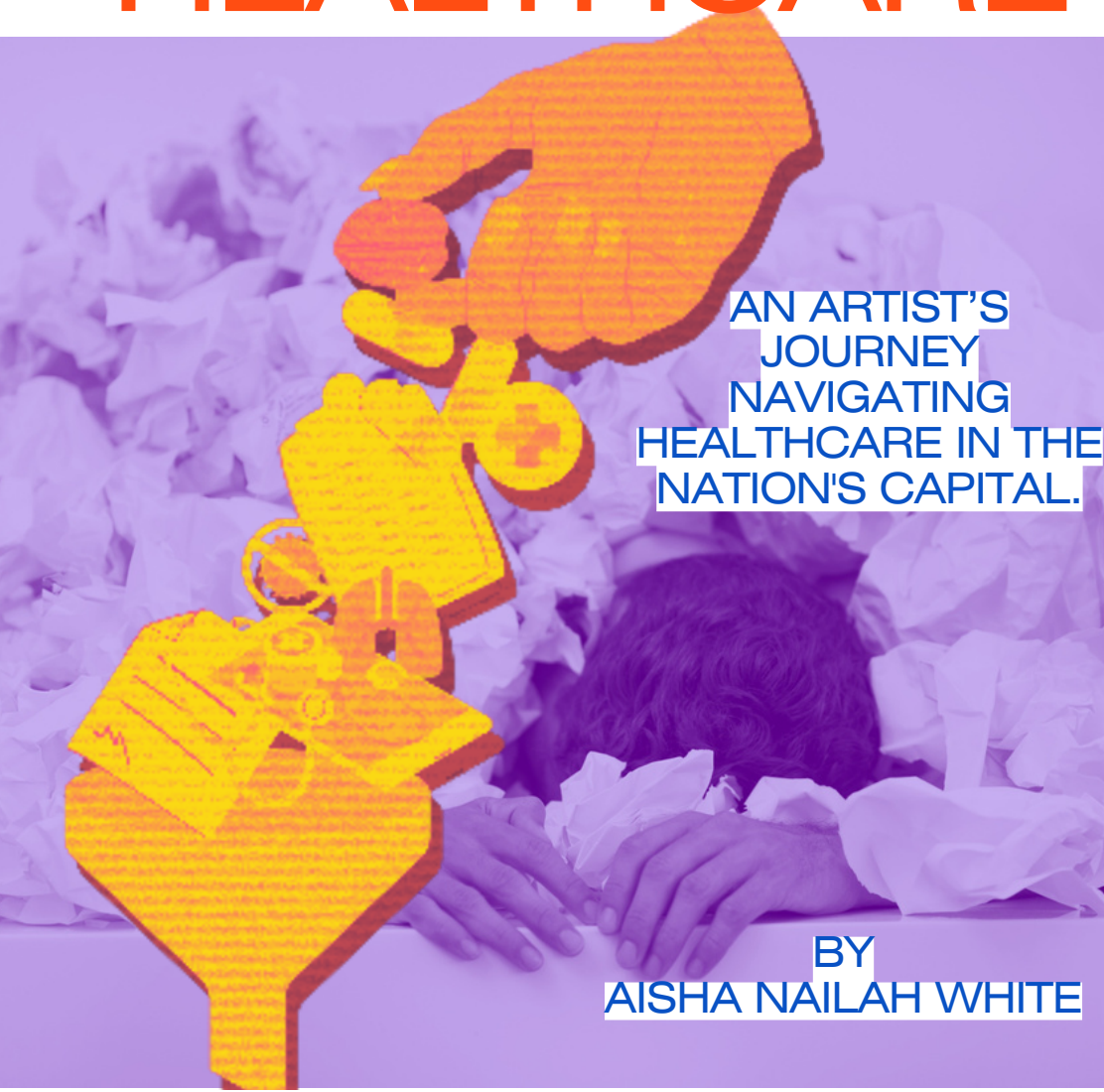
EVERYTHING I LEARNED ABOUT DC HEALTHCARE



AN ARTIST'S JOURNEY NAVIGATING HEALTHCARE IN THE NATION'S CAPITAL.

BY
AISHA NAILAH WHITE

THANK YOU

CREATED IN 2022

Thank you to the team and sponsors that helped make this project possible.

