

HOW TO GET AFFORDABLE

HEALTH

CARE

in New York City

about

The Artists Health Insurance Resource Center

AHIRC, a program of The Actors Fund, was created in 1998 with the support of the National Endowment for the Arts to help people in entertainment and the arts find affordable health care and health care coverage and reduce the number of uninsured artists. AHIRC offers in-person counseling in New York and Los Angeles, national telephone support, an internet resource database (www.ahirc.org) with over a half-million visitors each year and over 100 *Getting and Keeping Health Insurance* workshops held at arts, cultural and human services organizations throughout the country. This health care guide was created and edited by James Brown and Renata Marinaro, LMSW. For more information call **917.281.5975** or visit www.ahirc.org or the websites listed in this booklet.

The Actors Fund is a national human services organization that helps everyone – performers and those behind the scenes – in performing arts and entertainment. Serving professionals in film, theatre, television, music, opera, radio and dance, The Fund's essential programs include social services and emergency assistance, health care and health insurance resources, housing, and employment and training services. With offices in New York, Los Angeles and Chicago, The Actors Fund has – for over 130 years – been a safety net for those in need, crisis or transition. Learn more at www.actorsfund.org.

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Why do I need health insurance?

- » **Access:** Access to quality health care is directly tied to having health insurance. Without health insurance or unlimited funds, you will have little or no say in the care you receive or in the choice of providers of that care.
- » **Cost:** The cost of care is so great that a surgery, a day or two in the hospital, treatment for a chronic condition, a prescription for on-going drug therapy, or even several hours in a hospital emergency room can throw you into considerable, even ruinous debt, if you are uninsured.
- » **Better Outcomes:** People without health insurance frequently delay care, and are more likely to be sicker when they seek care. Not surprisingly, the mortality rates for cancer and other diseases are higher among the uninsured.

What are my rights and protections?

Every New Yorker has the right to buy health insurance. You cannot be denied insurance or charged more because of your health status, age or gender. However, insurers can count as pre-existing conditions those for which you received medical advice in the 6 months prior to the start of your policy. Coverage for pre-existing conditions can be excluded for a maximum of 12 months. The amount of time you were covered under your previous insurer may be credited toward your pre-existing condition exclusion period if you have not had a break in coverage of 63 days or more.

The Affordable Care Act, enacted on March 23rd, 2010, includes many additional rights and protections, as well as responsibilities, some of which – such as a requirement that new plans offer some preventive services without co-pays or deductibles – have already gone into effect. In January 2014, other significant changes will occur. Most people will be mandated to have coverage, there will be subsidies available to make insurance affordable, and a range of plans will be available on Exchanges. To help you learn more about these reforms, which will make quality health insurance more accessible to people in entertainment and the arts, The Actors Fund has created a free booklet titled *Every Artist Insured: Understanding Health Care Reform*. You can get a copy by requesting it from ahirc@actorsfund.org or by downloading a pdf version at www.ahirc.org.

In the case of an emergency, federal law protects you from being denied care in an emergency room, regardless of your insurance status or ability to pay. If you don't have health insurance and it's not an emergency, New York City's public hospitals are required to treat you, but private hospitals are not.

How can I get health insurance in the New York area?

You have three basic options for obtaining health insurance in New York:

- » employment-related coverage
- » private, direct-purchase plans
- » government-subsidized programs

What are my employment-related options?

A job, or a spouse/domestic partner's job This is how most people under 65 years old get health insurance. The worker usually pays part of the cost and the employer/union pays the rest. This is called group insurance. It can be the least expensive way to get health insurance, and is particularly useful to anyone who has a pre-existing condition.

Adults under the age of 26 can stay in or enroll in their parents' coverage. The young adult does not have to live at home, be a student, be claimed as a dependent on their parents' tax returns, or be single. Note: a young adult whose employer offers coverage cannot enroll in a parent's plan.

A union Entertainment industry unions offer health insurance to eligible members. For performers, eligibility is achieved through the amount of "union work," in which an employer contributes towards the union health benefit.

- » The American Federation of Television & Radio Artists:
www.aftrahr.com
- » Actors' Equity Association: www.equityleague.org/health
- » Screen Actors Guild: www.sagph.org/index2.html
- » American Federation of Musicians Local 802:
www.local802afm.org/about/ben_health.htm

COBRA is a federal law that allows you to keep the group insurance you had through a job, a spouse's job, or a parent for up to 18 months (sometimes longer). In New York State, you can keep COBRA coverage for up to 36 months. The cost can be high, but is often less expensive than buying insurance on your own. You have 60 days from the date of your notification letter to choose COBRA coverage.

