AREA** Five boroughs of New York and Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Ulster and Westchester counties.

**CONTACTS** Michael C. Jaeger, President & CEO  
James Lions, M.D., Medical Director  
Robert D. McCord, Regional Director

NY Enrollment 90,000      Operations Began 1987      HMO Model IPA

## NorthCare

(Exclusive affiliate of Empire Blue Cross and Blue Shield HealthNet)

2 Broad Street Plaza

Glens Falls, NY 12601

212/856-1915; Marketing: 518/798-3555

**AREA** Essex, Saratoga (excluding Halfmoon, Waterford and Clifton Park), Warren and Washington counties.

**CONTACTS** Victor Botnik, VP, Managed Care Programs  
Steve Bory, Administrator

NY Enrollment 18,000      Operations Began 1986      HMO Model IPA

## Oxford Health Plans

521 Fifth Ave., 15th Floor, New York, NY 10175 212/599-2266, 800/444-6222

**AREA** Five boroughs of New York City, Nassau, Rockland, Suffolk, and Westchester counties, most of New Jersey and parts of Connecticut.

**CONTACTS** Stephen F. Wiggins, President  
Thomas Travers, D.D.S., Medical Director  
William Sullivan, Vice President of Sales

NY Enrollment 134,000 Operations Began 1986 HMO Model IPA

## PHP-Prepaid Health Plan

Health Services Medical Corporation 315/638-2133  
8278 Willett Parkway, Baldwinsville, NY 13027

**AREA** Onondaga, Cortland, parts of Cayuga, western Madison and most of Oswego counties. Seven centers serve the area.

**CONTACTS** Frederick F. Yanni, Jr., President  
Jeffrey Snider, M.D., Medical Director  
James N. Jerosse, Sr. Vice President, Marketing

NY Enrollment 44,000 Operations Began 1977 HMO Model Group Federally Qualified

## PHP-Slocum Dickson Medical Network

Health Services Medical Corporation  
217 Seneca Turnpike, New Hartford, NY 13413 315/797-7019

**AREA** Herkimer, eastern Madison and Oneida counties.

**CONTACTS** Frederick F. Yanni, Jr., President  
Sidney Blatt, M.D., Medical Director  
Lynn M. Humphrey, Plan Manager

NY Enrollment 7,000 Operations Began 1987 HMO Model Group/Network

## PHS-Physicians Health Services of New York

Crosswest Office Center, Suite 212, 399 Knollwood Rd., White Plains, NY 10603  
914/682-9192

**AREA** Putnam and Westchester counties.

**CONTACTS** Philip J. Passantino, President  
Albert Sheehy, M.D., Medical Director  
Barbara Vernon, Sales Manager, PHS/NY

NY Enrollment 16,300 Operations Began 1987 HMO Model IPA Federally Qualified

## Patients' Choice

Corporate Center, 90 Presidential Plaza, Syracuse, NY 13202 315/476-0874  
800/909-0874

**AREA** Cayuga, Cortland, Madison, Onondaga and Oswego counties.

**CONTACTS** Ronald H. Harms, CEO  
Richard Eberle, M.D., Medical Director  
Walter Munson, Director of Marketing

NY Enrollment 22,000 Operations Began 1986 HMO Model IPA

## Preferred Care

250 Monroe Ave., Rochester, NY 14607 716/325-3920

**AREA** Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties.

**CONTACTS** John Urban, President  
John C. Johns, M.D., Vice President, Medical Director  
Diane U. Soehner, Vice President, Marketing

NY Enrollment 158,000 Operations Began 1979 HMO Model IPA Federally Qualified

## PruCare of New York

Prudential Health Care Plan of New York, Inc.  
(The office center at Montibello)  
400 Relia Blvd., Suite 200, Suffern, NY 10901 914/368-4497

**AREA** Five boroughs of New York City, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Ulster and Westchester counties.