Project Manager: KT Beckman-Gôtrich
Editor : Katy Mullins
Video Panelist: Joel Villalba
Sponsored By :
DC Creative Affairs Office & 202 Creates

This project started as a series of online webinars and talks funded by the Office of Cable Television, Film, Music and Entertainment (OCTFME)! Thank you

***The following information was created by artists for artists, and is a narrative of one personal experience for general information purposes only. Please contact a healthcare professional, Insurance Navigator or tax expert for additional support specialized to your needs.**

"This process is daunting and it's still not something I understand from every angle, but I hope that sharing this information with you helps. I want you to know there are options other than seeking full-time work solely for health insurance."

PRIORITIZE YOUR HEALTH

TABLE OF CONTENTS

One Individual Story Out of Many:
(welcome note & Disclaimer)

In 2020 I jumped ship and began the journey of navigating life as a full-time artist and consultant. My job was causing me so much anxiety that I was constantly sick from stress. I had been tied to my job for a long time because my biggest fear was losing access to healthcare.

After I quit, I also wasn't sure how to transition from my employer-sponsored plan to a marketplace plan outside of the Open Enrollment Period.

This process is daunting and it's still not something I understand from every angle, but I hope that sharing this information with you helps. I want you to know there are options other than seeking full-time work solely for health insurance.

In this Zine, you'll find a fictionalized example of my income and needs, as well as the healthcare plan I selected and why. the goal is to show you how I made my healthcare decisions and why. I recommend taking out a piece of paper and making your own list as you read along.

Check my website for the companion glossary of definitions that I found helpful along the way.

At the end, I have included a list of resources and sources.! Check it out for some deeper reading! A majority of the definitions here were pulled from the DC Healthlink website . Check it out for the most upto date information

The healthcare industry is constantly changing and updated. the following notes are from my experience in 2021 enrolling for healthcare. Check your healthcare portal for latest information or reach out to a healthcare Navigator for support.

Best of luck on your health care journey! I hope this helps along the way.

Thanks and appreciation,
Aisha Nailah White
Nailah Studio

STEP 1. MAKING A LIST OF YOUR HEALTHCARE NEEDS

I have several preexisting health conditions and specialists I see. My biggest concern was losing my therapist, and If I could, I wanted to stay in-network for her and my other doctors. So to begin my process I began making list of my needs.

Before I compiled my list, I asked my current doctors:

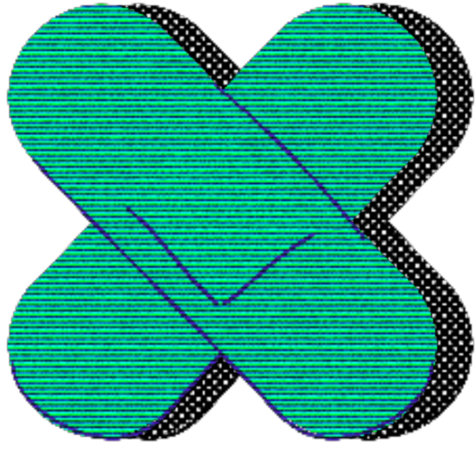
- Do you take Medicaid?
- What insurance networks do you accept?
- Do you provide support with paperwork for out-of-network reimbursements?

Then, I asked myself what type of plan do I need?:

- Just the basics /Just-in-case coverage?
- Extensive coverage for my pre existing health conditions ?
- What services do I need covered?

For me, this looked like:

- Psychiatrist
- Psychologist
- Regular blood work
- Dental
- Cardiologist
- Vison



How often do I see the doctor?
I tend to find myself in a doctors offices 3-5 times a year

Do I want to see any specialists?
I usually need to see:

- *Physiatrist*
- *Cardiologist*
- *Dermatologist*

Do I want a plan that covers therapy in full?
For me, this was a yes for weekly or bimonthly therapy

Is there a network I prefer to be apart of ?
For example, my therapist that takes Blue Cross Blue Shield

What medication do I need covered?
I needed:

- *Antidepressants / Anti Anxiety medication*
- *Potential thyroid medication*

What can I afford?
I decided around 200 a month would be ideal

What other expenses do I need to consider?
I wanted a low copay, and a low deductible to help lower my yearly expenses

