



FALL 2021

# CUNY GUIDE TO HEALTH INSURANCE AND HEALTHCARE

Everything students need to know about  
finding and using affordable health  
insurance and healthcare

**CUNY**  
**SPH** GRADUATE SCHOOL OF  
PUBLIC HEALTH & HEALTH POLICY

**Healthy**  
**CUNY**  
promoting health  
for academic success

# WHY GET HEALTH INSURANCE?

In these days when so many of us face trouble affording housing, food, tuition, and other daily expenses, it is understandable that some CUNY students might consider having health insurance and a regular provider of care as an unaffordable luxury. But going without health insurance has its own risks – not being able to get care when you need it, facing costs that can drive you into debt or bankruptcy, or being forced to go to a provider you don't know or trust. And not having a regular doctor or other provider means delays in getting help when you need it and avoiding more serious illness. This guide will help you learn how to choose the best insurance for you, find a doctor or health care provider, use your insurance wisely, and advocate for your rights. No one should have to choose between medical bills and their health.



# PROTECT YOUR HEALTH

“

*Shopping for a doctor is not the same as shopping for groceries. I am not looking for a bargain. I am looking to ensure my health and safety is in the best hands.*

”

# HOW TO GET HEALTH INSURANCE

## Step 1: Figure out what you need

### How much can you afford per month?

The monthly cost that you pay up front is called the *premium*. This is a set fee that you will have to pay regardless of how much insurance you use. Plans for low-income students including Medicaid and the Essential plan may have no premium to help you with costs.

#### PREMIUM

The monthly fee you pay for health insurance

### How much care do you think you will use?

Out-of-pocket costs you pay when you use services include *deductibles*, *copayments* and *coinsurance*. These costs vary based on your plan and the service you are using. If you think you will need a lot of healthcare, a plan with higher monthly payments but a lower deductible may save you money.

#### DEDUCTIBLE

The amount you pay for services before your insurance plan starts to cover costs.

#### COPAYMENT

A fixed amount you pay for specific services.

#### COINSURANCE

A percentage of the total cost that you pay for services.

### What services do you want access to?

All plans have standard *covered services* including preventative care, mental health and emergency care. Some plans cover additional services such as dental, vision and birth control. Take a look at the list of covered services to find the plan that covers what you need.

#### COVERED SERVICES

The types services and supplies that your insurance will pay for.

### Are there specific doctors you want to see?

Each plan has its own *network* of providers to perform services. If it is important for you to see a specific doctor, make sure they are within your network. You can also ask your doctors which insurance plans they accept.

#### NETWORK

The facilities, doctors and other providers that your plan contracts with to provide services at discounted rates.

## Step 2: Choose a plan and provider

Now that you know what you need, you can choose the right plan to deliver those services. Below are some of the main options available to New York residents

Plan	Qualifications	Benefits	Eligible Immigrants
<u>New York State Essential Plan</u> <i>Free or low-cost insurance for low income adults who do not qualify for Medicaid</i>	<ul style="list-style-type: none"> <li>- New York State resident</li> <li>- Meet annual income levels (ex: \$25,760 annually for individual)</li> <li>- 19-64 years old</li> </ul>	<ul style="list-style-type: none"> <li>- No monthly premiums</li> <li>- Low or no cost services</li> <li>- All essential services covered</li> </ul>	<ul style="list-style-type: none"> <li>- Qualified immigrants (No 5 year ban)</li> <li>- PRUCOL, including DACA</li> <li>- All pregnant women, including undocumented women</li> <li>- Certain temporary residents (e.g. student with valid visa)</li> </ul>
<u>New York State Qualified Health Plan (QHP)</u> <i>Private insurance plans offered on the NY State of Health Marketplace</i>	<ul style="list-style-type: none"> <li>- NYS resident</li> <li>- Social Security number</li> </ul>	<ul style="list-style-type: none"> <li>- Options of different companies</li> <li>- Many different plans available</li> <li>- Access to financial help to pay for services</li> <li>- Guaranteed to cover the 10 essential health services</li> </ul>	<ul style="list-style-type: none"> <li>- Lawfully present immigrants, which includes most qualified immigrants and most PRUCOLs (not DACA)</li> </ul>
<u>Medicaid</u> <i>Free health insurance for low-income adults and their families</i>	<ul style="list-style-type: none"> <li>- <u>Low-income</u> (\$17,775 per year for single adults)</li> <li>- If your medical bills are higher than your income</li> <li>- If you are pregnant</li> <li>- If you are disabled</li> </ul>	<ul style="list-style-type: none"> <li>- No or low-cost</li> <li>- All essential services covered</li> </ul>	<ul style="list-style-type: none"> <li>- Qualified immigrants (No 5 year ban)</li> <li>- PRUCOL, including DACA</li> <li>- All pregnant women, including undocumented women</li> <li>- Certain temporary residents (e.g. student with valid visa)</li> </ul>
<u>NYC Care</u> <i>Low or no-cost health care services for those that do not qualify for insurance</i>	<ul style="list-style-type: none"> <li>- If you do not qualify for health insurance</li> <li>- If you cannot afford health insurance</li> </ul>	<ul style="list-style-type: none"> <li>- Low or no-cost coverage</li> <li>- Services provided by NYC Health + Hospitals network</li> <li>- All essential services provided</li> </ul>	<ul style="list-style-type: none"> <li>- No Social Security number required</li> <li>- No restrictions based on immigration status</li> </ul>
<u>Child Health Plus (CHP)</u> <i>Free or low-cost insurance for children under 19 years old</i>	<ul style="list-style-type: none"> <li>- NYS resident</li> <li>- No income requirements</li> <li>- Must be under 19 years old</li> </ul>	<ul style="list-style-type: none"> <li>- All children guaranteed coverage</li> <li>- Choice of providers</li> <li>- Sliding scale of cost based on <u>income</u></li> </ul>	<ul style="list-style-type: none"> <li>- No restrictions based on immigration status</li> <li>- Undocumented children accepted</li> </ul>

