

Getting Health Insurance

By

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Insurance companies, being profit-making entities, are not really interested in providing health insurance to someone who has known health problems. While they are protecting their profits by medically underwriting new applicants, the necessary review of health history becomes a barrier to coverage for someone, like a person with HCV, who desperately needs health insurance to help with their medical bills, but is not currently insured.

Thanks primarily due to state and federal legislation, however, there are ways a person can obtain health insurance regardless of their medical condition or health history. This article discusses the various methods by which you can purchase health insurance on a “guarantee issue” basis, that is, without medical underwriting.

Employer Provided Health Insurance

Most people now get their health insurance through their employer; but it was not always available to all employees. Since 1996, under a federal law called HIPAA, if you work for an employer who provides health insurance to its employees, you cannot be refused the insurance because of your medical condition or health history. If the employer offers it and you are full-time and otherwise qualify for it, they must let you enroll in the plan regardless of your health.

This right to health insurance is available not only to new hires, but also to persons who had originally declined the insurance and later changed their minds, although there may be some temporary limitations on coverage for these “late enrollees.”

There are advantages and disadvantages to getting health insurance through your employer. The primary advantage is that the employer pays most or all of the costs of the health insurance, and what they pay for you and your dependents’ coverage is not taxable income to you. Also, many employers offer a choice of plans so that each employee can choose the plan that best fits his/her needs.

The primary disadvantage is that your health insurance is tied to your employment. If the employer changes plans, you have no choice but to change plans too, even if it means less coverage.

Another drawback used to be that you lost your insurance when your employment stopped. COBRA Continuation laws have helped some, but their extension of coverage is limited to between 18 and 36 months.

Further, thanks also to the HIPAA law, once you have acquired health insurance through an employer, you have the right to keep either that insurance or a private plan of similar quality, even if you terminate employment, provided you extend your health coverage as long as possible under the COBRA extension. That means that once you acquire health insurance through an employer you will be able to maintain some form of health insurance regardless of any change in your employment status.

Eligible Spouse or Domestic Partner of an Employee with Health Insurance

If you are the spouse of an employee who gets health insurance through an employer, you too are eligible for health insurance just as the employee is. Also, more and more employers and health insurance plans allow “domestic partners” the same rights to health insurance as a married spouse.

Because there is no standard definition of a “domestic partner,” each health plan will have its own requirements as to who can be covered as a “domestic partner.” It usually includes the partner in a committed relationship regardless of sexual orientation. Some plans require that they live together; others don't. A few plans will permit any other person to whom the employee has close ties, including a parent or sibling, to be included in the plan.

Union or Guild Health Plans

Most union employees are covered through employer provided health plans that are part of a bargaining agreement with the union. However, some unions and trade guilds provide health insurance directly to their members. This is most common in trades or occupations where the union member either works free-lance or moves frequently from employer to employer. Examples would include: musicians, actors, writers, editors, decorators, truck drivers, and some professional occupations such as attorneys, architects, or dentists.

The requirements for joining the union health plan can be fairly strict. Those unions that permit any dues-paying union member to join the health insurance will have strict requirements as to who is eligible to join the union. Many union plans are more liberal on membership but will require a minimum number of hours worked or dollars earned in that profession to be eligible for the health insurance plan.

You may want to ask your professional association about health insurance and whether they require “medical underwriting” to join the plan, or you can ask for an enrollment packet and see if health questions are part of the application.

Association Plans

At one time, many associations made health insurance available to their members without requiring medical underwriting. Unlike the union or guild plans which required some affiliation to join, most association plans were open to virtually anyone who was willing to pay the dues. This included groups like

associations for independent sales representatives, self-employed individuals, and even some fraternal and social organizations.

However, as health insurance became more difficult to find and more expensive to maintain, insurance companies largely stopped writing association plans on such a loose basis. Of those association plans that still exist, virtually all require medical underwriting or other evidence of good health to join – just as if it were being purchased directly.

Short Term Health Insurance

There is one health insurance product that is often included in lists such as this, but it provides no real help for anyone already diagnosed with a medical condition. These are the short term or “temporary” health insurance plans. They are written for a set period of time, usually from 30 days up to six months, and they cannot be renewed. While they rarely require answering any questions about your health, they are carefully worded so that they will never cover charges related to any condition for which you were already being treated when the coverage began. This makes them virtually worthless for our purposes.

Veterans Administration Medical Benefits

If you are a veteran of the military service you may be eligible for medical benefits from the Veteran’s Administration. For more information on getting benefits through the VA, go to <http://www.va.gov/> and click on “Health – Benefits & Services.” While this may not affect many readers, for those that are affected, VA benefits can be very helpful especially for persons dealing with HCV.

If a disability is “service-connected,” you may be eligible for monthly disability benefits in addition to completely free medical care. Because of the methods of transmission for HCV and because of its relative newness as an identifiable diagnosis, the VA often liberally interprets HCV infection as “service connected.”

Generally, proof must be shown that you were at least exposed to potential infection by HCV. If you can show that, during active duty, you may have been exposed to HCV through transfusions, tattooing, or even IV drug use and some other situations that could explain the exposure, you may be approved for free medical care and some monthly disability benefits.

Medicare/Medicaid

These federal health insurance plans can provide medical care to a person with HCV as well, assuming that you are eligible for the coverage.

Medicare is available to persons age 65 or older. It is also available to persons under age 65 who have collected Social Security Disability Insurance (SSD or SSDI) benefits for 24 months.

Medicaid is a federally mandated health plan that is based on need. In addition to being either age 65 or older or disabled, you must show that your income and resources (assets) are low enough to qualify. Medicaid is administered by each state so the eligibility rules will vary slightly from state to state.

State High Risk Plans

Most states offer a health insurance plan for persons who, due to their medical history, are unable to purchase it on the open market. The plans vary from state to state. Most charge a premium that is higher than regular health plans, and some offer benefits that are not as broad.

To learn more about your state's High Risk Health Insurance Plan, called by different names in each state, contact your state's Department of Insurance. Contact numbers and addresses for all 50 states' Departments of Insurance can be found at <http://www.ican2000.com/state.html>.

Open Enrollment Periods

A few states require their Blue Cross – Blue Shield plan to open their enrollment at least once a year to anyone who applies for health insurance, regardless of their health history. Call your local Blue Cross – Blue Shield company and ask for information on their “open enrollment for individual health plans.”

Guarantee Issue by State Mandate

Finally, there are a few states that require all insurance companies to offer at least a few health insurance plans, if not all, to persons without any medical underwriting at all. Each state has its own requirements as to when these plans are offered and what plans must be offered. For more information contact your state's Department of Insurance.