New York COBRA subsidy New York offers a special COBRA subsidy to people who have had insurance through an entertainment union. The subsidy pays for just under half of your monthly premium for up to 12 months. Certain income limitations apply. www.ins.state.ny.us/cobra/cobra_entertainment.htm

A school Most colleges and universities offer health insurance at greatly reduced cost. For example, all branches of the City University of New York (CUNY) offer plans to students who are enrolled for six credits or more per semester.

www.ghi.com/pdf/cuny_plan_brochure.pdf

Small business insurance If you are a sole proprietor or own a small business, you may be able to buy insurance through some Chambers of Commerce and other small business organizations, such as:

- » Brooklyn HealthWorks: www.ibrooklyn.com
- » New York Health Insurance Exchange: www.liahealthalliance.com
- » Health Pass: www.healthpass.com

Small Business Tax Credits - The Affordable Care Act provides small employers with a tax credit for purchasing health insurance for their employees if the employer has the equivalent of fewer than 25 full-time employees who have average annual wages of less than \$50,000. For 2010-2013, the tax credit is up to 35% (25% for non-profits) of the employer's contribution. Starting in 2014, the tax credit will be up to 50% (35% for non-profits). To learn more about this important incentive for small employers to offer health insurance, visit the website of the National Association of Insurance Commissioners at www.naic.org.

I'm a freelancer. What's available to me?

You may want to consider joining an association that allows you to buy health insurance at a reduced rate. Each association has different eligibility requirements. Associations include:

- » The Freelancers Union: www.freelancersunion.org
- » Media Bistro: www.mediabistro.com
- » TEIGIT: www.teigit.com

Several insurers in New York offer insurance plans for the self-employed. Current premiums and benefits can be found at www.ehealthinsurance.com.

Beginning January 2014, self-employed workers and their families must be included in the small group market, and will have the option of purchasing coverage through health insurance Exchanges. This will greatly increase plan options for freelancers.

I can afford to buy private insurance, but I don't know what type of plan to get.

Private, direct-purchase plans can be divided into 3 types:

- » **HMO plans**, which offer a wide variety of health services but limit coverage of care to doctors within their network.
- » **POS/PPO plans**, which pay for care in or outside a network of providers. If you go to an out-of-network provider, you often pay that provider's fees directly and file for reimbursement from the insurer.
- » **HSAs** (Health Savings Accounts) which combine tax-sheltered funds for health care with qualified high-deductible insurance plans.

Plans vary widely in services provided. Out-of-pocket costs include premiums, co-pays, deductibles and co-insurance. High-deductible plans, sometimes known as "catastrophic" insurance, generally have lower premiums but are not available for direct purchase in New York. For a list of current premiums for all carriers offering HMO and POS plans in New York, visit www.dfs.ny.gov/insurance/ihmoindx.htm

Dental Insurance Delta www.deltadentalins.com/individuals/plans/index.html offers a type of dental insurance in New York that requires co-payments for services performed by its contracted dentists. Other dental plans can be found at www.ehealthinsurance.com. Note that these plans usually have long waiting periods before they will pay for any significant dental procedures.

I will be traveling/going on tour. Will I be covered if I get sick while I'm on the road?

If you plan on traveling or touring outside New York, speak with your carrier about coverage. Generally, HMO plans pay claims for life-threatening emergencies only. POS and PPO plans pay out-of-network claims according to your contract.

Am I eligible for government-subsidized health care programs?

Eligibility for almost all government health care programs is based on your annual gross income (figured as a percentage of the Federal Poverty Level) as well as other requirements. The 2012 Federal Poverty Level (FPL) for one person is \$11,170 and for a family of four is \$23,050.

Medicaid is a public health insurance program for those with very limited incomes. In order to determine eligibility, Medicaid adds all your sources of income and then subtracts certain deductions. Medicaid's coverage is comprehensive and includes prevention, primary care, hospitalization, prescriptions, and other services. There are

no premiums. www.health.state.ny.us/nysdoh/medicaid/mainmedicaid.htm. Note: The Affordable Care Act has expanded eligibility for Medicaid. The new eligibility guidelines will begin in January 2014. Reliable information about these changes can be found at www.healthcare.gov.