Source: New York City Human Resources Department. (2016). Guide to Health Insurance and Health Care Services for Immigrants in New York City. <https://www1.nyc.gov/assets/ochia/downloads/pdf/guide-to-health-insurance-for-immigrants.pdf>

## Comparing Plans

When looking for health insurance, you will often see plan information listed this way. Here is a sample plan from the New York State Health Exchange with some of the key details to look for and what it will mean for your healthcare coverage.

The screenshot shows a Healthfirst insurance plan page. The plan is titled "Healthfirst Bronze Leaf, ST3PCP, INN, Pediatric Dental, Dep25, Fitness & Wellness Rewards". Key details are highlighted with colored boxes: Price Per Month (\$457.26), Maximum Out of Pocket (\$8,550 / \$8550 per person | \$17100), Out-of-Network Coverage (No), Deductible (\$4,700 / \$4700 per person | \$9400 per group), and a Design section describing the plan's coverage.

Price Per Month	\$457.26	Metal	Bronze	Overall Quality Rating	★★★★☆ <a href="#">Quality Details</a>
Maximum Out of Pocket	\$8,550 / \$8550 per person   \$17100	Out-of-Network Coverage	No	Allows Health Savings Account	No
Plan Id	91237NY0020003	Persons Covered	Individual	Deductible	\$4,700 / \$4700 per person   \$9400 per group

**Design** Healthfirst Leaf Plans are health insurance plans that offer complete coverage, including: telemedicine (24/7 communication with a participating provider), preventive and annual check-ups, prescription drugs, and more. All Healthfirst Leaf Plans include access to a large network of thousands of providers. No referrals required for: specialists, obstetric and gynecologic services, chiropractic services, outpatient mental health and substance abuse services, retail health services, pediatric dental care, pediatric vision care (except from an ophthalmologist).

- The **premium** will be what you pay each month regardless of what services you use.
- The **maximum out of pocket** is the most you could possibly pay in a year for services you use. Low maximums will protect you in the case of a catastrophic injury or accident.
- No **out-of-network coverage** will mean that you have to use providers from within your insurance network. If you choose to use an out-of-network provider you will likely pay higher prices and insurance will not cover it.
- The **deductible** is how much you have to pay for services before insurance starts to cover your bills. A low deductible will mean that your insurance will start helping you cover medical expenses sooner.
- The range of **covered services** will be those that your insurance plan will help you pay for.

## Step 3: Enroll

*Once you have decided what kind of plan you need and which provider you wish to use, your last step is to actually enroll. There are many resources available to help you get signed up.*

The first place to go is the **New York State Marketplace**. The Marketplace has easy tools for comparing plans, finding estimates, and getting signed up. You can fill out one simple application and it will let you know which plan you qualify for.

There are many organizations out there that can help walk you through the enrollment process. **Insurance Navigators** provide enrollment assistance to individuals, families, small businesses and their employees who would like help applying for health insurance through the Marketplace. **Certified Application Counselors and Brokers** are licensed individuals and companies that can get you signed up for the plan that is right for you.

