



Understanding Health Insurance



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What is health insurance?

A plan people purchase for coverage on medical expenses (such as doctor appointments, hospital stays, medications).



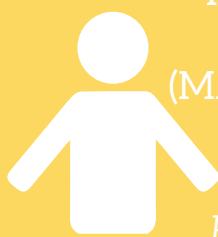
In the US, kids may remain on their parents plan until age 26.

There are different ways to purchase health insurance. The costs and benefits vary for each type. The options depend on health needs, age, and job status.



EMPLOYER PLANS

Private Insurance



INDIVIDUAL POLICY (MARKETPLACE)

Private Insurance



STATE SPONSORED MEDICAID

Public Insurance

What kind of insurance do you have?



What type of plan do you have?

The five most common types of plans are Health maintenance organizations (HMOs), Preferred provider organizations (PPOs), Exclusive provider organizations (EPOs), Point-of-service (POS) plans, and High-deductible health plans (HDHPs), which may be linked to health savings accounts (HSAs).

These plans determine premiums, deductibles, co-pays, and in-network doctors that one is able to see.



IMPORTANT TERMS

Premium: the monthly cost for insurance

Deductible: amount one must pay before insurance covers care

Copay: a flat fee that one must pay when one receives care

Coinurance: when one pays a percent of the charges for care, this may count towards a deductible

In-Network: providers the health insurer has contracted rates with to deliver services

Out-of-Network: Providers that do not contract with insurance plan and can charge their full rate. Some plans offer out-of-network benefits, meaning they will cover some of the costs, but you may have to pay the difference.

Referral: Some plans require a referral from a Primary Care Provider to see a specialist

Precertification: the process of confirming eligibility

In-network vs. Out-of-network

Almost **half** of the mental health providers in the USA do not accept any insurance. These providers are cash-pay only and are considered "**out-of-network**." In order to get reimbursed from your insurance, you will have to submit a claim, including a **superbill** directly to your insurance carrier. A superbill is similar to a receipt for services, but also includes personal details, dates of service, and diagnosis.

The best place to find a provider that is **in-network** with your specific insurance plan is through your insurance carrier's website. Most companies post an online list of in-network providers. If not, you can also contact their customer support to see if a preferred provider is in-network.

We are here to help you!

Insurance can be confusing, frustrating, stressful, complicated, etc., but you do not have to figure it all out alone! Randy Hoffman, MSW, LCSW, is available for Case Management appointments to discuss your individual concerns and available resources. Email her directly at RAH356@drexel.edu.