Family Health Plus is a public health insurance program for adults ages 19 to 64 who do not have health insurance, but have low incomes that are still too high to qualify for Medicaid. It is available to single adults, couples without children, and parents. It provides comprehensive coverage including prevention, primary care, hospitalization, prescriptions, and other services. There are no premiums.

www.health.ny.gov/health_care/family_health_plus/

Healthy NY is a collaboration between New York State and private insurance companies. To be eligible you must have worked in the last year and have a limited income. Coverage includes preventive and primary care, hospitalization, and other services. There are premiums and co-payments, as well as a deductible. Note: those who have had direct pay private insurance in the past 12 months are disqualified from purchasing Healthy NY; those who have had employer insurance, COBRA, or a government-subsidized insurance plan are not. www.healthyny.com

The NY Bridge Plan is a temporary program that makes health insurance available to individuals with a pre-existing condition who have not had insurance in the six months prior to applying. The premiums are considerably less expensive than private insurance. The plan is a type of HMO administered by the private insurer GHI/ Emblem Health and has comprehensive benefits, including immediate coverage of pre-existing conditions. Once you have the Bridge Plan, you can keep it until the program expires January 1, 2014, when guaranteed insurance will be available to everyone. www.nybridgeplan.com

Medicare is health insurance for people age 65 and older and the disabled regardless of income. Medicare is divided into different areas of coverage: Part A covers hospitalization, Part B covers outpatient and other medical services, and Part D covers medications. You don't have to pay a premium for Part A. Both parts B and D require premiums, and all parts require co-insurance and co-pays. www.medicare.gov

Since January 1, 2011, Medicare beneficiaries pay nothing for more than 20 preventive screening services such as blood pressure, diabetes and cholesterol tests, certain cancer screenings, and flu shots if they are received from a Medicare provider. Speak to your provider before receiving the service to make sure it's covered. An annual wellness visit to create a personalized prevention plan is also provided at no cost.

A **Medicare Advantage plan** is an HMO or PPO offered by a private insurer which replaces Medicare Parts A, B, and D. Be aware that when you join one of these plans you have essentially left Medicare and joined a local network of providers. Information at www.medicare.gov can help you decide if joining one of these plans makes sense for you.

Medicare Supplemental Insurance, also known as Medigap, covers varying costs associated with Medicare benefits depending on the plan chosen. They are sold by private insurers. Current premiums for these plans can be found at www.dfs.ny.gov/insurance/caremain.htm

Note: The Affordable Care Act made an important change in Medicare Part D by lowering the co-insurance rate in the so-called “donut hole”. The donut hole is the gap between \$2840 in total retail drug costs and \$4550 paid out-of-pocket by the insured person. Currently, a person in the donut hole must pay 50% of a drug’s actual retail cost. This amount will decrease each year by 5% until it reaches the standard 25% co-insurance in 2020.

Child Health Plus is a state program that makes health coverage available to anyone under the age of 19 who is uninsured. The program is designed for families with low incomes, but any family can buy into it for a small monthly premium. Coverage is comprehensive and includes prevention, primary care, hospitalization and prescriptions. www.health.state.ny.us/nysdoh/chplus/index.htm

I have a special health condition. Are there any public health programs that cover it?

PCAP The Prenatal Care Assistance Program offers complete pregnancy care to women who live in New York and meet certain low-income guidelines. www.health.ny.gov/publications/6000/

ADAP/AHIP/APIIC The AIDS Drug Assistance Program (ADAP), the AIDS Health Insurance Program (AHIP), and the ADAP Plus Insurance Continuation Program (APIIC) will cover the cost of HIV & AIDS-related medication and pay insurance premiums for people who are not eligible for Medicaid and have been diagnosed with HIV/AIDS. There are income and asset limits. www.health.ny.gov/diseases/aids/resources/adap/

The National Breast and Cervical Cancer Early Detection Program provides low-income, uninsured women access to screening and diagnostic services to detect breast and cervical cancers. Women who are subsequently diagnosed with cancer may be immediately eligible for limited Medicaid. www.cdc.gov/cancer/nbccedp/about.htm

I'm not eligible for employment-related coverage or government programs, and I can't afford insurance. What should I do?

It is possible to get affordable health care without health insurance by taking advantage of sliding-scale programs at public hospitals and community clinics, which set fees based on your income, or by using retail clinics. The Bureau of Primary Health Care's website (<http://findahealthcenter.hrsa.gov>) can direct you to the sliding-scale clinic closest to your home. A selected list of clinics can be found at the back of this booklet.

HHC Options is a discount program for New York City residents who receive care at public hospitals. It is not insurance. Eligibility depends on income, family size, and assets. www.nyc.gov/html/hhc/html/access/hhc_options.shtml

Artist Access and **Lincoln Art Exchange** are different ways for artists to access the HHC Options program. It allows artists to barter performance or artistic activity for health care credits at Woodhull Hospital in Brooklyn and Lincoln Hospital in the Bronx. Inquire at the hospital for more information.