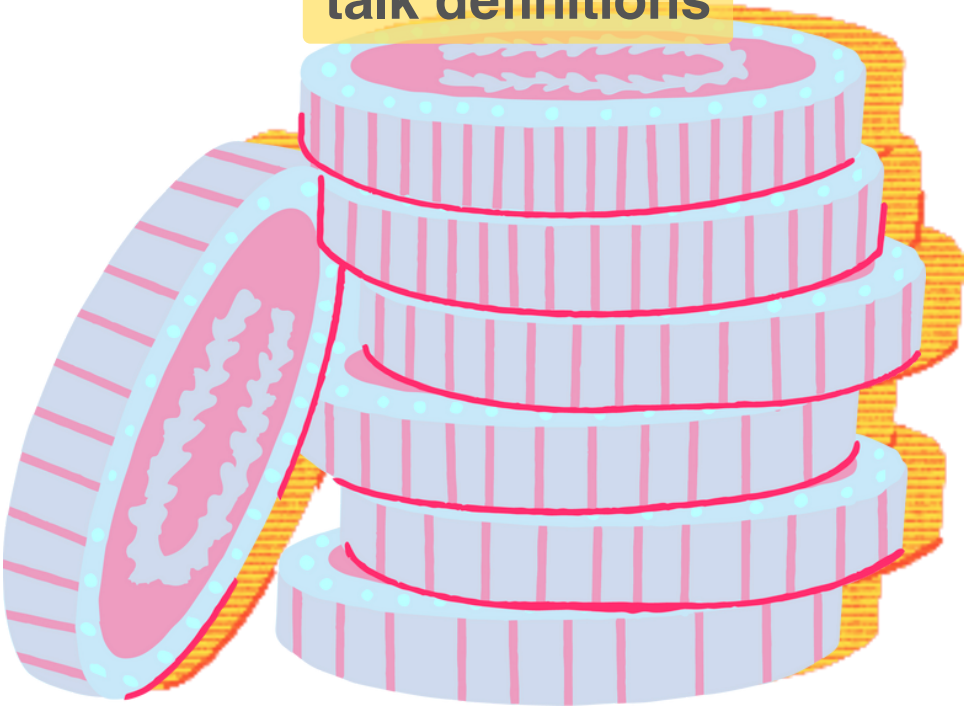
STEP 2. LET'S TALK BUDGET.

Ok so....How much will my plan ACTUALLY cost?

Did I know if I needed a low copay and deductible?

what are my out-of-pocket expenses?

These terms/concepts are confusing, so let's talk definitions



Premiums

- The amount you pay for an insurance policy.
- This is typically the monthly cost you pay for insurance coverage.

Deductibles

- A specified amount of money that you must pay before an insurance company will pay for your medical bill (called a claim)

Copayment or Copay

- A fixed dollar amount you pay for a covered service, usually when you receive the service.
- The amount can vary depending on the type of service. (For example, $25 to visit your doctor, $10 for prescription drugs).
- Once you reach your out-of-pocket limit, you no longer have copays for the rest of the plan year.

Out-of-pocket Maximum

- The limit of what you'll pay in one year, out-of-pocket, for your covered health care before your insurance covers 100% of the bill.
- The maximum out-of-pocket limit for marketplace health plans (those on the Affordable Care Act health insurance marketplace) is $8,700 for an individual and $17,400 for a family in 2022.
- This amount doesn't include what you spend for services your insurance doesn't cover.

Once you are familiar with each of these definitions, take a look at the following table. It really helped me to figuring out what I should be looking for.

A plan that pays a higher portion of your medical costs, but has higher monthly premiums, may be better if:	A plan with higher out-of-pocket costs and lower monthly premiums might be the better choice if:
• You see a primary physician or a specialist frequently. • You frequently need emergency care. • You take expensive or brand-name medications on a regular basis. • You are expecting a baby, plan to have a baby or have small children. • You have a planned surgery coming up. • Diagnosed with a chronic condition	• You can't afford the higher monthly premiums for a plan with lower out-of-pocket costs. • You are in good health and rarely see a doctor.

I personally found myself in the higher monthly cost with lower day-to-day fees, like copays and deductibles. A low deductible would allow me to stop paying out-of-pocket costs earlier at a lower amount. My work plan had a $1500 dollar deductible, meaning I was responsible for 100% of my expenses until I reached the $1500 dollars. After that, I was only responsible for copays

There are also plans that include certain services "pre deductible." This means that regardless of how much you've spent out-of-pocket, for certain services you will still only be responsible for the copay . For me, this meant my therapist would always be $25, and so would my primary care doctor.

