



Cover Arizona

Health insurance literacy

This summary will help you remember the basics of health insurance literacy and how you can clearly communicate health insurance information to consumers.

What is health insurance literacy?

Health insurance literacy is the ability to get, keep, and use health insurance.

4 tips to help you communicate health insurance information with consumers

1 Use simple, everyday language

- Replace complex words with common words
- Give a simple explanation for need-to-know words, such as copay and deductible
- If the topic is complex, use analogies from your consumer's daily life. For example:
 - "Preventive care is like getting a checkup and oil change for your car."

Complex word	Common word or explanation
Annual	Yearly; every year
Copay	A fixed amount you may pay at the time you get a health care service

2 Help consumers understand numbers

- Don't make the person calculate an amount – instead, do the math for them
- Give numbers meaning by presenting them visually and using comparisons

3 Give clear action steps

- Organize the action by:
 - What – describe the behavior
 - Why – describe the benefits of taking action
 - When and how – give specific action steps

To use free preventive care:

What: Preventive care includes tests, shots, screenings, and other care to help you avoid illness before you have symptoms of a problem.

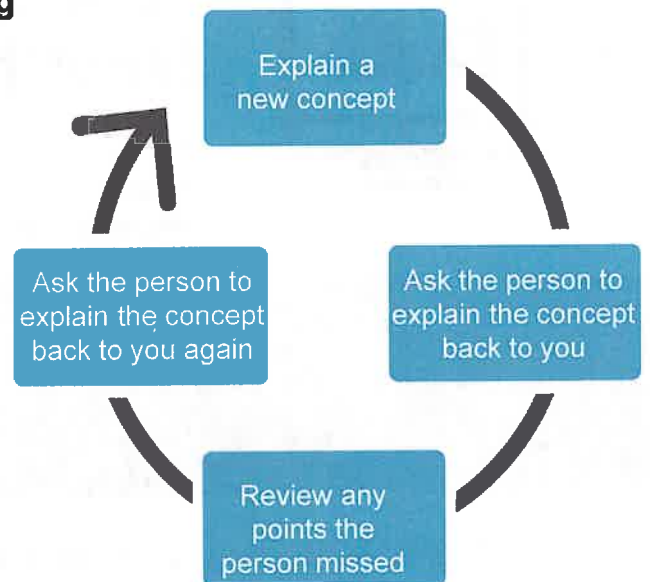
Why: Preventive care is free. It also helps you stay healthy.

When & how: By March, call to schedule your yearly checkup with an in-network doctor. Ask your doctor which preventive services you should get.

4 Use Teach-back to check for understanding

- Start Teach-back with a phrase that lets the consumer know the goal is to check how well you explained information:
 - “We’ve covered a lot of information... I want to make sure I explained it clearly.”
- Ask for Teach-back with an open-ended question or statement, such as:
 - “What questions do you have about your deductible?”
 - “How will you check your provider is in-network?”

The Teach-back method



Create a plan to follow up with consumers you enrolled

➤ Confirm you have the consumer’s approval for contact

- You must get informed consent to use a consumer’s contact information

➤ Decide on your reasons and outcomes

- Before Open Enrollment (OE): Remind consumer of enrollment dates, to schedule an appointment, and how to enroll
- After OE: How to understand and use their plan, such as find an in-network doctor and schedule preventive care

➤ Identify who will follow up

➤ Choose a method to follow up

➤ Decide on a schedule

Methods to follow up



Phone
call



Text
message



Email



Mail

Resources

- Cover Missouri videos and print materials: covermissouri.org
- Cover Missouri Assister’s Guide to Follow-up with Enrolled Consumers: http://healthliteracy.media/wp-content/uploads/2016/03/Assister-follow-up-guide_FINAL_Jan.2016.pdf

My estimated health insurance costs for the year

1. With the help of your trained assister, fill in the spaces below using the amounts shown on Healthcare.gov. Name: _____
2. Copy the amounts below to the matching spaces on the other side.
3. Your assister will write down an estimate of how much this insurance plan might cost for the year. Your actual costs may differ from this estimate. Plan type: _____

Term	Definition	Cost
Premium	The cost you pay for your health insurance. Premiums may be paid by you, your employer or a combination of both. It is usually paid monthly.	\$ _____ each month
Copay	A fixed amount you may pay at the time you receive a health care service.	Primary doctor: \$ _____ (per visit) x _____ (number of times) = \$ _____ Generic drug: \$ _____ (per visit) x _____ (number of times) = \$ _____ Specialist doctor: \$ _____ (per visit) x _____ (number of times) = \$ _____ ER visit: \$ _____ (per visit) x _____ (number of times) = \$ _____
Deductible	The amount you must pay out of your own pocket for your covered health care services each year before your insurance plan will begin sharing the cost with you (see co-insurance).	\$ _____ Individual \$ _____ Family
Co-insurance	Your share of the cost for covered health care services after you have paid your deductible amount each year. Not all plans have co-insurance.	_____ % What I will pay _____ % What the insurance company will pay
Out-of-pocket maximum	A limit on your out-of-pocket costs for the year. After you have reached your out-of-pocket maximum for the year, your insurance plan will pay 100% of your covered essential health benefits.	\$ _____ Individual \$ _____ Family

What will this plan cost?

Co-Insurance

(if this plan has co-insurance)

Health insurance company will pay: _____% which equals: \$ _____

I will pay: _____% which equals: \$ _____

Out-of-pocket maximum

I will pay: _____

Deductible

I will pay: \$ _____

Copays

I think I will pay:

Primary: \$ _____

Generic: \$ _____

Specialist: \$ _____

Total: _____

\$ _____

Premium

I will pay \$ _____ each month x 12 months = \$ _____ a year

How much money I think I might pay this year: _____
 (total premium + copays + deductible)

The most money I would pay this year for in-network covered health care: _____
 (total premium + out-of-pocket maximum)

\$ _____