**CONTACTS** Ray Allen, Vice President  
Judith Taylor, M.D., Medical Director  
Joan Holappa, Unit Leader

NY Enrollment 63,000 Operations Began 1987 HMO Model IPA Federally Qualified

## Sanus Health Plan

75-20 Astoria Blvd., Jackson Heights, NY 11370 718/999-5200, 800/338-3390

**AREA** Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties and six counties in New Jersey.

**CONTACTS** William Madden, Deputy Executive Director  
Scott Cooper, M.D., Medical Director  
Harriet Dronaka, Vice President Marketing & Sales

NY Enrollment 60,000 Operations Began 1987 HMO Model IPA Federally Qualified

## Travelers Health Network of New York

**Metropolitan Division**  
701 Westchester Ave., Suite 310 E., White Plains, NY 10604 914/781-9102  
Five boroughs of New York City, Nassau, Rockland, Suffolk and Westchester counties and New Jersey.

**Syracuse Division**  
5015 Campus Wood Drive, East Syracuse, NY 13057 315/433-5700  
Onondaga and parts of Cayuga, Madison and Oswego counties.

**CONTACTS** Kathryn Norton, Executive Director, Metro/Syr  
Robert Ettinger, Director of Operations-Metro  
Richard Hogarth, District Manager-Metro  
William Nauen, M.D., Medical Director-Syr  
Terence Engels, Sales Manager-Syr

NY Enrollment 35,000 Operations Began 1986 HMO Model IPA Federally Qualified

## U.S. Healthcare

Nassau Omni West 516/794-2389  
33 Earle Ovington Blvd., Ste. 502 800/323-9030  
Uniondale, NY 11553

**AREA** Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties in New York; Fairfield, Hartford, Litchfield and New Haven counties in Connecticut.

**CONTACTS** Tim Nolan, General Manager  
Marilyn Margon, District Manager  
Alan Bernstein, M.D., Medical Director  
Jose L. Cabrera, Vice President, Marketing

NY Enrollment 312,000 Operations Began 1986 HMO Model IPA Federally Qualified

## WellCare of New York

130 Meadow Ave., Newburgh, NY 12550 914/566-0700  
800/288-5441, Fax 914/566-9046  
4 Palisades Dr., Albany, NY 12205 518/446-0200  
800/273-1332, Fax 518/446-0388

**AREA** Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington counties.

**CONTACTS** Robert Goff, Executive Director  
Franklin Gunersine, M.D., Medical Director  
Peter Kraft, Regional Marketing Director

NY Enrollment 36,000 Operations Began 1987 HMO Model IPA



# NYS HMOs Serve the Following Areas

## Binghamton Area

FHP—Foundation Health Plan

## Buffalo Area

Community Blue  
HCP—Health Care Plan  
Independent Health

## Cooperstown Area

BlueCare Plus  
CHP—Community Health Plan  
MVP Health Plan

## Greater New York/ Long Island Area

Aetna Health Plans of New York  
CIGNA Healthplan of New York  
ChoiceCare Long Is...  
Elderplan  
HIP—Health Insurance Plan  
of Greater New York  
HealthNet

## Greater New York/ Long Island Area (continued)

Managed Health  
MeLife Network  
Oxford Health Plans  
PruCare of New York  
Senus Health Plan  
Travelers Health Network of New York  
U.S. HealthCare

## Lower/Mid-Hudson Valley Area

CHP—Community Health Plan  
Independent Health  
Kaiser Foundation Health Plan of New York  
MHP—Mid-Hudson Health Plan  
MVP Health Plan  
MeLife Network  
PHS—Physicians Health Services of New York  
PruCare of New York  
Senus Health Plan  
WellCare of New York