STEP 3. TESTING OUT DC'S HEALTHCARE PORTAL

If you do not get insurance through your employer or are looking for independent health plans, your best option is most likely the Marketplace. You'll need to shop on your state's public marketplace, which can be found through Healthcare.gov

In Washington, DC, our marketplace is DCHealthlink.com

There are other options through private exchanges or directly from insurers,but those are not eligible for many of the cost saving initiatives covered in this Zine.

For artists, creatives, freelancers and entrepreneurs,there are unions and affinity groups that offer rates similar to employers!

One example isFreelancerunion.com which offers health insurance plans for freelancers.

Check it out! You just might qualify!

WHEN CAN YOU APPLY?

There is typically an annual season where you are allowed to enroll in healthcare coverage for the upcoming year that is runs from October through January (though you should check online for the current year/dates). This period is referred to as Open Enrollment.

For most years, you must enroll between Nov1st and December 15th for your plan to start on January 1st.

Outside of this window, there a few conditions that apply for a Special Enrollment Period*

- COVID- 19 pandemic special enrollment
- Loss of comprehensive health coverage
- Married or entered into a legal domestic partnership
- Change in family size (birth, adoption, foster child)
- Divorced, legally separated, or terminated a legal domestic partnership
- New resident to DC
- Certain changes in income
- Gained citizenship or lawful presence in the US
- Released from incarceration
- Member of a federally recognized tribe

*Be sure to check the portal requirements for your category! Some have 60 day windows to apply around the event.

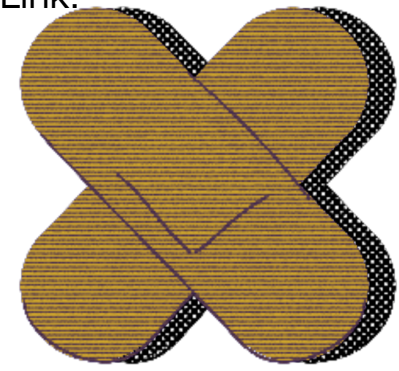
STEP 4. APPLYING FOR SUBSIDIES

It was very clear I was on a tight budget. I needed an expensive plan, but I could not afford it. Fortunately, a health care navigator helped me understand two important options.

Premium Subsidies & Medicaid

I found the following DC health links website that shows examples of who qualifies for these.

From DC Health Link: Individuals in D.C. earning up to $49,960 and a family of three with a household income up to $85,320 are eligible for subsidies that lower monthly premium costs on health plans purchased through DC Health Link.



A note for those with varying immigration statuses

While most immigration statuses qualify for premium subsidies, D.C. residents who are undocumented are ineligible for premium subsidies. However, the District operates a locally funded health program for such residents, called the DC Healthcare Alliance for District residents. Find more information on the DC Health Link website.

A lot of words and a lot to process. I reached out to my healthcare navigator for help with this and I highly recommend getting support signing up. This stuff is confusing!

Some Definitions and Recaps

These subsidies are made possible under the Affordable Care Act, also known as Obama Care (thanks obama)

Affordable Care Act: This is the name used to refer to the federal health laws that require most Americans to have health insurance that provides Minimum Essential Coverage. The name refers to two distinct pieces of legislation —

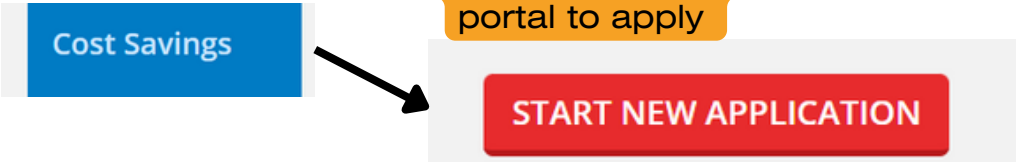
- The Patient Protection and Affordable Care Act (P.L. 111-148)
- The Health Care and Education Reconciliation Act of 2010 (P.L. 111-152).

One way the subsidies are provided is through the premium Tax Credit Program

Premium Tax Credit: The federal government offers a tax credit to help pay for private health insurance for individuals and families within certain income limits who also meet certain other requirements.

The tax credit can either be automatically applied toward your insurance premiums to lower your monthly payment, or you can claim it when you file your federal tax return. You must apply for premium reductions to confirm eligibility and to receive the tax credit.

Click the cost savings menu button in your health link portal to apply



Medicaid & Subsidy Programs of DC

this section is summarized or quoted from the DC Healthlink website

Medicaid

Medicaid is a joint federal-state health program that provides health care coverage to low-income and disabled adults, children and families.

