Health Insurance: The Basics



Provided by the Insurance Education Institute

Procedure/Lecture Outline

- 1) Guide students through the Power Point presentation (link)
 - a. Supplementary and Transitional Insurance
 - i. The federal Government has established two programs for people who are between jobs, lose a job, lose insurance due to death, or lose insurance because of a divorce
 - 1. Consolidated Omnibus Budget Reduction Act
 - a. (COBRA)
 - 2. Health Insurance Portability and Accountability Act
 - a. (HIPAA)
 - b. COBRA
 - i. Gives employees the right to continue their group coverage at their own expense for 18-26 months
 - ii. You can quality if...
 - 1. If you leave your job or are terminated
 - 2. If you are divorced from the covered employee
 - 3. If your work hours are reduced below minimum requirements
 - 4. If you are eligible for Medicare
 - 5. If you become disabled
 - 6. If the covered employee dies
 - iii. You must pay your share and the employer's share of the premiums plus an administrative fee
 - iv. If your former employee goes out of business your plan can be terminated
 - v. COBRA can be very complicated so you have to keep up to date with the rules and regulations
 - c. HIPAA
 - i. The "portability" law
 - ii. Protects health insurance coverage for workers and their families when they change or lose their jobs
 - iii. Unlike COBRA, you do not take your previous health insurance policy with you
 - iv. Your eligibility of insurability transfers
 - d. Government-provided health insurance
 - i. A healthy population is a benefit to society
 - ii. The government provides health insurance for citizens it deems most in need
 - iii. "Entitlement Programs"
 - 1. Medicaid
 - 2. Medicare
 - iv. Medicaid
 - 1. Became law in 1963 under the Social Security Act
 - 2. Provides medical assistance for eligible individuals and families with low incomes and resources

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- 3. Varies widely from state to state because each state establishes their own guidelines
- v. Medicare
 - 1. The nation's largest health insurance program
 - 2. Covers 39 million Americans
 - 3. The largest group covered by Medicare is people over the age 65

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- 4. Two types of Plans
 - a. Type A:
 - i. Covers a percentage of hospital bills
 - ii. Free to anyone who has worked 10 years in Medicare-covered employment
 - b. Type B:
 - i. Covers non-hospital expenses
 - ii. Charges a small monthly premium
 - c. You must pay a deductible and a co-payment for each
 - d. Also provides care for people with disabilities
- e. Healthcare problems in the United States
 - i. The United States provides the highest quality health care in the world
 - ii. Despite breakthroughs in medicine, the healthcare system continues to be a source of great frustration
 - 1. Rising healthcare costs
 - 2. Large number of uninsured people
 - 3. Uneven quality of medical care
 - 4. Considerable waste and inefficiency
 - iii. Rising Healthcare Costs
 - 1. Factors accounting for the increase
 - a. Rising hospital costs
 - i. Due to expensive technology, high labor costs due to shortage of nurses and consolidation of hospitals
 - b. Rising prescription drug costs
 - c. New technology
 - d. Physician cost trends
 - i. Due to increased use of specialists
 - e. Cost shifting by Medicare and Medicaid
 - i. Private patients have to pay more to cover costs of other patients that these programs do not cover
 - f. State mandated benefits
 - i. States mandate that insurers must provide certain benefit
 - g. Higher administrative costs
 - i. Includes customer service, information technology, and medical management costs
 - h. Uninsured patients, healthcare fraud and abuse of the system

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Procedure/Lecture Outline (Page 3)

- iv. Large Number of Uninsured Persons
 - 1. An estimated 15 percent of the population does not have health insurance
- v. Uneven Quality of Medical Care
 - 1. Medical care varies widely depending on the physician, geographic location, and the type of disease being treated
- vi. Waste and Inefficiency
 - 1. The administrative costs of delivering health insurance benefits are excessively high
 - a. Large amounts of paperwork
 - b. Claims forms are not uniform
 - c. Defensive medicine by physicians results in unnecessary tests and procedures

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