## North Country Area

CHP—Community Health Plan  
MVP Health Plan  
NorthCare  
WellCare of New York

## Rochester Area

Blue Choice  
Preferred Care

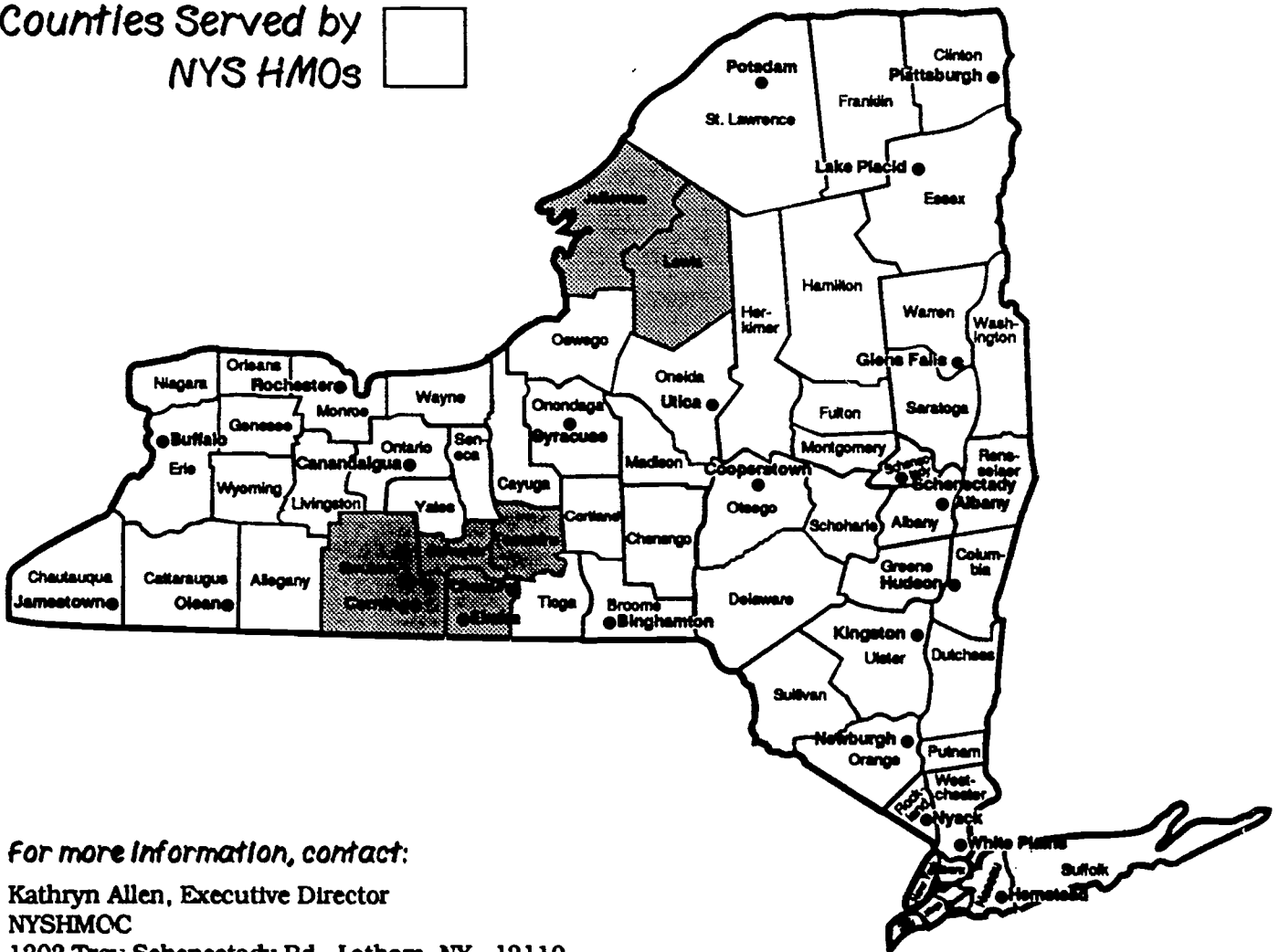
## Syracuse Area

IPHP—Independent Prepaid Health Plan  
Patients' Choice  
PHP—Prepaid Health Plan  
Travelers Health Network of New York

## Upper Hudson Valley Area

BlueCare Plus  
Capital District Physicians' Health Plan  
CHP—Community Health Plan  
HealthNet  
MVP Health Plan  
WellCare of New York