To be eligible for DC Medicaid, you must be a District resident.

Medicaid covers many services, including doctor visits, hospital care, prescription drugs, mental health services, transportation and many other services at little or no cost to the individual.

Currently, 1 out of every 3 District residents receives quality health care coverage through the Medicaid program.

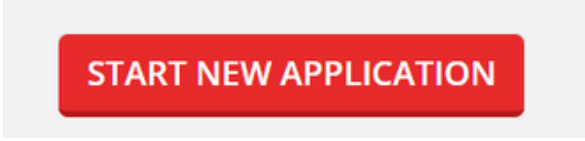
If your income is too high to qualify you for Medicaid but below 250% of the federal poverty level, you can qualify for cost sharing reduction (CSR) plans.

These reduce the deductibles, copays, and other cost sharing that would otherwise apply to covered services and you still get the premium tax credit. The DC Marketplace analysis shows that these plans are often the best buys for enrollees whose income is below $32,200 (one person), $43,550 (two persons), $54,900 (three persons), etc.

The cost sharing reductions are available through modified versions of silver plans. These plans have lower deductibles, copays, coinsurance, and out-of-pocket limits compared to regular silver plans. If you're eligible for cost sharing reductions, we show you the appropriate plans and our ratings take this into account. This is only available for silver plans

The District of Columbia offers medical coverage to income-eligible residents through Medicaid, Alliance, and DC Healthy Families programs. More information about these programs can be found on the DC Department of HealthCare Finance website.-

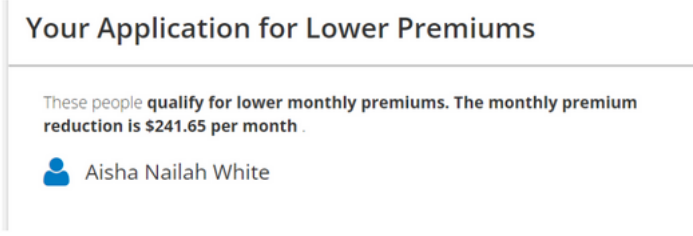
Click the cost savings menu button in your health link portal to apply



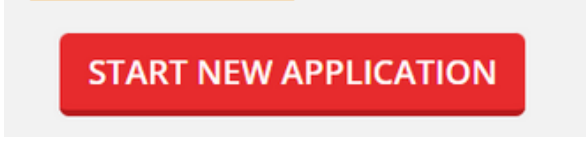
What Do I Do with All of This Information?

I qualified for Medicaid but many of my doctors did not take this service. So, I opted for a combination of the premium tax credit and cost-sharing reductions. I knew my first year of freelancing income was going to be lower but I estimated my income to be somewhere between $24,000 to $35,000 a year.

This qualified me for a $241.65 discount off my monthly premium.



Click the cost savings menu button in your health link portal to apply



STEP 5. NAVIGATING THE MARKETPLACE

Because DC health link is one mostly comprehensive portal I applied for the subsidy and for the healthcare plan on the same website. The subsidy reduced the cost of the premiums displayed on the website.

I ended up with an AMAZING plan for $237. I have a Gold Level Plan that covered almost all of my needs.

I also learned that dental is a separate plan all together! I ended up paying $40/month for dental which I selected also through the healthcare marketplace.

The program I chose was BluePreferred Standard 500. Without the subsidy, it would be around $440 dollars a month, but with the subsidy it was around $250 a month. I am not endorsing this plan, but I want to be transparent about my selections and why it worked for me.

Please consult a healthcare navigator to help you selected the plan that works for you!

Key Points That Helped me Chose This Plan (Besides the Cost)

Yes, $237 a month was still a lot, but...

- I was planning for a year of seriously investing in my mental and physical health and working on some things that I had put off for some time.
- I would be seeing a doctor regularly and with a higher plan I would have to pay $1500-$5000 out of pocket before any of my healthcare coverage would kick in.
- This plan featured services covered before I met my deductible, which saved me a couple thousand dollars in expenses that year (It really pays to read the details of each of the plans and know your needs ahead of time)!
- My current medications and doctors were covered by this plan.
- This was the same network as my employer sponsored plan which made the transition easier for me.
- I did not need a referral for see a specialist and have it covered by my plan.
- And, ultimately, healthcare was hard enough to manage on my own and I wanted to keep it simple!