Free and sliding-scale clinics The Actors Fund operates The Al Hirschfeld Free Health Clinic, a primary care clinic for entertainment professionals and people in the performing arts. Eligibility guidelines are based on the number of years and earnings in the industry. All services are free. Call 212-489-1939 for an appointment.

Retail clinics like CVS's Minute Clinic (www.minuteclinic.com) and Duane Reade's Walk-In Medical Care (www.drwalkin.com/locations.html) offer treatment and preventive care for common conditions, like strep throat and ear infections.

I can't afford my medications. Can I get them for less, or free?

Needy Meds has information on over 475 patient assistance programs which offer low-income, uninsured, or underinsured patients free or low-cost medications. www.needymeds.org

Some major retailers offer lower-cost medication. Wal-Mart (www.walmart.com/pharmacy) and Target (www.target.com) both offer over 300 generic medications for \$4 for a 30-day supply.

EPIC Elderly Pharmaceutical Insurance Coverage is a state program that reduces the cost of medications for low and moderate-income seniors age 65 and older. www.health.state.ny.us/health_care/epic/index.htm

I have mental health needs and I don't have insurance. What should I do?

If you are in crisis, call **LIFENET** at 1-800-LIFENET or the **Samaritans Suicide Prevention Hotline** at 212-673-3000. Both hotlines are available 24 hours per day, 7 days per week. They can talk with you and LIFENET can refer you to services in your area.

The National Mental Health Services Locator offers a comprehensive database of mental health facilities, services, advocacy groups and resources. Substance abuse treatment facilities are also listed. <http://store.samhsa.gov/mhlocator>

Some clinics provide mental health counseling and set fees for services based on your income. For a selected list of these see the last page of this booklet.

I have a dental problem, but no dental coverage. What should I do?

Both **Columbia University College of Dental Medicine** (www.dental.columbia.edu/patients/sdosclinics.html) and **New York University Kriser Dental Center** (www.nyu.edu/dental) offer dental services. The work is done by students, residents, and faculty, and the cost is about half of customary fees. A list of hospital-based dental clinics and centers throughout the city that provide low-cost or free dental care to people with low incomes can be found at www.nyc.gov/html/hia/html/resources/services_dental.shtml.

Why is it so important that the Affordable Care Act succeed?

The passage of health care reform on March 23, 2010 has brought us within reach of having every artist and entertainment professional, along with our spouses, partners, and children, protected by comprehensive health insurance. Because so many of the law's provisions are directed at the individual and small group market, where a high percentage of us find ourselves, it is important to understand the critical benefits that this law brings to our communities. You can begin by reading the booklet cited earlier — *Every Artist Insured: Understanding Health Care Reform* — available on the AHIRC website. You may also want to support organizations such as Families USA (www.familiesusa.org) and Community Catalyst (www.communitycatalyst.org) that have been at the forefront of the fight for affordable access to quality health care and continue to work effectively for it. At every opportunity, express your opinions to your state and federal representatives, and participate in our democratic institutions. Make the voice of the artist heard.

Resources

Selected New York City public hospitals

Bronx

Jacobi Medical Center, 1400 Pelham Pkwy. South | 718.918.5000

Brooklyn

Kings County Hospital Center, 451 Clarkson Ave. | 718.245.3131

Woodhull Medical and Mental Health Center, 760 Broadway | 718.963.8000

Manhattan

Bellevue Hospital Center, 462 1st Ave. | 212.562.1000

Harlem Hospital Center, 506 Lenox Ave. | 212.939.1000

Queens

Elmhurst Hospital Center, 79-01 Broadway | 718.334.4000

Selected community health care clinics

Bronx

Morris Heights Health Center, 85 W. Burnside Ave. | 718.716.4400

Bronx Lebanon Family Medicine Center, 1276 Fulton Ave. | 718.901.8236

Brooklyn

Williamsburg Community Health Center, 279 Graham Ave. | 718.963.7820

Bushwick Community Health Center, 1420 Bushwick Ave. | 718.919.1200

Family Physician Health Center, 5616 6th Ave. | 718.439.5440

Manhattan

The Al Hirschfield Free Health Clinic, 475 W. 57th St. | 212.489.1939

The Ryan Chelsea-Clinton Community Health Center, 645 10th Ave. | 212.265.4500

The William F. Ryan Community Health Center, 110 W. 97th St. | 212.749.1820

Queens

Long Island City Community Practice of New York Presbyterian Hospital,
36-11 21st St. | 718.482.7772

