

Adrift in the Insurance Sea



Navigating
Healthcare
Options

for Young Adults in the

Real
World
by Eva Chin-Li

A person with thalassemia needs to have adequate medical coverage in order to receive optimal treatment. Without such coverage, medical bills can pile up very quickly.

When you graduate from high school and are entering the “real world,” you may no longer be considered a dependant of your parents; therefore, your parents’ health insurance may no longer cover you.

If you are approaching the end of existing coverage, it is important to have a plan in place **before** that coverage ends. To avoid a gap in coverage, you need to investigate what health insurance options will best meet your needs. You can contact your current case manager, a social worker at your treatment center or the Cooley’s Anemia Foundation to help investigate and understand your options, including programs you may be eligible for in your state.



Options to investigate include:



- continuing under your parents' health insurance plan;
- participating in an insurance plan offered through your state (Medicaid/Medicare) if you meet specific criteria; or
- obtaining personal insurance (an individual policy or a policy obtained through an employer).

Continuing Parental Insurance

Before you turn 18, you should check with your parents' insurance plan to find out at what age the current coverage will terminate. Find out if there are any circumstances under which the insurance can be extended. Some insurance plans will continue coverage for children if they are full-time college students until age 22 - or sometimes even longer.

Medicaid/Medicare

Medicaid and Medicare are government programs that provide medical benefits to low-income and/or disabled people. Eligibility requirements vary by each state. To find out more information on your specific state's Medicaid and Medicare program, visit the US Health and Human Services website: www.cms.hhs.gov.

Personal Insurance

Personal insurance can be obtained either through an employer or through buying an individual policy. Some employers may impose a waiting period (varying anywhere from 3 months to 1 year) before enrolling employees in the company's health insurance program.



If you plan to receive health coverage from your employer, you should find out if you have a choice of insurance plans, so that you can choose the most comprehensive coverage.

Ask your employee benefit office for the names of the insurance companies, as well as the type(s) of policy. Once you know this, you will want to get the following information:

IMPORTANT QUESTIONS TO ASK ABOUT POTENTIAL INSURANCE POLICIES

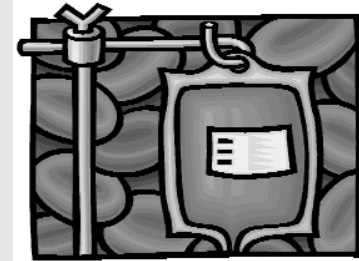


Does the policy cover thalassemia and any other health issues you may have?

Ask the insurance agent if the services, medical supplies and durable medical equipment you need are covered.

Does the policy cover blood transfusions?

Check the medical benefit section of your insurance policy and the covered outpatient procedure category to make sure that blood transfusions are covered.



Does the policy cover the prescription drugs and treatments you need?

Some policies will limit the amount of prescription/treatment coverage. Find out if there is any limit on prescription drugs and treatments.

Is there a waiting period for preexisting conditions before thalassemia-related services will be paid for?

This will be important for you in order to plan how you will pay for the services you need during the waiting period.

Does your policy cover injectibles, infusions and blood products?

Some policies will cover prescription drugs but will not cover injectible prescription drugs. Some policies cover the administration of blood and blood products, and some do not. Make sure you ask specifically if the policy covers your injectibles, infusions, and blood/blood products.

Does the policy allow you to use both an "in-network" provider, physician, and pharmacy and an "out-of-network" provider, physician, and pharmacy?

Some policies have what they call in-network and out-of-network providers. In-network providers or physicians make cost-saving contracts with the insurance company, which in turn saves you money. If you use a provider or physician outside this group (out-of-network), then you may be responsible for most (or all) costs.

Does their specialty pharmacy have experience providing services to people with thalassemia?

Sometimes service providers don't even know how to spell thalassemia or know how serious it is. They just process your claim in the most cost-efficient manner.

Does the policy have a lifetime maximum amount (a "cap")? If so, how much is it?

You need to ask, "Will the lifetime maximum cover you for a reasonable amount of time?" Some insurance policies have no lifetime maximum, but others have a limited amount they will pay out during the lifetime of the policy. These maximums usually range from \$500,000 to \$5,000,000.

Are your prescriptions/treatments charged to a prescription drug plan?

What is the annual maximum (or "cap") for your prescriptions/treatments, or are your prescriptions/treatments charged to the major medical part of your policy plan? Often when the prescription/treatment is charged to a prescription drug plan, the costs do not count against the annual limit or lifetime maximum. If the prescription/treatment is charged against your major medical, then it will count against your allowable lifetime maximum amount of coverage.



Does the policy have a deductible? How much?

The deductible is the amount of money you pay in costs before the policy starts paying the claims.

Does the policy have an "out-of-pocket" amount?

The out-of-pocket means the amount you have to pay in co-payments before your insurance covers the cost 100%.

Ask the company or your employer to send you a policy for your files so you can read the contract you have with them.

Make sure you keep a copy of the policy with your important papers. Read and highlight the sections that apply to your condition and treatment.

You should consider all health coverage options before making a decision. Although this process may seem overwhelming, it is important that you do NOT wait until your coverage ends to begin researching alternative health coverage. **The key to making a smooth transition is to plan ahead, learn what your options are and take action.**

For additional help you can contact the Patient Services Department at the Cooley's Anemia Foundation: **800-522-7222 or info@cooleysanemia.org**.