Many CUNY campuses partner with the **Office of Citywide Health Insurance Access (OCHIA)** to bring enrollment assistance to their campuses and students. You can go to your **campus health services** office for more information.

**Community Based Organizations** in your area can help connect you to services. There are different organizations in all areas of New York City.

**Health Insurance Link** has a collection of resources to help New Yorkers find coverage in the city.

### Links to Resources

[Campus Health Services](#)

[New York State Marketplace](#)

[Counselors and Brokers in your area](#)

[List of Community Based Organization](#)

[Health Insurance Link](#)

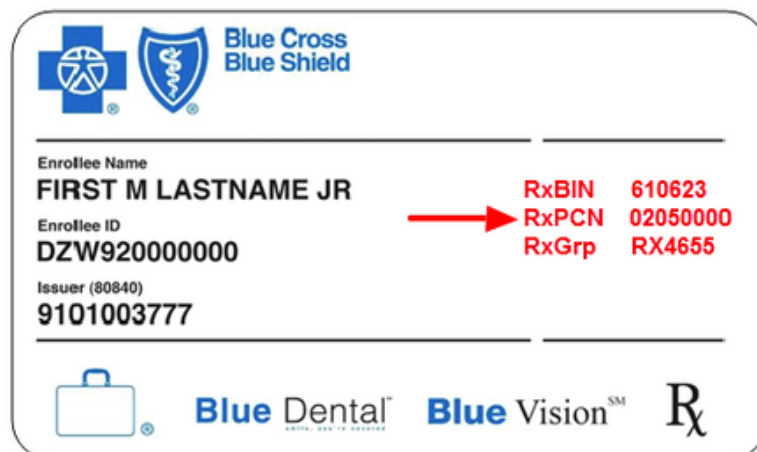
# UTILIZING YOUR INSURANCE

*Choosing the right health insurance plan is hard but figuring out how to use it can also be a challenge. Each plan is unique, so it is important to find out how your specific plan works. The best way to do this is by calling your plan's customer service line and asking the right questions. You can also usually access the information by checking your health plan's website or welcome manual. This section will discuss some general ways to start using your health plan*

## Filling Prescriptions

After your appointment you may be prescribed medication. It will either be written on paper, which you take to your local pharmacy, or sent electronically to the pharmacy of your choosing. Choose a pharmacy that is convenient and accepts your health insurance. To do this you can check your health plan's website, call your plan's customer service line, or ask your local pharmacy if they accept your plan.

When you go to pick up your prescription, your pharmacy will also ask for your Rx insurance card, which is separate from your health insurance card. The most noticeable difference is that the letters 'Rx' is usually found somewhere on the card. Here is an example of what that looks like:





## Finding a provider

Choosing the right provider can often be intimidating especially when there are so many to choose from. To help ease this process, most health insurance plans will provide a directory for in-network providers or providers in your area that accept your plan. An alternative approach would be to call up a provider's office of your liking and ask them directly if they accept your health insurance.

### Who are you looking for?



#### Primary Care

Family doctors, internists,  
OB-GYNs, pediatricians



#### Specialty Care

Dermatologists,  
cardiologists, oncologists,  
more



#### Medical Groups

Small practices or large  
organizations of doctors

Always remember to bring your insurance card to your appointment. The provider's office will usually request it on your first visit to verify your eligibility and to find out if you have any copays, deductibles, or any other patient responsibilities. Here is an example of what your insurance card will look like:



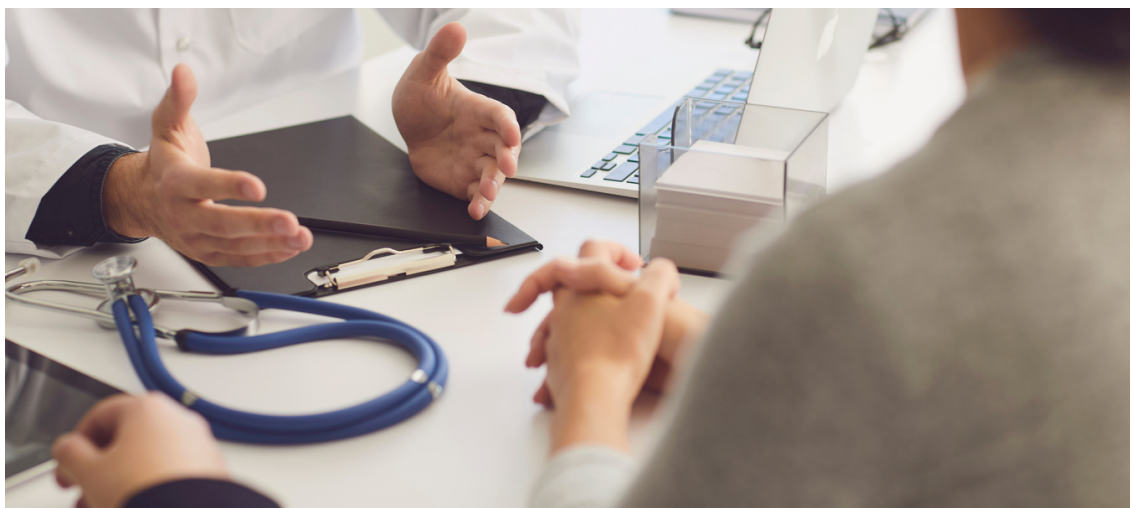
## Types of providers

Providers are categorized as either a primary care provider (PCP) or a specialist. Your PCP is usually the doctor you go to for all of your general health concerns. They will determine whether it is necessary to seek more specialized care from a specialist. In fact, some plans require you to see your PCP first to get a referral for the specialist.

A specialist is a doctor that has advanced training in a specific branch of medicine. Specialists such as Dermatologists, Cardiologists and Endocrinologists provide care for specific conditions, injuries or illnesses. It is generally a best practice to find a primary care provider prior to choosing a specialist.

## In-Network vs. Out-of-Network Services

As mentioned earlier, most health plans have a network of providers they contract with to provide services to their members. When you use a provider that is not in your plan's network, otherwise known as out-of-network providers, the billing process is slightly different. The provider will still send the bill to your insurance company, but your health plan may only cover a portion of the bill. You will then be responsible for any remaining balances your insurance did not cover. This is usually much more than for in-network providers.



# YOU'VE GOT QUESTIONS WE'VE GOT ANSWERS

## What do I do if I'm billed incorrectly?

If you believe that you are being wrongly billed for any services, you can personally follow up on the claim. This can be done by contacting your health plan's customer service or billing department and asking questions about the bill. It would be helpful to request a denied EOB (explanation of benefits) for the appeal process. Most health plans also have an appeal process for any denied claims, but this is usually directly handled by the health plan. To avoid any denied claims, it would be helpful to verify what services are covered, what doctors are in your network, and any limits to your benefits with your health plan.

### Where to go for help

The following organizations may be able to assist if your claim is denied or you are wrongfully billed.

Patient Advocate Foundation  
(800) 532-5274

Community Health Advocates  
888) 614-5400

Legal Aid Society (888) 663-6880  
New York State of Health  
(855) 355-5777

## Does billing come from my doctor or my insurance?

The process of billing usually takes place between the provider and the health plan. Once you make an appointment with the provider, they will contact the health plan to confirm that the plan will cover your medical expenses. They will also try to find out if any services will require a prior authorization or a pre-certification, which is just a prior approval for the service.

The day of the appointment, your doctor will charge you for any out-of-pocket expenses, like your copayments or coinsurance.

Following your appointment, the provider will send the bill for the services rendered to the insurance company. This bill is referred to as a claim. The health plan will pay the claim, as long as the service is deemed medically necessary. The payments will be sent directly to the provider. If you received services that are not covered by your plan, you would receive a bill for any remaining balances.

## HOW CAN HEALTH INSURANCE INFLUENCE MY ACADEMIC SUCCESS?

Having health insurance can be a deciding factor in your academic success. Some uninsured individuals end up dropping out of school because they need to spend their tuition money on unexpected medical bills or end up experiencing food or housing insecurity as a result of high medical bills. In addition, delaying or not getting care could worsen illnesses that could be prevented with routine care. Having health insurance enables CUNY students to get help for depression, anxiety and other psychological conditions; birth control, prenatal care or abortion services; and ongoing treatment for asthma and diabetes, common health problems that can undermine academic success.

Having health insurance for your family can save you from worrying about paying for health care for your children, siblings, or parents. Having good health insurance can also reduce the need for work, as one CUNY student explained in the April 2020 Healthy CUNY Survey. "The only reason I have my job while I'm in grad school," said this student, "is for the health insurance. I'd love nothing more than to have good coverage through CUNY so I can work a job I want to work, and get off my current healthcare! Plus, it's expensive for me."