Side note: Healthcare is expensive but what isn't shared with most people is that healthcare is a financial investment. Not having healthcare can lead to further financial stress if an emergency pops up. Uninsured adults are more likely to face negative consequences due to medical bills, such as using up savings, having difficulty paying for necessities, borrowing money, or having medical bills sent to collections resulting in medical debt.

Metal Level

I mentioned selecting a silver level plan. Here's a little about the plans and metal levels.

Plans are assigned metal levels to indicate how generous they are in paying expenses. Metal levels only focus on what the plan is expected to pay, and do NOT reflect the quality of health care or service providers available through the health insurance plan. Health care plans are assigned Metal levels: Platinum, Gold, Silver, Bronze, & Catastrophic.

- Bronze Health Plans pay 60 percent of medical expenses for the average population of consumers
- Silver Health Plans 70 percent
- Gold Health Plans 80 percent
- Platinum Health Plans 90 percent.

Bronze and Silver plans generally have lower premiums, but you pay more when you get covered services. Gold and Platinum plans generally have higher premiums, but you pay less when you get covered services.

A Catastrophic health plan is one with low monthly premiums and high annual deductibles designed to protect consumers from worst case situations like a serious illness or an accident. Catastrophic plans are only available to people under 30 or people with a hardship exemption. Catastrophic plans provide essential health benefits and count as having coverage for tax purposes. Plans cover at least 3 primary care visits during the plan year and certain preventive services at no cost

What is a Standard Plan?

A standard plan covers many in-network medical services without you having to meet the deductible first. This includes primary care visits, specialist visits, mental health services, generic prescription drugs, and urgent care.

Each health insurance company in the Individual & Family Market offers a standard plan at each metal level. These plans have the same out-of-pocket costs for an in-network provider. For example, a primary care visit will have a $40 copay for any silver standard plan, whether you choose CareFirst, Blue Cross Blue Shield, or Kaiser Permanente. This makes it easier to compare plans.

The major differences between standard plans at the same metal level are monthly premiums and provider networks.

Note: If you choose an HSA high deductible health plan, you'll still need to meet the deductible first because of IRS rules.

Most importantly, I read the detailed documents of each of the plans in my price range to make the selections. This document is called a summary of benefits and coverage.

I highly recommend doing this to understand what you are signing up for.

Are there services covered before you meet your deductible ?	Yes, all In-Network preventive care services, as well as the following (non-hospital facilities only, when applicable): Primary care, Specialist, Retail health, Diagnostic testing, Prescription drugs, Outpatient surgery, Emergency room, Emergency medical transportation, Urgent care, Mental Health office visit, Home health, Rehabilitation services, Skilled nursing, Durable medical equipment, Hospice.

The details are key! I look for plans that cover certain services regardless or before you meet the deductible.

For example the plan I selected had a $500 deductible which meant this is the amount I had to spend before they would cover certain medical expenses. BUT this didn't apply for many of the services I used on a regular basis or might need in an emergency!

Note: I still don't fully trust healthcare companies. they can be scammers. Call your company to verify expenses and don't make assumptions. each company is different

HMO, PPO & Other Acronyms I didn't Understand

There are 4 types of plans available to you through DC Health Link: HMO, PPO, POS and EPO. The costs shown for each plan assume you use the plan's preferred providers. Your costs will be higher if you use providers that are out-of-network.

HMO

An **HMO (Health Maintenance Organization)** usually only covers care from doctors who work with the HMO.

- It generally won't cover out-of-network care except in an emergency, and may require you to live or work in its service area to be eligible for coverage.
-
- HMOs often provide integrated care and focus on prevention and wellness.
- You may be required to choose a primary care doctor.

PPO

With **PPO (Preferred Provider Organization)** plans, the PPO contracts with medical providers, such as hospitals and doctors, to create a network of participating providers.

- You pay less if you use providers that belong to the plan's network.
- You can use doctors, hospitals, and other providers outside of the network for an additional cost.

A POS (Point-of-Service) plan is a combination of an HMO and a PPO.

- Typically it has a network that functions like a HMO; you pick a primary care doctor, who manages and coordinates your care within the network.
- Similar to a PPO, they usually also allow you to use a provider who is not in the network.

EPO

An **EPO (Exclusive Provider Organization)** plan is a managed care plan where services are covered only if you go to doctors, specialists or hospitals in the plan's network (except in an emergency).

