

Types of Health Insurance

Health Insurance Exchange (Marketplace)

<https://www.healthcare.gov/>

The Affordable Care Act (ACA) expands access to affordable health care coverage for all Americans with lower costs, and improved quality and care coordination. Under this health care law, the Health Insurance Exchange or Marketplace was created.

The Health Insurance Marketplace helps people find health coverage that fits their needs and budget.

- Every health plan in the Marketplace offers the same set of essential health benefits, including doctor visits, preventive care, hospitalization, prescriptions, and more.
- You can compare plans based on price, benefits, quality, and other features important to you before you make a choice.

With one application, people can see if they qualify for free or low-cost coverage through Medicaid or Children's Health Insurance Program (CHIP), or for savings on a Marketplace plan. Most people who apply will qualify for some kind of savings. Every person in the U.S. must have minimum health coverage or pay a fee.

To be eligible to use the Health Insurance Marketplace,

- You must live in the United State
- Be a U.S. citizen or national
- Cannot be in prison

No matter what state someone lives in, they can use the Marketplace. Some states operate their own Marketplace and in other states the Marketplace is run by the federal government.

Open Enrollment Period is the only time you can enroll in a Marketplace plan and usually begins November 1 of each year. You can enroll in Medicaid or CHIP at any time.

- During the Open Enrollment Period, you can apply for a Marketplace plan online, by phone, with a paper application, or with the help of a trained assister in your community.

Some people may qualify for Special Enrollment Periods, which allow them to enroll in a Marketplace plan outside of Open Enrollment if they have certain life events, like getting married, having a baby, or losing other coverage.

Commercial Insurance_(Private Insurance)

Liability Insurance

Benefits are paid for bodily injury, property damage, or both.

No-Fault Auto Insurance

Benefits are paid for bodily injury, property damage, or both incurred while driving a car. The policies and regulations of this type of insurance vary state by state.

No-Fault Workers' Compensation

Benefits are paid for bodily injury or for a work environment-related illness. Benefits also include replacement of lost wages because of injury or illness that occurred while in the workplace. This type of insurance is regulated by the state; in some states, it is regulated by the federal government.

Accident and Health Insurance

Benefits include payments for healthcare costs and may include short or long term disability. This type of insurance may have an annual or lifetime maximum benefit.

Indemnity Insurance

Benefits are in the form of payments rather than healthcare services, provide security against possible loss or damages, and are paid on the basis of predetermined amounts in the event of covered loss.

Stop-Loss Insurance

Benefits are used to cover cases that are costly (require a large dollar outlay).

Managed Care Insurance Plans

Provide a generalized structure for the management of use, access, cost, quality, and effectiveness of healthcare services, and link individual users of this benefit to providers of healthcare services. Reimbursement is based on the arrangement agreed upon between the insurance plan, the patient, and the provider of care, and is defined in the health insurance plan.

Union Health

Offers coverage for healthcare services for the employee of one or a group of organizations where the employees belong to a collective bargaining unit.

Consumer-Driven Insurance Plans

Offered primarily in an employer setting. These may include arrangements such as health savings accounts (HSAs), health reimbursement accounts, high-deductible health plans (HDHPs), or similar medical payment options where members use these accounts to pay for routine healthcare expenses. The HDHP protects the consumer from catastrophic medical expenses. These plans are self-funded by the consumer and can be either pretax or tax benefit.



Government Insurance Plans (Federally Funded Public Programs)

Medicare

<https://www.cms.gov/>

Medicare Benefit Program

Financed by Social Security; benefits those age 65 or older, those under age 65 with certain disabilities, and those of any age with end-stage renal disease who are entitled to Social Security benefits. The Centers for Medicare and Medicaid Services (CMS) provides administrative oversight for this program and identifies mandated hospital services through conditions of participation manual for hospitals.

Medicare benefits consist of several options:

- Part A covers hospitalizations, skilled nursing care, home care and other custodial, and hospice care.
- Part B covers physician services, outpatient services, ambulance transport, clinical research, and mental health.
- Part D covers prescription drugs.
- Part C is the Medicare Advantage option (i.e., Medicare Choice and Managed Medicare) offers the same services as Medicare at a minimum but in a context similar to that of managed care (commercial insurance).

Medicaid

<https://www.medicaid.gov/>

Medicaid Benefit Program

Financed by state and federal governments through tax structures; benefits those who are considered indigent, with income at or below poverty levels, the uninsured, or those with inadequate medical insurance. Eligibility for Medicaid benefits depends on a person's income, assets, and dependents. Some states may impose a copayment or a minimal deductible for certain services on the beneficiary.

