

How to Get Affordable

Health Care

in MINNEAPOLIS and ST. PAUL

about

The Artists Health Insurance Resource Center

AHIRC, a program of **The Actors Fund**, was created in 1998 with the support of the National Endowment for the Arts to help people in entertainment and the arts find affordable health care and health care coverage and reduce the number of uninsured artists. AHIRC offers in-person counseling in New York and Los Angeles, national telephone support, an internet resource database (www.ahirc.org) with over a half-million visitors each year and over 100 *Getting and Keeping Health Insurance* workshops held at arts, cultural and human services organizations throughout the country. This health care guide was created and edited by Renata Marinaro, LMSW. For more information call **212.221.7300** or visit www.ahirc.org or the websites listed in this booklet.

The Actors Fund is a national human services organization that helps everyone – performers and those behind the scenes – in performing arts and entertainment. Serving professionals in film, theatre, television, music, opera, radio and dance, The Fund's essential programs include social services and emergency assistance, health care and health insurance resources, housing, and employment and training services. With offices in New York, Los Angeles and Chicago, The Actors Fund has – for over 125 years – been a safety net for those in need, crisis or transition. Learn more at www.actorsfund.org.

The laws, regulations, rules and policies on which the information in this guide is based are subject to frequent change. The Artists Health Insurance Resource Center makes no representations or warranties, express or implied, as to the accuracy, completeness, or timeliness of the information in this guide. This guide contains references to companies, organizations, services, and health centers. Inclusion of this information is not an endorsement of the products, services, or care provided. Before commencing, terminating or changing coverage you should confirm the information herein with the appropriate company, organization, or government agency. This guide should not be used in place of consultations with qualified legal and/or medical professionals. In no event will AHIRC or The Actors Fund be liable for any decision made or action taken by anyone in reliance upon the information contained in this guide.

Why do I need health insurance?

- » Access: Access to quality health care is directly tied to having health insurance. Without health insurance or unlimited funds, you will have little or no say in the care you receive or in the choice of providers of that care.
- » Cost: The cost of care is so great that a surgery, a day or two in the hospital, treatment for a chronic condition, a prescription for ongoing drug therapy, or even several hours in a hospital emergency room can throw you into considerable, even ruinous, debt if you are uninsured.
- » Better outcomes: People without health insurance frequently delay care, and are more likely to be sicker when they seek care. Not surprisingly, the mortality rates for cancer and other diseases are higher among the uninsured.

What are my rights and protections?

If you are not insured through your employer, union, or some other type of group, you are currently not guaranteed the right to buy health insurance in Minnesota.

Private insurers can refuse to sell you insurance because of your health status or charge you a higher premium based on your age, gender, or pre-existing medical condition. Insurers can count as pre-existing conditions those for which you received medical advice in the 6 months prior to the start of your policy. Coverage for pre-existing conditions can be excluded for a maximum of 18 months. However, the amount of time you were covered under your previous insurer may be credited toward your pre-existing condition exclusion period if you have not had a break in coverage of 63 days or more. This credit can cancel out or reduce the length of a pre-existing condition exclusion period. If you are denied insurance, you may have access to Minnesota Comprehensive Health Association plans (see page 3). This program offers insurance to people who are considered uninsurable and unable to buy coverage on their own.

If you are insured through a group health plan, you can't be charged more or turned away because of your health status.

Insurers can count as pre-existing conditions those for which you received medical advice in the 6 months prior to the start of your policy. Coverage for pre-existing conditions can be excluded for a maximum of 12 months. The amount of time you were covered under your previous insurer will be credited toward your pre-existing condition exclusion period if you have not had a break in coverage of 63 days or more. This credit can cancel out or reduce the length of a pre-existing condition exclusion period. If you lose coverage under a fully insured group plan, you may be able to buy a conversion policy. This type of policy cannot impose a pre-existing condition exclusion period, but benefits may be limited.

Please note that in an emergency, federal law protects you from being denied care in a hospital emergency room, regardless of your insurance status and ability to pay. If you do not have health insurance and it's not an emergency, hospitals are not required to treat you. However, some hospitals will anyway. In addition, some have charity care programs which set fees based on income for those who are uninsured.

