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## Managing Finances in the United States- Accessing Health Care Services and Health Insurance Basics



Did you know that about 100 agricultural workers suffer a lost-work-time injury every day and that farming is one of the most dangerous jobs you can have? Your health is an important asset. If you are sick or injured, working, and caring for your family is more difficult. It is important to know, where you can get the treatment and how you will pay for medical treatment.



### Where Can I Go for Medical Treatment and What Will it Cost?

**Federally Qualified Health Centers (FQHC)** are community-based health care providers that receive federal funding to provide primary care services. The Centers must meet a stringent set of requirements and will provide care on a **sliding scale fee** based on your ability to pay. Locally these Centers may be called Community Health Centers or Migrant Health Centers. You must provide Information about family size, photo identification, address, and proof of income when using these facilities.

Most hospitals and health centers do not require residency or immigration status documentation and will help anyone. How much it costs you to visit the doctor will depend on the health care services you used. When a **sliding scale fee** payment system is used, the **health care provider** will use a formula based on your income and family size to determine how much you must pay and set up a payment plan to pay the bill over time.

The hospital staff will request your medical history to help assess your medical needs. The hospital will mail you an invoice. Thus, you must provide your name and address. You must also give Information on your income level so the hospital can bill you the correct amount.

### What is Health Insurance and How Does it Work?

Health insurance is a tool people use to manage potential risks of becoming sick, injured, developing a chronic health condition such as diabetes, and the risk of needing to pay a lot of money for health care services. If a health problem happens, the results can be costly. Health insurance helps reduce that risk, especially the financial one.

Health insurance is administered by a central organization, such as a government agency, private business, or not-for-profit organization. This organization offers a variety of health insurance plans, and these plans provide coverage for health care services. There are different plans based on the services the plan covers and how the cost of those services are shared between you and the insurance company. Costs can include a **monthly premium** or payment, a **deductible, copayments, or coinsurance** charge. All these different costs will be determined by the plan you choose. Often the higher the premium the lower the other charges. It is important to **comparison shop**.

### Who Can Get Health Insurance?

U.S. born citizens, U.S. naturalized citizens, lawfully present immigrants (like H2A workers), and those considered U.S. residents for tax purposes are eligible for coverage through the Health Insurance Marketplace.® Undocumented immigrants are not eligible to buy health insurance from the **Health Insurance Marketplace**. But they may apply for coverage on behalf of documented children or family members.

### How Do I Get Health Insurance?

There are several ways you can get health insurance. Some employers offer health insurance as an employee **benefit**. The costs of health insurance could then be shared with your employer; you would receive a health insurance card and some information about the plan.



If your employer doesn't offer health insurance, most states have a **Health Insurance Marketplace**. This program makes it easy to access health insurance. The amount you pay for insurance will be based on your income and family size, ages, and if there are smokers in the family. Based on the information you provide, you may qualify for financial help or subsidies that reduce the monthly premium cost.

### What about Dental Care?

Dental care is important to your health. If you have problems with your mouth or teeth, it can be painful and impact other aspects of your health and wellbeing. Dental care is not usually covered by health insurance. Some clinics offer free or low-cost dental care and emergency care. You can find a local provider on this website:

<https://www.authoritydental.org/toothwisdom>.

Some employers offer dental insurance as an **employee benefit**. If they don't, you can use the Health Insurance Marketplace to find a dental insurance plan. This will have a **monthly premium, copayments, coinsurance, and deductible** costs as well.

### How Do I Use Health and Dental Insurance Effectively?

The first step is to learn about your insurance plan. There will be an **Evidence of Coverage** document or website that provides this information. Next, determine what doctors and hospitals you can use. You'll want to visit your doctor at least once per year for an annual checkup. Additionally, you want to know where to go before becoming sick or injured. It is best to have this figured out before you need assistance.

**Did you know, it is important to brush your teeth twice a day and refrain from too much sugar, soda, and candy to keep you and your mouth healthy?**

Paying your monthly premium ensures that you have coverage for the health services you use. You also want to review any **Explanation of Benefits documents** sent to you by the health insurance company or **health care provider** to ensure the services you used, and the fees are correct. If they are not, visit with your **health care provider** or health insurance company to find out why there are differences.

### How Does Health Insurance Work?

Once you have health insurance, you will receive a health insurance card. There is important information on this card, including your policy type and number, information about **copayment** amounts, health insurance contact information. When you need health care services, you will show this card to the **health care provider**. When you go to a **health care provider**, there may be a **copayment** amount that you must pay at the time of the visit. This amount will be on the card.



After your visit is over, the **health care provider** will send information to the health insurance company about the services, the cost, and how much you paid them for the **copayment**. The health insurance company will pay the **health care provider** the rest of what is owed to the provider. If you went to a **health care provider** who was not part of the health insurance company's network, there might be additional charges that the health insurance company did not cover, and the **health care provider** might bill you. For this reason, it is essential to see **health care providers** who are in your network.