Counties Served by  
NYS HMOs



For more information, contact:

Kathryn Allen, Executive Director  
NYSHMOC  
1202 Troy-Schenectady Rd., Latham, NY 12110  
518/783-6866, 518/783-0234 (Fax)

## APPENDIX B

### Child Health Plus

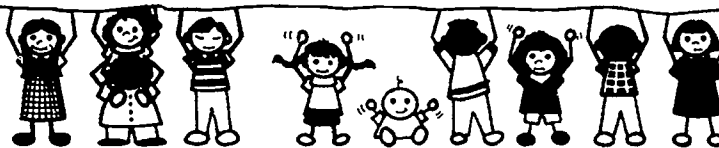
A *Child Health Plus* brochure is reproduced on the following two pages

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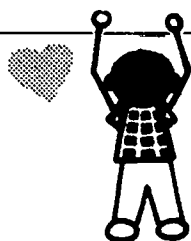
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# Your kids need health care... now you can afford it!

## Child Health Plus



HEALTH PLAN FOR KIDS



Where do  
your kids go  
for health  
care?

Once you select an insurer, you will be given a list of providers near you. The provider may be a single doctor, group practice of several doctors, or community health center. If it is a group practice, you may be asked to choose a doctor for your child. Either way, you will be getting the personal health care that your child deserves!

If you have children under age six, they may be eligible for health benefits under the newly expanded Medicaid program.  
Call 1-800-522-5006 to find out.

Can you qualify even if  
you've been turned  
down for public  
assistance programs in  
the past?

Yes! One has nothing to do with the other. Child Health Plus is available to all New York State residents regardless of their income! Even if you are working, your children may be eligible. Call 1-800-522-5006... and ask!

Call this number and ask about Child Health Plus and other GROWING UP HEALTHY benefits for children and pregnant women. In New York State, call 1-800-522-5006. In New York City, call (212) 230-1111 or (718) 230-1111.



### Participating insurers by region

#### NEW YORK CITY/METROPOLITAN AREA

Bronx	The Bronx Health Plan	(212) 733-4747
	GHI/St. Barnabas	(212) 960-6655
	Empire Blue Cross/Blue Shield	1-800-453-0113
Brooklyn	Health Care Plus	1-800-437-7587
	Empire Blue Cross/Blue Shield	1-800-453-0113
Manhattan	CenterCare	1-800-545-0571
	Empire Blue Cross/Blue Shield	1-800-453-0113
Queens	Health Insurance Plan of Greater NY (HIP)	1-800-HIP-1350
	Empire Blue Cross/Blue Shield	1-800-453-0113
Staten Island	Empire Blue Cross/Blue Shield	1-800-453-0113
Long Island	Health Insurance Plan	1-800-HIP-1350
	Empire Blue Cross/Blue Shield	1-800-453-0113
Westchester	Westchester/Health Source	
	Prepaid Health Services Plan	1-800-FEW-ILLS
	Empire Blue Cross/Blue Shield	1-800-453-0113

#### UPSTATE

Hudson Valley	Community Health Plan/Poughkeepsie	(914) 471-2368
	Empire Blue Cross/Blue Shield	1-800-453-0113
	Blue Shield of Northeastern NY	1-800-888-1238
Capital District	Community Health Plan/Albany	(518) 783-1864
	Community Health Plan/Cooperstown	(607) 547-9244
	Empire Blue Cross/Blue Shield	1-800-453-0113
Central NY	Blue Shield of Northeastern NY	1-800-888-1238
	Blue Cross/Blue Shield of Central New York	1-800-282-0068
Utica	Blue Cross/Blue Shield of Utica/Watertown	1-800-756-3656
Rochester	Blue Cross/Blue Shield of the Rochester Area	1-800-462-6826
Western NY	Blue Cross of Western NY	1-800-544-2583
	Blue Shield of Western NY	(716) 857-6382



You want your kids to get off to a great start in life, and grow up strong and healthy. But this means routine doctors' visits. Immunizations. Emergency care. Medicines. How can you afford all that...especially in tough times? Now there's help.