For easy-to-understand information on your rights as a consumer, visit www.healthinsuranceinfo.net

How can I get health insurance in Minneapolis and St. Paul?

You have three basic options for obtaining health insurance:

- » employment or organization-related coverage
- » private, direct-purchase plans
- » government-subsidized programs

What are my employment-related options?

A job or a spouse/domestic partner's job. This is how most people under 65 years old get health insurance. The worker usually pays part of the cost and the employer/union pays the rest. This is called *group* insurance. Coverage of pre-existing conditions may be excluded for a period of time. A waiting period may be imposed before you can sign up for coverage.

A union Entertainment industry unions offer health insurance to eligible members. For performers, eligibility is achieved through the amount of "union work" in which an employer contributes towards the union health benefit. Selected entertainment unions include:

- » American Federation of Television and Radio Artists: www.aftra.com
- » Actors' Equity: www.equityleague.org
- » Screen Actors Guild: www.sagph.org/index2.html
- » American Federation of Musicians Local 30-73: www.tcmu.com
- » IATSE Local 16: www.iatse13.org

Small business insurance In Minnesota, small employers (with 2 to 50 full-time employees) are guaranteed the right to buy group coverage regardless of their employees' health status. (This is what is referred to as **guaranteed-issue** insurance). This type of coverage can be an option for those who might otherwise be rejected for individual insurance. For comprehensive information on small business insurance visit www.health.state.mn.us/hmo/smallmarkt.htm

COBRA COBRA is a law that lets you keep the insurance you had through your job if your employer has 20 or more employees. COBRA coverage lasts up to 18 months (sometimes longer) after you've left or become ineligible for benefits. You will pay the full premium, i.e. both your share and the amount your employer or union was paying on your behalf. The cost can be high, but is often less expensive than buying insurance on your own. You have 60 days from the date of your notification letter to choose COBRA coverage. www.dol.gov/ebsa/pdf/cobraemployee.pdf

Federal COBRA subsidy Under the American Recovery and Reinvestment Act of 2009 (ARRA), the federal government will pay 65% of your COBRA premium for up to nine months. You are eligible if you have been offered COBRA and you were involuntarily terminated from your job between September 1, 2008 and December

31, 2009. Note: this program is currently scheduled to end December 31, 2009. However, legislation is pending to extend it to 2010. Please contact the Department of Labor for up-to-date information. www.dol.gov/ebsa/COBRA.html

A school Most colleges and universities offer health insurance at greatly reduced cost to full-time (and in some cases part-time) students. If you are considering taking courses, you may want to investigate this option. For example, the University of Minnesota Twin Cities campus offers health insurance to registered students with 6 or more credits. Upon graduation you can choose the Student Conversion Plan, which guarantees you access to several reduced-cost Blue Cross Blue Shield plans for an unlimited period of time between graduation and the time you become eligible for an employer-sponsored plan. www.shb.umn.edu/twincities/ahc-students.htm

What if I have a pre-existing condition?

If you have a pre-existing medical condition look for **guaranteed-issue** insurance. This means you are guaranteed acceptance into a health plan regardless of your medical status. Some options for buying **guaranteed-issue** health insurance are:

Minnesota Comprehensive Health Association offers insurance to Minnesota residents who have been rejected for coverage by an insurance company within the prior 6 months due to pre-existing health conditions, are 65 or older and ineligible for Medicare, or have a “presumptive condition” as defined by MCHA. Rates are generally higher than on the open market. www.mchamn.com

HIPAA Plans HIPAA is a law that guarantees you access to insurance coverage if: 1) you had at least 18 months of continuous insurance coverage, the last day of which was under a group plan, 2) you have exhausted any COBRA coverage which was available to you, and 3) you are not eligible for any public or group health plans. Be aware that once you enroll in a HIPAA plan, you cannot change insurers. The premiums for these plans are generally considerably higher than for other plans. Contacting an insurance broker may be the simplest way to compare and choose a HIPAA plan. <http://www.dol.gov/ebsa/pdf/cobra99.pdf>

Medical Assistance, MinnesotaCare, General Assistance Medical Care, ADAP and **Program HH** do not exclude pre-existing conditions. See page 5 for more information on these programs.