Medicaid benefits are also available in the form of Managed Medicaid and are offered in a context like that of managed care health insurance plans (commercial insurance). The drivers are improved access to services by beneficiaries, quality, and safe care, and cost containment. Services provided in these plans must include at a minimum those offered by traditional Medicare benefit plan. Some states require Medicare beneficiaries to enroll in a Managed Medicaid plan.

CHIP Program

- Children's Health Insurance Program (CHIP) is a means-tested program that provides health coverage to targeted low-income children and pregnant women in families that have annual income above Medicaid eligibility levels but have no health insurance.



Military

Military Benefits

Benefits active duty and retired members of the military, their families, and survivors. It is in the form of either TRICARE, CHAMPVA or Veterans Administration (VA).

TRICARE

<https://www.tricare.mil/>

- is offered in a managed care context to both active duty and retired military, and their families including survivors.
- TRICARE brings together the health care resources of the Military Health System—such as military hospitals and clinics—with a network of civilian health care professionals, institutions, pharmacies, and suppliers to foster, protect, sustain, and restore health for those entrusted to their care.

CHAMPVA

<https://www.benefits.gov/benefit/318>

- Is the Civilian Health and Medical Program of the Department of Veteran's Affairs (VA), a comprehensive health care benefits program in which the VA shares the cost of covered health care services and supplies with eligible beneficiaries which include eligible veterans and their families (dependents and survivors) and covers medical care.

VA Health Care

<https://www.usa.gov/veteran-health>

- The Veterans Administration provides administrative oversight of care delivery including military health benefits as well as care delivery and services (i.e., VA hospitals, clinics, and services).
<https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/>

Community Care

<https://www.va.gov/communitycare/>

- A program that allows eligible veterans to be receive care in their local community.
- VA provides care to Veterans through community providers when VA cannot provide the care needed. Community care is based on specific eligibility requirements, availability of VA care, and the needs and circumstances of individual Veterans.
- Requires community providers to identify veterans being served and their unique needs
- Have You Ever Served? Health Professional Resources from the American Academy of Nursing
<https://www.haveyoueverserved.com/>

Federal Employees Health Benefits Program

<https://www.opm.gov/healthcare-insurance/healthcare/>

- Benefits current and retired federal employees and covered family members.



Indian Health

<https://www.healthcare.gov/american-indians-alaska-natives/>

American Indian/Alaska Native Benefits

Offered in the form of the Indian Health Service, Tribal Health Programs, or the Urban Indian Health Program to federally recognized Native American Tribes and Alaska Native people. Purchased/Referred Care (PRC) also augments care delivery.

The Indian Health Service (IHS)

- is the principal provider agency within the Department of Health and Human Services, responsible for providing direct medical and public health services to members of federally recognized Native American Tribes and Alaska Native people

Tribal Health Programs

- are any health program, service, function, activity or facility operated by an Indian Tribe or tribal organization funded as part of a contract or compact under the Indian Self-Determination and Education Assistance Act.

The Urban Indian Health Program

- receives contracts and grants to the 41 urban-centered, nonprofit Indian organizations providing health care services to meet the unique needs of urban Indian communities throughout the U.S.

Purchased/Referred Care (PRC)

- allows IHS and tribal facilities to purchase services from private health care providers in situations where:
 - No IHS or tribal direct care facility exists
 - The existing direct care element is incapable of providing required emergency and/or specialty care
 - Utilization in the direct care element exceeds existing staffing
 - Supplementation of alternate resources (e.g., Medicare, Medicaid, or private insurance) is required to provide comprehensive health care to eligible AI/AN

AI/AN Veterans

To improve access to care for American Indian and Alaska Native (AI/AN) Veterans, VA works with the Indian Health Service (IHS), Tribal Health Programs (THP) and Urban Indian Organization (UIO) (I/T/U) to reimburse the cost of care provided to eligible AI/AN Veterans at IHS, THP and UIO facilities.

Through the VA Reimbursement Agreements Program (RAP), care is provided to Veterans closer to home in a culturally sensitive environment at an I/T/U facility.

- Eligible AI/AN Veterans do not need preauthorization to receive care through an I/T/U facility that participates in I/T/U RAP or pay a copayment.
- Due to the rural nature of Alaska and limited VA presence, the Alaska THP Reimbursement Agreements Program also covers eligible non-AI/AN Veterans. VA preauthorization is required for non-AI/AN Veterans and provided care may be subject to VA copayments.



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