

The Daily Union Article  
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Title: "Making Sense of Health Insurance"

When you pay insurance premiums, have you ever said to yourself "Why do I keep paying this bill every month? Expensive!" You are right, many insurance premiums do seem expensive, but to NOT have the insurance coverage when you need it, is even more expensive!

If you are like many Americans, you continue to work past retirement or in a job that may not be a great fit for you because you need the health insurance coverage. To pay the full premium on your own can be significantly more expensive than the employee portion from your employer's plan.

Like other forms of insurance, health insurance is designed to protect you from the high costs associated with health care and the related financial risks that can result. For example, perhaps you have been battling ongoing sore throats and your doctor recommends having a tonsillectomy. The cost of getting your tonsils removed averages \$5442 according to Blue Cross Blue Shield of North Carolina. If you were to break that down into 12 monthly payments (to compare to your monthly health insurance premium), it would figure out to be \$453.50 per month. That's just for one procedure.

How much does a doctor's visit cost if you have no insurance and do not qualify for low income assistance? According to my insurance claim summary form, my doctor submitted a bill of \$175 for a regular visit. My co-pay (what I was responsible once insurance paid) was only \$30. I rarely get by with only one visit to the doctor per year, making the copay a lot more manageable than the entire fee.

Next, consider how much it could cost you if you didn't go to the doctor regularly. There's a cost to that, too! My dad didn't get regular check-ups for most of his adult life. Because of that, his heart disease was left undetected and, when he spent weeks in the hospital following a severe heart attack, the bill came to more than \$168,000 for all the life-saving interventions, general medical care and medications he needed. Luckily, he had very good health insurance! Bottom line, health insurance kept my family from financial ruin more than once in our lives. When you are sick, injured and require the services of a doctor, clinic, hospital, or rehabilitation service, health insurance can help you bare the expense of those services.

If you don't have health insurance through your employer or through one of the public programs such as Medicare, KanCare, TRICARE, VA, or Indian Health Service, you can purchase a plan in the private market from an insurance company or agent. You may also shop for it on the health insurance marketplace at [healthcare.gov](https://www.healthcare.gov). Regardless of where you get coverage, it's important to enroll in a health insurance plan.

Generally speaking, everyone is required to have health insurance (with some exceptions.) To encourage enrollment in a health insurance plan, there is a fine assessed if you don't have insurance coverage. If you already have insurance from a private policy or through your employer, you should have received an IRS form 1095-B as proof of you having health insurance in 2018. This form will serve as your evidence of coverage should you need it to avoid a fine.

One important consumer protection is that health insurers cannot deny coverage to anyone who wants to purchase a policy from them. Even if you have a pre-existing condition, an insurer cannot turn you down for any (nonfinancial) reason. Another is that you cannot lose your insurance simply because you are sick. If premiums are paid on time, all policies are guaranteed to be renewed.

Having a maximum annual or lifetime limit on coverage of essential benefits is a thing of the past and today's policies must provide coverage of a range of essential benefits, including preventative services.

Finally, there are limits on how much insurance can cost and how much premium costs can rise from year-to-year.

When you shop for health insurance, be aware that all policies are required to cover what are referred to as "10 essential health benefits." These benefits are the types of services covered by most large employer policies.

Rather than benefits, these are technically items or services within 10 categories:

- Outpatient care
- Trips to the emergency room
- Hospitalization
- Care before and after a baby is born
- Mental health and substance use disorder services
- Prescription drugs
- Services and devices to help you recover if you are injured or have a disability or chronic condition
- Lab tests
- Preventative and wellness services and care for managing a chronic disease
- Pediatric services for children under age 19, including vision and dental care (though these may not be covered in all policies offered by the insurer, they will be covered in some of the policies.)

Policies can cover more than these essential items or services, but policies typically do not cover every type of medical care.

What if you haven't needed to use your health insurance? Does that mean you shouldn't enroll in a plan? No. It simply means you have the great fortune of having

good health. Premiums must be paid whether or not you use your insurance. Remember, the purpose for health insurance is to protect yourself from expensive bills and financial risk.

Health insurance can be confusing, but that should not scare you off from making sure you have coverage. Having a health insurance policy can help lessen the worry about large medical bills and protect you from possible financial ruin. For more information about general health insurance, contact me at the Geary County K-State Research and Extension office at 785-238-4161. Until next time, keep living resourcefully!