I’m a freelancer. What’s available to me?

If you are a sole proprietor you do not have the right to **guaranteed-issue** insurance. However, you may be able to join a professional association which will allow you to purchase health insurance at a reduced rate. Some associations offer *discount* plans. Be wary of these plans, as they promise discounts on health services and are not comprehensive insurance plans. For a list of associations, visit www.ahirc.org.

I can afford to buy private insurance, but I don't know what type of plan to get.

Private, direct-purchase plans can be divided into 3 types:

- » **HMO** plans, which offer a wide variety of health services but limit coverage of care to doctors within their network.
- » **PPO** plans, which pay for care in or outside a network of providers. If you go to an out-of-network provider, you often pay that doctor's fees directly and file for reimbursement from the insurance company.
- » **HSAs (Health Savings Accounts)** which combine tax-sheltered funds for health care with qualified high-deductible plans.

Plans vary in services provided. Costs include premiums, co-pays, co-insurance, deductibles and out-of-pocket maximums. High-deductible plans generally have lower premiums, but require you to pay more for medical expenses upfront before your benefits kick in. Health Savings Accounts work best if you are healthy and make limited use of the health care system. Health insurance brokers (listed in the yellow pages) or online brokers (such as www.ehealthinsurance.com) can help you weigh your options. Online brokers make it easy to compare plans, but list only those insurers who have paid to be on their site. Some insurance companies sell **short-term insurance**, which covers you for a limited period of time. This can be useful if you are between jobs or waiting for another policy to begin. However, you may not be able to renew it.

I will be traveling. Will I be covered if I get sick while I'm on the road?

If you plan to travel outside Minneapolis, speak with your insurer about coverage. PPO plans pay out-of-network claims according to your contract. Generally, HMO plans pay claims for life-threatening emergencies only.

Am I eligible for government-subsidized health care programs?

Eligibility for almost all government health care programs is based on your income, figured as a percentage of the Federal Poverty Level (FPL), as well as other requirements. The 2009 FPL for one person is \$10,830 and for a family of four is \$22,050. MinnesotaHelp.info is a comprehensive online directory of state services including government-subsidized health care, food, housing, counseling, and services for seniors and the disabled. www.minnesotahelp.info

Medical Assistance is a public health insurance program. You may be eligible if *any* of the following categories apply to you and you meet low-income and asset guidelines: you are blind, disabled, 65 years or older, pregnant, a child under 21, or the parent or caregiver of a child under 21. (Adults who do not have children living at home cannot get Medical Assistance unless they are elderly, blind or disabled.) Coverage is comprehensive and includes primary care, hospitalization, prescriptions,

and other services. Most enrollees do not have to pay a premium.
http://mn.bridgetobenefits.org/Medical_Assistance_MA2.html

General Assistance Medical Care provides health care coverage for low-income adults, ages 21 – 64, who have no dependent children and do not qualify for Medical Assistance. You must have limited income and assets in order to qualify. There are 2 levels of coverage: comprehensive or hospitalization only. There is no cost for comprehensive coverage for those who meet the income limits, but there are co-payments for some services. There is a \$1,000 co-payment for hospitalization only coverage.
http://mn.bridgetobenefits.org/General_Assistance_Medical_Care_GAMC2.html

MinnesotaCare is public health insurance for children, families, pregnant women and adults without children. You must have limited income and assets in order to qualify. You cannot get MinnesotaCare if you have had health insurance during the last four months or your job offers insurance. Coverage is comprehensive and includes primary care, hospitalization, prescriptions, and other services. Premiums and co-payments are low. <http://mn.bridgetobenefits.org/MinnesotaCare2.html>

Medicare is health insurance for people age 65 and older and the disabled. Medicare is divided into different areas of coverage: Part A covers hospitalization, Part B covers outpatient and other medical services, and Part D covers medications. You don't have to pay a premium for Part A; both Parts B and D require premiums, and all parts require co-insurance or co-pays. www.medicare.gov

I have a special health condition. Are there public health programs that cover it?

