

Teachers for Healthy Kids

A Project of the California Teachers Association & the California Association of Health Plans

HEALTH INSURANCE WORDS YOU SHOULD KNOW

Access for Infants and Mothers (AIM): Provides health insurance for uninsured pregnant women and their newborns up to age 2. Women must be pregnant (no more than 30 weeks) to qualify, California residents for at least 6 months, not eligible for low-cost Medi-Cal and uninsured with incomes within AIM guidelines.

Annual deductible: The amount paid once a year for covered expenses first, before an insurance plan begins to pay benefits.

Benefits: Services a child receives under their designated health plan.

California Children's Services (CCS): Provides diagnostic and treatment services to children under the age of 21 years who suffer from chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer and traumatic injuries.

California Kids: Provides affordable preventive and primary health, dental, vision and behavioral health coverage for undocumented children.

Capitated: The health plan pays the medical group to take care of all health care.

Certified Application Assistant (CAA): A person trained to help a parent fill out the Healthy Families or Medi-Cal for Families application.

Child Health and Disability Prevention (CHDP): Provides regular preventive health assessments to eligible children and youths to identify any health problems. Must be under 21 years of age and eligible for Medi-Cal, or under 19 years of age with family income at or below 200% Federal Poverty Level, or enrolled in state preschool or Head Start.

COBRA (**Consolidated Omnibus Budget Reconciliation Act**): Health insurance coverage, available for a monthly premium, to individuals between jobs when the individual had employer sponsored health coverage.

Community Provider Plan: The health plan in a county that has done the best job of including in its network doctors, clinics and hospitals that have provided health care to uninsured families — the lowest cost option.

Co-payment: The flat amount or percentage paid for a covered service, such as visits to a doctor or for prescription drugs.

Department of Health Services (DHS): The state department responsible for many public health and medical services programs. Responsible for licensing health facilities and is the state agency for the Medi-Caid Program.

Eligible: A child who meets all the requirements to qualify for coverage in a health program.

Enrollment: After a child has been determined to be eligible, he is she is signed up for an insurance plan.

Enrollment Entity: An organization, group or individual that participates in the application assistance process for the Healthy Families and Medi-Cal programs.

Exclusion: A service or condition not covered by an insurance plan.

Express Lane Eligibility: A new policy that uninsured children who are eligible for public health insurance programs (Healthy Families and Medi-Cal) should be able to enroll in these programs in a quick and efficient way. Implementation is tied to the school free and reduced lunch application.

Federal Income Guidelines (FIG): The amount of money the federal government says a family needs to meet basic needs. These guidelines are used to determine the health programs in which a family may be eligible to enroll.

Healthy Families Program: Provides very low cost health, dental and vision coverage for children who are not eligible for no-cost Medi-Cal. Premiums are \$4-\$9 each month with a maximum of \$27 per family. Eligibility is determined by family size, children's ages and family income. Available to U.S. citizens and nationals under age 19, and qualified immigrant children.

Health Plan: An organization that contracts with doctors, specialists, clinics, laboratories, pharmacies and hospitals to provide services to subscribers.

Health Maintenance Organization (HMO): An organized system that provides a set of health care services to plan subscribers in a geographic area. To receive benefits or a referral, a primary care physician must be selected except in an emergency.

Healthy Start: A school program designed to serve children and their families to increase academic success, health, mental health and family functioning.

Household income: The total income of all family members in a household.

Kaiser Permanente Cares for Kids Child Health Plan-1: Provides very low cost health care coverage for uninsured children who are not eligible for no-cost Medi-Cal or Healthy Families. Covers children under age 19 who live within Kaiser Permanente's California service area. Cost is \$15 per child per month. Eligibility based on family size and income.

Major Risk Medical Insurance Program (MRMIP): The Major Risk Medical Insurance Program provides health insurance for Californians who are medically uninsurable. The MRMIP is funded by \$40 million from tobacco tax. The board administers the Healthy Families program.

Medicaid: A program of the federal government that provides health care services for low-income families and the aged and disabled.

Medi-Cal: California's version of the Medicaid Program for residents with limited means. To be eligible, an individual must be a public assistance recipient or linked to a public assistance program, child under 21, an individual aged 65 or older, blind, disabled, or pregnant.

Network/in-network: The term used for services received from doctors, hospitals and other providers contracting with a plan to provide care at the negotiated fee and to handle the paperwork.

No-Cost Medi-Cal: A program that pays for all services without requiring any payments or co-payments by the subscriber.

Out-of-network/non-network. A service provided by a doctor, dentist or other provider who does not have a contract with the child's insurance plan. This typically costs more than in-network services.

PCP, **PCD** (**Primary Care Physician or Dentist**): The doctor or dentist selected by the applicant in charge of the child's health care who will refer the child to specialists as needed.

PPO (**Preferred Provider Organization**): Health care providers who are under contract to provide care at discounted or fixed fees. Unlike HMOs, health plans with a PPO allow you to choose any doctor at any time. However, those selecting a non-PPO provider will pay more out of pocket for services than if a "network" provider were selected.

Pre-existing condition: Any condition that was diagnosed before enrollment in a program where medical advice, diagnosis, care, or treatment, including use of prescription drugs, was recommended or received from a licensed health practitioner during that period.

Premium: The amount paid each month by families with a child in the Healthy Families program.

Provider: A physician, hospital, group, nursing home, pharmacy, individual or group that provides a health service.

Share of Cost Medi-Cal: A Medi-Cal Program that requires a subscriber to pay a certain amount of the medical expenses every month before it covers benefits. Share of Cost is based on monthly income.

Well-Child Check-ups: Health, dental and vision services provided to keep children healthy and from getting sick. This includes immunizations and physical, dental and eye exams.