

Creative Ways to Get And Keep Insurance!

There are several options for a person to get or keep health insurance. Transplant patients often use a combination of these options to keep insurance throughout the transplant process.

****COBRA****

Extending the insurance coverage of your most recent employer is a great option for continued health care coverage. Because gaps in coverage can cause problems when trying to secure new coverage, it is important for transplant patients to stay insured throughout the transplant process.

WHAT If you become too sick to work and must leave your job, you can continue your employer health insurance for 18-36 months. You usually have **only one opportunity** to choose COBRA. Within 60 days of ending work, you must notify your company that you choose COBRA and you must pay your first premium within 45 days. COBRA payments are usually more expensive. Your payment will include both the portion paid by the employer, you as the employee and a 2% administrative fee.

If Social Security approves you for disability during your 18 months of COBRA, you can qualify for an 11-month extension of benefits. You must notify your employer within 60 days of receiving your disability letter from Social Security.

\$\$\$ Don't give up your insurance because the COBRA premium seems too expensive! Get help for the premium from your friends and family, from the Georgia Transplant Foundation, or Health Insurance Premium Purchase (HIPP), a program that pays health insurance premiums for Medicaid eligible clients.

ENDS COBRA coverage ends if the premium is not paid on time, if you become entitled to Medicare, if your employer withdraws the entire group plan, or if you get coverage under another employer group plan, unless you have a pre-existing condition waiting period.

****Conversion Policy****

Some insurance companies allow you to convert a group policy to an individual policy after COBRA ends. A conversion policy is a full health insurance policy, but by law it can provide different benefits than what you had in your COBRA policy.

****Spouse's Insurance****

Getting insurance through a spouse's employer can be a good solution for insurance coverage. Most times only the patient's spouse is able to get the patient covered on their employer's insurance plan. Ask your family and friends to help with the patient's daily needs so the spouse can return or continue to work so that the patient can have health insurance. This is a very important care-taking role.

****HIPAA****

Transplant patients need to have ongoing insurance even though they have pre-existing conditions. The HIPAA law makes that possible.

WHAT The Health Insurance Portability and Accountability Act (HIPAA) of 1996.

ENSURES *A person eligible for group health insurance coverage cannot be denied or have insurance terminated because of poor health or "pre-existing conditions"

*A person cannot be charged a higher premium than a similar person in the group plan

*Allows up to 12 months exclusion for pre-existing conditions for most people

*A group health insurer is allowed to look back only 6 months for pre-existing conditions

*Exclusion periods may be reduced by the amount of "creditable" health coverage in a prior plan

*COBRA or a spouse's insurance can be use to document creditable coverage.

*This law can only be applied if the new coverage begins without a break in coverage of less than 63 days.

EXAMPLE: John has worked for the ABC Company for eight months and decides to work for XYZ Company. When he leaves ABC, he requests a certificate showing his dates of health insurance with ABC. The new XYZ Company has a 12-month pre-existing clause in its insurance. If John shows his certificate of insurance coverage for eight months at ABC and no more than 63 days have gone by since he was insured with ABC, he will only have a pre-existing period of four months with XYZ.

If John had a certificate from ABC showing that he had insurance with them for 12 months or more, and no more than 63 days had gone by since he was insured with ABC, he would not have a pre-existing period with XYZ.

****High Risk Pool Insurance****

If you have exhausted all options to secure group commercial health insurance, you can contact the state insurance commissioner's office to apply for high-risk pool insurance. You must be able to show creditable coverage without a break of 63 days or more. The insurance commissioner's office will choose the company to provide your health insurance. Call early if you think you may need to apply for this program.

****GOVERNMENT HEALTH BENEFITS****

VA BENEFITS

If you served in the military and have an honorable discharge, you can call 1-800-827-1000 or contact your local VA representative to find out what medical care or pharmacy services you may be eligible to receive at VA medical centers.

MEDICARE

Medicare is health insurance for people over 65 receiving Social Security retirement benefits or people under 65 who qualify for Social Security Disability or ESRD Medicare benefits (end-stage renal disease). Social Security Disability is based on a qualified disability and a steady work history paying into the Social Security system. Medicare is the health insurance available after a person has received 24 disability checks.

Medicare Part A – Hospital Insurance

Medicare Part B - Medical Insurance (Physician, Out-Patient Clinics, Labs, Durable medical Equipment)

Medicare Part C – Advantage Plans (like an HMO or PPO, combines Part A and B and usually Part D)

Medicare Part D – Prescription Drug Coverage

ESRD

ESRD Medicare benefit program is a special program for people with end-stage kidney disease. They qualify for Medicare based on their renal failure in the third month following the month ongoing dialysis begins or the month of admission to the hospital for a kidney transplant. People with end-stage kidney may choose the Medicare benefit only or may also apply for Social Security Disability benefits.

SUPPLEMENTS

Medicare supplements are insurance policies you may buy to cover expenses not paid by Medicare. If you are under 65 and disabled, companies will insure you only at the beginning of your eligibility period. If you are 65, insurance companies are required to sell you a Medicare supplement within 6 months of the start of your Medicare. These policies only cover as a supplement to what is covered by Medicare.

DUAL ELIGIBLE MEDICARE/ MEDICAID BENEFICIARY GROUPS

Medicare recipients whose income is below certain limits may qualify for one of the benefits listed below. You can apply at your county's Department of Family and Children Services:

- ***QMB** **Qualified Medicare Beneficiaries** pays Medicare premiums, deductibles, and coinsurance, except for Part D
- ***SLMB** **Specified Low-Income Medicare Benefits** pays Medicare Part B premiums
- ***QI-1** **Qualifying Individuals** pays Medicare Part B premium
- ***QI-2** **Qualified Disabled Working Individuals** pays Medicare Part A premium

MEDICAID

Medicaid is a joint Federal and State program that helps pay medical costs for individuals who are aged, blind or disabled with limited income and resources. Medicare beneficiaries with Part A and Part B who have limited income and resources may get help paying out of pocket expenses from their State Medication Program. Coverage can include co-insurance, co-payments, deductibles and Medicare premiums.

SSI Disability Medicaid is a health insurance benefit of SSI Disability, which is based on your disability and income & asset limits. SSI Medicaid continues as long as a person qualifies for disability under the Social Security guidelines and meets the income eligibility.

TANF Medicaid is a benefit to low-income families with children when the main wage earner in the family is unemployed or unable to work. Each county Department of Family and Children's Service accepts TANF applications

Medical Assistance Only Also called Medically Needy Medicaid; this program provides Medicaid for short periods. You must show that your health care expenses are out of proportion to your income. There is a spend down amount that you will have to pay. You must be disabled and have income and resources over SSI limits to apply for this program. You can apply for this program at your county Department of Family and Children's Services.

REVIEW PROCESS

When you receive your letter from Social Security telling you that you have qualified for SSDI or SSI or both, you are told when your disability status will be reviewed. Transplantation is successful and your transplant team expects that you will do well. You can expect that when your disability review comes, after your transplant, your liver or kidney or heart or other transplanted organ will be functioning well and you may be considered no longer qualified for disability.

PLAN AHEAD Make a work plan and use options discussed in this brochure to maintain the best insurance coverage possible for yourself.

PHONE NUMBERS AND WEBSITES

GA Insurance Commissioner Consumer Services	1-800-656-2298	www.inscomm.state.ga.us
Social Security Administration	1-800-772-1213	www.ssa.gov
Medicare	1-800-633-4227	www.medicare.gov
Georgia Cares	1-866-552-4464	