## WHY DO I NEED A PRIMARY CARE PROVIDER?

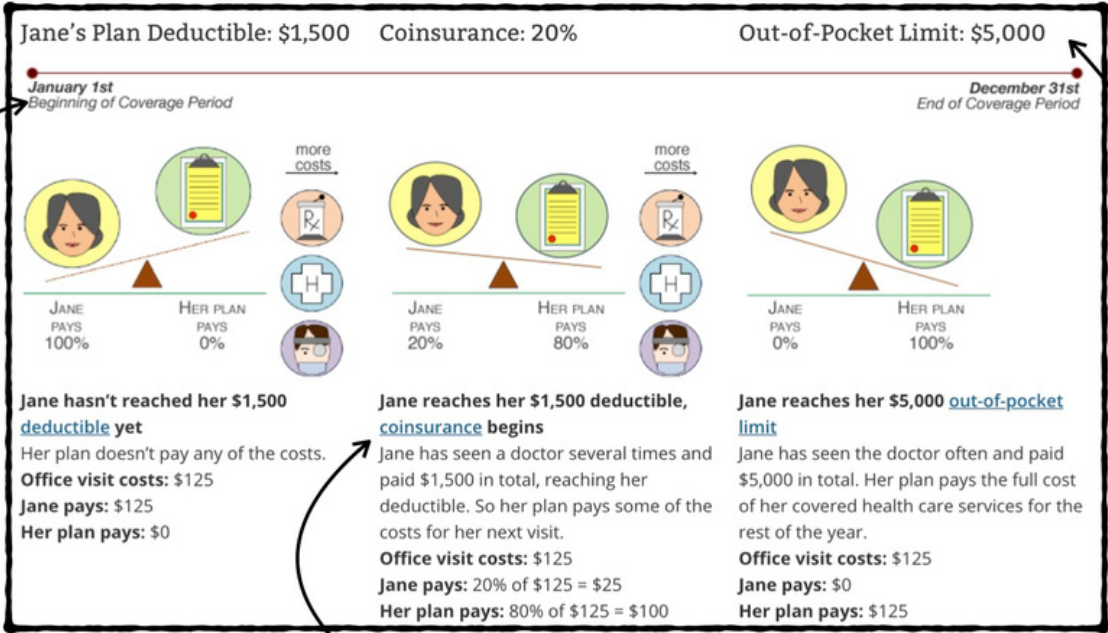
A primary care provider (PCP) can be a doctor, nurse practitioner or physician's assistant that is the first point of contact for your medical questions and needs. PCPs offer annual checkups, screen for major health conditions, help manage chronic conditions, and refer you to specialist care as needed. Finding and building a relationship with a PCP and scheduling regular visits is an important part of protecting your health. PCPs can ensure your vaccinations are up to date, run needed blood tests, check blood pressure, provide routine sexual and reproductive health care, and first level treatment for psychological problems. Having a regular PCP that you know and trust saves you from having to repeat your medical history at every visit and ensures that your care will be coordinated and meet your specific needs.

Having a PCP can also save you money. Most insurance companies require you to select a PCP and are more likely to fully cover these visits, unlike hospital, emergency room, urgent care, or specialist care, which often require you to make some level of out-of-pocket payments.

# HOW DOES A DEDUCTIBLE WORK?

The deductible can be one of the trickiest parts of health insurance. Take a look for tips on how to navigate it.

## How does the deductible actually work?



TIP: Your deductible restarts at the end of each plan year. This means you will have to reach that spending threshold each year before coinsurance kicks in.

TIP: If you think you will use a lot of healthcare services, choose a plan with a low deductible so that your coinsurance kicks in sooner.

TIP: Your out-of-pocket limit might seem like a lot, but it can be reached quickly if you have a serious medical condition.

# KEY TERMS EXPLAINED

*You will see these terms on any health insurance plan you pick. Get to know them here so you can make an informed decision.*

## PREMIUM

The fixed monthly cost you pay for health insurance.

## DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself.

## CO-PAYMENT

A copay is a set amount you pay each time you use specific medical service

## CO-INSURANCE

The percentage of costs your insurance company will pay for services once you have reached your deductible.

## COVERED SERVICES

All of the health care services and supplies that your plan will help to pay for.

## NETWORK

Your plan contracts with certain facilities, doctors and other providers to provide members with services. Those providers are called in-network and it usually costs less to see them. All other providers are out-of-network and it usually costs more to see them.

## OUT-OF-POCKET MAXIMUM

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

# MAKE HEALTH INSURANCE WORK FOR YOU

There are many approaches to health insurance that are right for different CUNY students. Whether you need a low deductible, a large network of specialists, or subsidized premiums, there is a plan that is right for you. Even on a college student budget, there are affordable ways to get covered and keep yourself healthy. Whatever you choose, it is important to find the plan that helps you access preventative care and protects you in case of severe injury or illness. Health insurance helps you maintain the good health that is vital for academic success and a fulfilling college experience



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