

## **F.Y.I: First Year-Insured —Facilitator Guide**

Learning Outcomes: This program will aim to help participants:

- Participants will be able to define 5 health insurance terms by the end of the 60 min program
- Participants will be able to write down 1 difference between each of the 4 types of health insurance plans (EPO, HMO, PPO, & POS)
- Participants will be able to explain 5-10 benefits that Western Illinois University Student Health Insurance covers

Group size: no min or max

Time: 60 minutes

Materials needed: pre-tests, presentation, activity handout, pens/pencils, resource lists, post-tests

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### Part 1: Pretest | Introductions (5 mins)

Introduce yourself: \*give a background of yourself and your role at WIU\*

- Health Insurance Coordinator
- Health Education Graduate Assistant
- Medical Professional (if applicable)

Pass out pretest, collect immediately upon completion. Answers will be given upon completion of the post-test.

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### Part Two: Insurance Basics | Presentation (20 mins)

#### **Slide One:**

Opening slide and introduction to the intervention.

#### **Slide Two:**

Go over the brief synopsis of what will be discussed within the presentation

#### **Slide Three:**

Start by asking the group the follow-up questions:

1. Have you ever had to go to the doctor by yourself and they ask you for your insurance card?
2. Have you ever been told the words PPO and HMO, yet have no idea what they mean?
3. Have you been told to call the insurance company, but don't even know what number to call?

Explain how these things can be daunting but the facilitators are here to help guide participants through the world of health insurance.

*\*Remind everyone this is a basic course on health insurance, we will not be able to cover everything in depth\**

#### Slide Four:

What does it mean to have health insurance?

Within this slide, you will discuss why health insurance is important to have, especially even as a college student. There can be a multitude of benefits to having health insurance.

- Can cover up to a certain percentage if you need to go to the hospital or a doctors visit
- Can decrease the cost of prescription medication
- Can cover up to a certain percentage for behavioral health costs
- Other things that can be covered under some plans; dental, vision, substance abuse treatment, maternity, specialists, blood work, and etc.

#### Slide Five:

Terminology:

This can be the biggest barrier for students on not knowing what everything means. In slides 5 & 6, the terminology is discussed, defined, and broken down.

1. Network: discuss the difference between in-network and out-of-network
2. Essential Health Benefits: go over the different categories of what is included when this term is used
3. Referral: go over what a referral is and what plans may need a referral.
4. preauthorization: some plans require preauthorization for certain procedures, medications or services. It is usually a third party within the insurance company that reviews the authorizations.
5. allowed Amount: The max dollar amount on which insurance payment is based for covered health care products and services.

#### Slide Six:

Cont. Terminology:

1. Premium: The amount paid to have your health insurance.
2. Co-insurance: The part of the costs that the individual covers.
  - a. *EX. you have an 80/20 plan - once you meet your deductible, you will only be responsible for 20% of the bill until your out-of-pocket is covered. Once that is covered, then you will be covered at 100%.*
3. Deductible: The amount you owe for services before coverage kicks in fully.
  - a. *EX. you have a 500.00 deductible, you will be responsible for the 500.00 before the insurance begins to pay for medical services or expenses.*
4. Co-Payment: A fixed amount you pay for a covered health care service. Copayments can sometimes go towards your deductible, pending on the plan.
5. Out-of-pocket costs: Your expenses for medical care that aren't reimbursed by insurance. *(includes: deductibles, coinsurance, and copayments for covered services plus costs for services not covered by insurance)*

#### Slide Seven:

Different types of plans: *the most common plans people will have are HMO and PPO*

1. HMO (Health Maintenance Organization): A plan that covers care from doctors who are only a part of the HMO. You will most likely need a referral from your primary care doctor to see another specialist.
2. PPO (Preferred Provider Organizations): A plan that has a special network or group of health care providers. More options are available to individuals. May not need a referral.
3. EPO (Exclusive Provider Services): A plan that only covers if you go to the doctors, specialists, or hospital on the plans approved list.

4. POS (Point of Service): A plan that you will pay less if you use the doctors, hospitals, or other providers that belong to the network.

#### **Slide Eight:**

Example Scenario to do as a group.

Important to remind the group that once the deductible is met, the 80% coverage will kick in. Once the out-of-pocket is met, they are covered at 100%.

#### **Slide Nine: ACTIVITY (15 mins)**

This activity involves a handout that gives 5 different scenarios of college students and using their health insurance. These scenarios include terminology such as deductibles, out-of-pocket, co-insurance, insurance type and etc. Each group will work together to come up with the best solution for each scenarios based on the knowledge they just learned in the "insurance basics presentation".

#### **Slide Ten: DISCUSSION (12 mins)**

Have everyone come together to answer the discussion questions. Facilitators should be keeping the conversations going and answering any questions along the way.

#### **Slide Eleven**

This slide we will be going over WIU's student insurance benefits. Make sure to highlight that the beu health center on campus is covered at 100% if they have the WIU health insurance. If they do not, they can still use the health center, they just have to submit the bill to their own insurance company.

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#### Small Group Activity: Answer Key

#### **1. By looking at their insurance plans not their expenses, which insurance plan is the best and which is the worse?**

Best – Dazzler Insurance (Tenisha)

Worst – Crimson & Corn (Greta)

#### **2. Which plans probably has the cheapest premium and which has the highest premium?**

Cheapest – Crimson & Corn (Greta)

Most Expensive – Dazzler Insurance (Tenisha)

#### **3. What are two things that Manuel should do differently next year?**

1. get generic prescriptions when possible

2. look into vision and dental insurance

**4. If taking on vision and dental insurance is only \$25.00 a month before taxes, should the people who do not have medical and vision insurance sign up for the insurance? Why?**

If they spend more than \$300 a year in dental and vision insurance it would be cheaper than what they are currently doing.

**5. Why is the out-of-pocket important for policyholders?**

Maximum amount that a policyholder would have to pay out of pocket.

**6. Who met their out-of-pocket?**

Greta

**7. Why is there different co-pays for generic and brand-name prescription drugs?**

Generic is a cheaper version of the drug, therefore has a cheaper co-pay.

**8. Why do you think there is an ER co-pay?**

There is an ER co-pay to encourage policyholders to only use the ER when it is an emergency versus for routine care. It is waived many times, if you are hospitalized.

**9. Looking at these people, they had unusual situations that happened to them in a given year. However, if next year they did not have an unusual situation, who do you think would use their insurance the most? Does that person have good enough coverage to meet their ongoing insurance needs?**

Tenisha, Yes

**10. After looking at these people, how does medical insurance and their medical costs mean to you when preparing your financial plan and budget?**

You need to allocate medical expenses for co-pays and prescription drugs in your budget. It is important that you have an emergency fund to cover up your stop-loss provision for emergency medical expenses.