HSA

Plans that are eligible for **HSA (Health Savings Accounts)** are classified as **High Deductible Health Plans (HDHP)** and enable you to open a tax-preferred medical savings account at your bank to pay for qualified medical expenses. Funds in an HSA account roll over year to year if you don't spend them.

you (and if applicable, your employer) can deposit pre-tax dollars to pay for qualified medical expenses like your deductible, copayments and coinsurance.

There's an annual limit on contributions established by the IRS, but any funds deposited can be used in future years. If you have an HSA through your employer, the funds belong to you and can rollover into another qualifying account if you ever leave.

A helpful disclaimer from the DC healthlink website:

Everyone is not offered the same sets of plans. ... certain exemptions, provides and cost sharing not available to higher income people. This is an additional savings available only to lower income enrollees. Nor is everyone offered "catastrophic" plans.

Translation: Everyone 's journey is going to be different. Your needs are different from mine . You may have an entirely different set of plans appear for you based on what you qualify for. This zine is here to walk you through one person's experience to prepare for your own healthcare journey.

Next Steps, Additional Support & Resources

If you are feeling confused or overwhelmed, don't worry because so was I! This is hard, complicated, and daunting (insert plug for universal healthcare). it's ok to reach out for some support. A certified DC Health Link Assisters can help DC residents with their health insurance options.

Here are some options to find support:

Whitman Walker Healthcare Navigators

https://www.whitman-walker.org/care-program/insurance-navigation/

Insurance Navigation is a FREE service to help you find the right insurance plan for your care needs, remove barriers to payer issues, and identify health-harming legal needs. This is provided by Whiteman Walker who offers affirming community-based health and wellness services to all with a special expertise in LGBTQ and HIV care.

They are able to assist you regardless if you are a Whitman-Walker patient or not.

After helping you enroll, their Insurance Navigators/DC Health Link Assisters can help you understand how to keep your insurance by helping you address coverage problems and denials when they happen and re-certify as needed.

Team members are available to meet with you through a video or audio call, or by appointment at one of our Whitman-Walker Health sites

DC health link broker
https://www.dchealthlink.com/find-expert

Brokers are licensed professionals with health insurance expertise and long-standing relationships with Small Business owners, Individuals and Families. Brokers help clients identify their options and make choices that are in their best interest and meet their needs and budget. In the District of Columbia, Brokers must have an active DC license in good standing, complete training on DC Health Link, and have contractual relationships with each carrier in DC Health Link for the market in which he/she intends to sell. There is no cost to use an insurance Broker.

DC health link Assister-
https://www.dchealthlink.com/find-expert

Assisters help Individuals, Families and Small Businesses in the District find quality, affordable health insurance through DC Health Link. Assisters are trained experts with deep roots and trusted relationships in the District and its communities. They include consumer and patient advocates, civic and faith-based organizations, business leaders and others. Assisters must complete more than 30 hours of rigorous training and pass criminal background checks prior to service. There is no cost to use an Assister.

Health Care advocates-
https://wdcadvocates.com/

Healthcare advocates give patients and their families direct, customized assistance in navigating the healthcare system. A healthcare advocate's role entails: Helping patients access health care. Educating patients so they can make well-informed healthcare decisions. Sometimes these roles can include advocating on behalf of the patient when seeing a dr. to make sure the patient is receiving the best care need.

This is one resource I found in DC there are other services that offer Healthcare advocates.

BONUS INFO: Retroactive Medicaid

This is something that did not apply to me but I found it extremely helpful to know. Please share this information widely!

Retroactive eligibility allows a person applying for Medicaid to obtain Medicaid coverage prior to the month they applied. The retroactive period is up to 90 days prior to the month the Medicaid application is received by the Department of Children and Families.

This means that if you have outstanding medical bills you could qualify to have them paid for through your medicaid coverage.

Please share this information with your network!

that's it.
that's everything I know.
but I'm sure there's more

I would love to continue to co create this space and publish updated versions of this information.

You can find the digital version of the Zine here

As well as a link to submit questions, corrections or things you'd like to see added to the next version.

Make sure you grab the companion glossary.

I promise. your health matters and is worth the journey.

while we fight for universal healthcare , organize and support each other, creating community resources and sharing knowledge is key.

Do a book club on this zine with your community! ask DC health link to speak at an event or Whitman-Walker!

Print this or email it to a friend.

Have a sign up for healthcare co-working party!

we aren't free, until we all have our needs met.