ADAP and Program HH The AIDS Drug Assistance Program (ADAP) and Program HH help HIV+ uninsured or under-insured individuals access medications, treatments, and insurance. ADAP makes medications available to those who do not qualify for Medicaid. Program HH pays medical and dental insurance premiums. Both programs have income and asset limits.
www.mnaidsproject.org/living/benefitsguide/programhh.htm

The National Breast and Cervical Cancer Early Detection Program provides low-income, uninsured women access to screening services to detect breast and cervical cancers. Women who are subsequently diagnosed with cancer may be eligible for limited Medicaid. Contact the Sage Screening Program for more information.
www.health.state.mn.us/divs/hpcd/ccs/mbcccp.htm

I'm not eligible for employment-related coverage or government programs, and I can't afford private insurance. What should I do?

It is possible to get affordable health care without insurance by taking advantage of sliding-scale programs at community clinics (which set fees based on income). For example, both NorthPoint Health & Wellness Center and Community-University Health Care Center offer primary care, mental health and dental services to the

uninsured. For a selected list of community clinics see the last page of this booklet, or visit **The Health Center Program**'s website (<http://findahealthcenter.hrsa.gov>), which can direct you to the sliding-scale clinic closest to your home.

Allina operates hospitals, clinics, and urgent care facilities in Minneapolis/St. Paul. It has several programs that help uninsured, low-income patients access discounted services and financial assistance, including Allina Partners Care, the Uninsured Discount Program, and MedCredit. www.allina.com.

Retail clinics like Minute Clinic and NOW Medical Centers offer preventive care and routine treatment at fixed rates for common conditions like strep throat and sinus infections. NOW Medical Centers (www.nowmedical.com) are located in Cub Foods in the Minneapolis metro area. Minute Clinics (www.minuteclinic.com) are located in CVS pharmacies.

I can't afford my medications. Can I get them for less, or free?

Minnesota RxConnect is a website (www.state.mn.us/portal/mn/jsp/home.do?agency=Rx) which provides information about programs to help pay for prescription medications as well as information on accessing lower-cost medicine from Canada. In addition, **Minnesota RxPriceCompare** (<http://rxconnect.dhs.state.mn.us/SearchByZipCode.aspx>) lists local prescription medication prices.

Pharmacy Checker is an independent source of information on online and mail-order pharmacies. It publishes pharmacy ratings, profiles, and drug price comparisons. www.pharmacychecker.com.

The Partnership for Prescription Assistance website (www.pparx.org) has information on over 150 pharmaceutical patient assistance programs which offer low-income, uninsured or underinsured patients free or low-cost medications.

NeedyMeds has information on pharmaceutical patient assistance programs as well as discount drug cards, low-cost clinics, disease-based financial assistance, and government programs. www.needymeds.org

Some major retailers offer lower-cost medication. **Wal-Mart** (www.walmart.com/pharmacy) and **Target** (www.target.com) offer over 300 generic medications for \$4 for a 30-day supply. **Costco** (www.costco.com) also offers discounts via their member prescription program.

I have mental health needs and I don't have insurance. What should I do?

If you are in crisis and uncertain how to proceed, the **Crisis Connection** at 612-379-6363 and the **National Suicide Prevention Lifeline** at 800-273-TALK (800-273-8255) are available 24 hours per day, 7 days per week. Staff at both crisis centers can speak with you and refer you to local resources.

The National Mental Health Services Locator offers a comprehensive database of mental health facilities, services, advocacy groups and resources. Substance abuse treatment facilities are also listed. <http://mentalhealth.samhsa.gov/databases/>
The Mental Health Association of Minnesota has information on counseling, crisis lines, domestic violence support services, support groups, and other mental health services. www.mentalhealthmn.org

For a selected list of mental health clinics, refer to the last page of this booklet.

How can I lower the cost of dental services?