Sometimes, healthcare services don't require a **copayment** but instead require **coinsurance** or a percentage of the bill. For example, if the total cost of the services is \$100 and the **coinsurance** amount is 15%, then you owe the **health care provider** \$15 while the health insurance company would pay \$85.

### A Case Story for Dani

Dani earns \$15.00 per hour and works 60 hours each week, and lives in the U.S. all year. Dani is married with three children and does not earn money from other jobs. Their annual gross income is \$46,800. One day Dani was in an accident in town and broke an arm. He/She was not working at the time. To address this injury, Dani went to the local Federally Qualified Health Center where an X-ray was taken, surgery was conducted, anesthesia was used during the surgery, a cast was used to stabilize the arm after the surgery, pain drugs were provided and 2 follow-up visits were attended to check on the surgery and remove the cast. Without insurance or any assistance from the Health Center, the total cost of this one event was \$9,352.

Scenario 1 – Working with the Federally Qualified Health Center, Dani provided the required documentation proving income, family size, and address. Using the sliding scale fee formula, the billing department concluded that Dani would be required to pay \$20 for each visit (3 x \$20 = \$60) and 30% of the total bill (.30 x \$9,352 = \$2,805) for a total of \$2,865. The Health Center worked with Dani to develop a payment plan of \$150/month for about 19 months.

Scenario 2 – Health Insurance Marketplace – For a family of 5 for a mid-ranged (Silver Plan), the cost per month would be \$1500/month for all family members. But based on the income, family size and residence location information, the income is equal to 151% of the poverty level. This level is used to determine how much **subsidy** you will receive. This means Dani is eligible for financial help through the Health Insurance Marketplace. An estimate of their cost for coverage and amount of financial help in 2022 would be estimated to be \$1,479 per month (\$17,754 per year) as a premium tax credit. This covers almost 100% of the monthly premium costs. That means the actual cost could be \$1/month for a total of \$14/year, depending on the chosen Silver plan. Total out-of-pocket costs would be limited to \$5,800 in 2022. There would

be a deductible of \$1500 to be paid and copayments for the three visits to the health care services. In the case of this accident, the total cost would be \$14/year for the health insurance premium + \$1500 deductible + 3 x \$25/visit deductible for a total of \$14 + \$1500 + 75 = \$1,589. After talking with the health care center, a payment plan of \$150/month was developed for 11 months.

The added benefit of this scenario is that the whole family will be covered by health insurance for any future preventative doctor visits, sickness, or illness.

### Does my employer have to pay for my injuries if I get hurt while working?

If you've sustained a job-related injury, your employer may be responsible for helping you with lost wages or other accommodations. Most employers are required by laws in each state to carry workers' compensation insurance. This type of insurance pays a portion of an employee's regular wages while they're recovering from a work-related injury or illness. Every state but Texas mandates employers to purchase workers' compensation insurance.

If you are injured on the job, tell your employer/supervisor and discuss with them your options for receiving wages and help with covering health care costs for the injury.

Additional documents in this Managing Money in the US series in English and Spanish can be found at this website: [farmaid.org/cultivemos](http://farmaid.org/cultivemos)

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## Important Words to Know

**Federally Qualified Health Centers** - are community-based health care providers that receive federal funding to provide primary care services. Find your closest one using this tool:

<https://findahealthcenter.hrsa.gov/tool>

**Sliding Scale Fee** – the scale offers variable prices for products or services based on a customer's ability to pay.

**Health Care Provider** - is an individual health professional or a health facility organization licensed to provide health care diagnosis and treatment services

**Payment Plan** - is an agreement with the health care provider to pay the costs of care that you owe within an extended timeframe.

**Monthly Premium** - monthly fee paid to an insurance company or health plan to provide health coverage.

**Deductible** - is a set amount of money that an insured person must pay out of pocket every year for eligible healthcare services before the insurance plan begins to pay any benefits. Many plans allow access to preventative services without having to pay the deductible first.

**Copayment** - is a fixed amount for a covered service, paid by a patient to the provider of service before receiving the service.

**Coinsurance** - the percentage of costs a patient pays for cost of health care services.

**Comparison Shop** - compare the price of products or services from different vendors before buying.

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**Health Insurance Marketplace** - is a place (both online and in-person) where consumers in the United States can purchase private individual/family health insurance plans and receive income-based subsidies to make coverage and care more affordable. (<https://www.healthcare.gov/>)

**Subsidy** - a sum of money granted by the government to assist an individual so that the price of a product or service remains low or competitive.

**Evidence of Coverage Document** - is the legal contract between you and the Health Insurance company. It outlines what services are covered and the costs, explains how the plan works and what you can do if you have questions or concerns.

**Employee Benefits** - are a form of compensation paid by employers to employees over and above regular wages. Examples include healthcare or health and/or disability insurance premiums.

**Explanation of Benefit Documents** - is the health insurance company's written explanation regarding the health care services information a health care provider sends to them, summarizing the services provided, what health insurance company paid and what the patient must pay.

**Workman's Compensation Insurance**- Workers' compensation or workers' comp is a form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.