



Patient Power

Comparing Health Insurance: How to Determine Which Plan Is Right for You

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Andrew Schorr:

Now, Eliot, you're on what we call a commercial plan—Blue Cross, Blue Shield, one of those.

Eliot Finkelstein:

Blue Cross/Blue Shield of California through Los Angeles Unified.

Andrew Schorr:

So, you're still in a group plan from the Los Angeles Unified School System. Were you a teacher or your wife was a teacher?

Eliot Finkelstein:

My wife was an office worker at an elementary school, so I'm living off of her insurance.

Andrew Schorr:

Okay. So, let's talk about that, Stacey. Are there things that any of us can do that may be better—first of all, Medicare, where we wanna be—maybe we have a spouse with a better plan, and we wanna do that. And then, we could have this appeals process that we go through, like Eliot described.

Stacey Worthy:

Yeah, absolutely. I would highly recommend that when you're looking into health insurance, you be a—you do comparative shopping. So, look to see what other plans are out there and whether they offer better coverage. If there's a private plan, just because you're a certain age doesn't mean you can't enter into it. You can look to see what plans are available even through the insurance marketplaces – so, those individual plans. That's also another option.

The one thing I would say you wanna steer away from is those short-term plans – these are the plans that used to be for 30 to 90 days, or when there's a coverage gap when you've lost health insurance, but now they last up to 364 days. I wouldn't recommend looking into those plans because they're allowed to discriminate based on preexisting conditions, so if you have cancer, they can disqualify you. They don't have to offer [inaudible], things like that. But otherwise, I would absolutely recommend looking into private plans as well.

Eliot Finkelstein:

Can I jump in?

Andrew Schorr:

Yes, please.

Eliot Finkelstein:

Every year, of course, even we—under the commercial or private plan—we have open enrollment. So, we're always checking, but unfortunately, because ours is from Los Angeles or California and we're out of state, we have to stick with the one plan, and we have to accept what they change. But, we're always checking each year to see what we could do to improve what we've got.

Andrew Schorr:

Now, something just happened with Blue Shield of California, which my wife has, and I don't know how universal this is. They're not gonna pay for basically non-emergent or non-emergent follow-up care out of state. So, our daughter Ruthie is in Florida, so if she's on my wife's Blue Shield plan, they're not gonna pay for that unless it's emergency.

So, she's gonna go through the health exchange on healthcare.gov, and she's gonna find a plan for her, and she'll be covered on that in Florida. But, that was a real surprise because it used to feel like if something came up and you were in another state but covered from California or whatever it was, it would be covered, and now they're saying no if it's not an emergency or a follow-up to an emergency. So, Stacey, these policies change. These plans change. Eliot, you were talking about checking every year. Right now, as we do this on December 5th, we're still in this period where we can make changes—open enrollment, right? But, just for a few days.

Eliot Finkelstein:

And, for me, because my wife is officially retired, then nothing's really gonna change unless LAUSD decides to change something, and then we find out about it.

For the most part, I guess we're grandfathered in and stuck, but it's a relatively good plan.

Andrew Schorr:

Okay. Now, you also have some insurance through the military because you're a veteran, TRICARE. Has that helped you?

Eliot Finkelstein:

Well, I just got on TRICARE in August. So, because I met my deductible in May, I don't have to worry about it until January, and my deductible out-of-pocket for the year is \$7,500.00. So, I'm making sure everybody has my TRICARE, and mine is TRICARE Select because I'm not near a military base. When I turn 65, it'll be TRICARE For Life. And, the way I understand, it'll pick up all my deductible of the \$7,500.00 minus \$150.00.

Andrew Schorr:

So complicated. Let's just back up a little bit.

...in the U.S. or...so, commercial insurance like Blue Cross or other policies—right, Stacey? And then you need to check to see if something's changing each year that would affect you living with a chronic illness like CLL, and if you were switching from infused therapy, which might be paid with the hospital or directly, and you're going on an oral therapy, how does that affect you financially? Based on your financial situation, if you're now gonna be on ibrutinib (Imbruvica), venetoclax (Venclexta), or something else that comes along, is there an assistance program—either co-pay assistance from the drug company or some other foundation? Did I get it right, Stacey?

Stacey Worthy:

Yeah, absolutely. You definitely wanna look into all of those things. Sometimes, it's really hard to make sense of the health plan. The language can be really tricky, so I would absolutely recommend calling the insurer to have them clarify if you can't find the information that you're looking for.

Andrew Schorr:

Yeah, and tell them specifically what you're on.

Eliot Finkelstein:

Let me jump in. I've called my ombudsman many times, and she knows me personally by name, because I keep calling her to ask her questions about the details of the plan, what's covered, and everything else. So, that's important, and you're

absolutely right about going from infused therapy to pills. It changes everything, and it changes—the infused therapy typically is covered under regular medical coverage. These pills are covered under a prescription plan, which is way different.

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