Many community clinics in Minneapolis/St. Paul offer low-cost dental care to people with low incomes. For a comprehensive list of dental care resources visit www.cdf-mn.org/HealthCare/dental.htm

The University of Minnesota School of Dentistry provides a wide range of dental services performed by students under the supervision of dental faculty. Costs are significantly less than they would be at a private practice. www.dentistry.umn.edu

Dental discount plans offer discounts on services at participating dentists for an annual membership fee. They are not insurance. Patients' experiences with these plans are mixed; they seem to work best when a dentist you already know and trust is participating. Use caution. Links to these plans can be found at www.dentalplans.com.

Resources

Selected hospitals

Minneapolis

Hennepin County Medical Center, 730 S. 8th St. | 612.873.3000

St. Paul

Regions Hospital, 640 Jackson St. | 651.254.3456

Selected community health care clinics

Minneapolis

Community-University Health Care Center, 2001 Bloomington Ave. | 612.638.0700

NorthPoint Health & Wellness Center, 1313 Penn Ave. North | 612.543.2522

The People's Center Medical Clinic, 425 20th Ave. South | 612.332.4973

St. Paul

East Side Family Clinic, 860 Arcade St. | 651.772.9757

Open Cities Health Center, 2 locations:

409 North Dunlap St. | 651.290.9200

135 Manitoba Ave. | 651.489.8021

United Family Medicine Clinic, 1026 West 7th St. | 651.241.1000

Selected mental health clinics

Minneapolis

Lutheran Social Services, 2400 Park Ave. | 612.879.5320

Interprofessional Center for Counseling and Legal Services, 1128 Harmon Place,
Suite 100 | 651.962.4960

Walk-In Counseling Center (limited hours, no appointment needed),
2421 Chicago Ave. South | 612.870.0565

Hennepin County Mental Health Center, 1801 Nicollet Ave.,
2nd & 3rd Floors | 612.596.943

St. Paul

Hamm Clinic, 408 St. Peter St. Suite 429 | 651.224.0614

Jewish Family Service of St. Paul, 1633 West 7th St. | 651.698.0767

Catholic Charities, 215 Old 6th St. | 651.215.2209

Selected 24-hour pharmacies

Minneapolis

Walgreens, 2426 Hennepin Ave. South | 612.377.3308

Walgreens, 4547 Hiawatha Ave. | 612.722.4249

St. Paul

CVS, 810 Maryland Ave. | 651.774.1005

CVS, 499 Snelling Ave. North | 651.917.2001

Glossary

Co-insurance: The amount you must pay for your portion of medical fees, usually expressed as a percentage. For example, if you have an 80/20 plan, your insurance will pay 80% of the contracted charges and you are responsible for 20%.

Co-pay: The flat amount you pay for services, such as office visits, prescriptions, and exams.

Deductible: The sum of money you pay out-of-pocket for medical expenses before the insurer starts to pay its part.

HMO - Health Maintenance

Organization: A type of insurance company or plan that provides services through a network of providers. In an HMO, your Primary Care Physician (PCP) is responsible for coordinating your medical care. An HMO does not cover services provided outside of its network.

Look-back period: The maximum length of time that can be examined for evidence of pre-existing conditions prior to enrolling in a health plan.

Network and non-network providers: Doctors and facilities that either work for or contract with a group health care organization are considered “network providers”. Those that do not are considered “non-network providers”.

Out-of-pocket maximum: The maximum dollar amount of covered health care expenses you could pay each year. Once you reach your out-of-pocket maximum, the plan pays 100% of covered expenses for the remainder of the calendar year.

PPO - Preferred Provider Organization: An insurance plan that allows members to use services in or outside of the insurer’s network of providers. Going to network providers is usually cheaper; services outside of the network generally require payment of a deductible and co-insurance.

Pre-existing condition exclusion period: A physical or mental condition which existed before applying for a policy, for which medical care was recommended or received, and which may not be covered by insurance, or only after a period of time.

Premium: Money paid on a monthly or quarterly basis to an insurer for insurance coverage.



LINC

237 W. 35th Street, Suite 1202
New York, NY 10001
646.721.3275 | www.lincnet.net



NATIONAL
ENDOWMENT
FOR THE ARTS

A great nation
deserves great art.

www.nea.gov

**The Actors Fund,
for everyone
in entertainment**

729 Seventh Avenue, New York, NY 10019
212.221.7300 | www.actorsfund.org