GROWING UP HEALTHY is a campaign to tell people about programs that help kids and pregnant women. One of these programs is called Child Health Plus.



## What is Child Health Plus?

New York State now has a new health insurance plan for kids, called Child Health Plus. This plan is available through dozens of providers throughout the state. Enrolling in Child Health Plus is easy.

## What benefits can you get for your kids?



All these services will be paid for by Child Health Plus:

- well-child care
- immunizations
- X-rays and lab tests
- outpatient surgery
- prescription drugs (a minimal copayment is required)
- treatment for alcoholism and substance abuse
- physical examinations
- diagnosis and treatment of illness and injury
- emergency care
- short-term therapeutic services (chemotherapy, hemodialysis, radiation therapy, and occupational and physical therapy)

Basically, most of your child's health needs, except for hospitalization, will be covered.



## How can you apply?

Call this toll-free number: 1-800-522-5006, and ask about Child Health Plus and other New York State health programs for kids. If you prefer to call an insurer directly, a list can be found at the end of this brochure. Each one offers health care through many providers. The insurer will send you an application and give you a list of providers in your area.

## Who is eligible?

Children aged 12 and under are eligible if they are not enrolled in Medicaid and have limited or no health insurance. Even if your family income is high, you can enroll your child in Child Health Plus.

## What does it cost?

You might have to pay a small copayment (\$1 - \$3) for prescription drugs. In addition, depending on your gross family income, you may have to pay fees to enroll in Child Health Plus. Find your annual gross household income on the chart below and read the information in that category to see how much, if anything, you will have to pay.



Total number of people in family	Yearly income less than	Yearly income between	Yearly income more than
2	\$14,172	\$14,173 - 19,714	\$19,715
3	17,779	17,780 - 24,731	24,732
4	21,386	21,387 - 29,748	29,749
5	24,993	24,994 - 34,765	34,766
6	28,600	28,601 - 39,782	39,783
7	32,207	32,208 - 44,800	44,801
8	35,814	35,815 - 49,817	49,818

For each extra person, add:

\$3,607

\$5,017

Fees:

None.

\$25 per child per year, maximum \$100 per family

Full premium\*

\*The full premium will vary, depending on the insurer selected. It is usually between \$500 - \$600, which is probably much less than you would pay for private insurance. You may also have to pay a small copayment (usually \$5 or less) per visit.

## APPENDIX C

### Resources

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#### ***AIDS***

**New York State AIDS Health Insurance Program**  
Contact your local department of social services for more information.

#### ***AIDS Prescription Drug Assistance Program***

New York State Department of Health  
AIDS Institute  
P.O. Box 2052 Empire Station  
Albany, NY 12220-0052  
(800) 542-2437

#### ***Child Health Insurance***

**New York State Child Health Plus Program**  
Healthy Baby Hot Line  
(800) 522-5006

#### ***Health Maintenance Organizations (HMOs)***

**New York State Health Maintenance Organization Conference**  
1201 Troy-Schenectady Road  
Latham, NY 12110  
(518) 783-6866

#### ***Insurance Complaints and Questions***

**New York State Insurance Department  
Consumer Services Bureau**  
Agency Building One  
Empire State Plaza  
Albany, NY 12257  
(800) 342-3736

#### ***Medicaid***

Contact your local department of social services for more information.

#### ***Medicare***

Social Security Administration  
(800) 772-1213

#### ***Prescription Drugs***

**Elderly Pharmaceutical Insurance Coverage Program (EPIC)**  
P.O. Box 15018  
Albany, NY 12214-5527  
(800) 332-3742

#### ***Health Insurance Companies***

##### **Quotesmith**

(800) 556-9393

For a small fee, this service will compile a list of 25 to 50 health insurance policies that match your specifications.

For information on other private health insurance coverage, look under "Insurance" in the yellow pages of your telephone directory. You will find the telephone numbers for commercial insurance companies or not-for-profit companies.

New York State Education Department  
Albany, New York 12230