Selected mental health care clinics

Manhattan

Blanton Peale Counseling Center Main Office (there are satellite clinics in Brooklyn, Queens, and Staten Island) 3 W. 29th St. | 212.725.7850
The Theodore Reik Clinical Center for Psychotherapy, 40 W. 13th St. | 212.ANALYST
National Institute for the Psychotherapies, 250 W. 57th, Ste. 501 | 212.582.1566

Brooklyn

Brooklyn Center for Psychotherapy, 300 Flatbush Ave. | 718.622.2000
Park Slope Center for Mental Health, 348 13th St. | 718.788.2461

Queens

Steinway Clinic, 41-36 27th St., Long Island City | 718.389.5100

Selected low-cost dental care

Brooklyn

Lutheran Medical Center, 150 55th St. | 718.630.6875

Manhattan

New York University Kriser Dental Center, 345 E. 24th St. | 212.998.9800
The Ryan Chelsea-Clinton Community Health Center, 645 10th Ave. | 212.265.4500
Columbia University College of Medicine, 622 W. 168th St. | 212.305.6726

Selected 24-hour pharmacies

Bronx

CVS, 3775 E. Tremont Ave. | 718.597.3757

Brooklyn

Neergaard Surgical and Pharmacy, 454 5th Ave. | 718.768.0600

Manhattan

Rite Aid, 303 W. 50th St. at 8th Ave. | 212.247.8384
CVS, 1622 Third Ave. at 91st St. | 212.876.7016

Queens

CVS, 89-11 Northern Blvd. at 90th St., Jackson Heights | 718.426.2508

Glossary

Annual limit: the maximum dollar amount payable by the insurer for covered expenses for the insured in one year.

Co-insurance: the amount you must pay for your portion of medical claims, usually expressed as a percentage. For example, if you have an 80/20 plan, your insurer will pay 80% of the contracted charges and you are responsible for 20%.

Co-payment: the flat dollar amount you pay for services, such as office visits, prescriptions, and exams.

Deductible: the annual amount a patient pays out-of-pocket before the insurer begins paying its share of claims.

“Doughnut hole:” also called the Medicare Part D coverage gap, the doughnut hole is when Medicare temporarily stops paying for your prescriptions. For example, in 2012, your initial drug coverage limit is \$2,930. Once you meet that limit you enter the coverage gap. You are then responsible for 100% of your drug costs until the total cost reaches \$6,657, at which point you will be responsible for only 5% of the cost of your drugs.

Grandfathered plan: a health plan that an individual was enrolled in before March 23, 2010. These plans are not required to follow some of the rules and regulations enacted by the Patient Protection and Affordable Care Act.

Exchanges: new, competitive marketplaces that will facilitate the purchase of a range of private insurance plans, all of which must provide certain benefits and meet cost standards. Exchanges will be open to qualified individuals and small employers.

High-deductible (“catastrophic”) plan: a type of health plan that requires greater out-of-pocket spending by the consumer up front before the insurer pays its share of benefits. These plans generally have lower premiums.

Medicare Advantage: a program that allows Medicare beneficiaries to receive their benefits through private insurers. Medicare Advantage plans must provide all standard Medicare benefits, but can do so with different rules, costs and restrictions that can affect how, with whom, and when you can get care. Some plans require that you use only the insurer’s network of providers, while others allow you to see an out-of-network provider at a higher cost.

Medicare supplemental (Medigap)

plan: a private insurance plan that specifically fills in some of the gaps in Medicare Parts A and B coverage. These plans may pay for deductibles, co-insurance, and limited additional benefits.

Out-of-pocket costs: health care costs such as deductibles, coinsurance and co-payments.

Patient Protection and Affordable

Care Act: signed into law by President Obama on March 23, 2010, this law, also known as “health care reform”, expands coverage, mandates new consumer protections, and improves the health care delivery system.

Pre-existing condition: a medical condition for which a person has received a diagnosis or treatment within a specified time period before the start date of the plan. The practice of charging more or refusing coverage to an individual because of a pre-existing condition will be prohibited for children after September 23, 2010 and for adults beginning January 1, 2014.

Premium: Money paid on a regular basis to an insurer for insurance coverage.

Small Business Tax Credit:

an incentive to encourage employers with fewer than 25 full-time (or full-time equivalent) employees to offer health insurance to employees. To receive the credit, the employer must offer a group health plan and pay at least 50% of the premium. The credit ranges between 25%-50% of the employer’s cost.



Notes

The Actors Fund, for everyone in entertainment.

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