



Health Insurance Milestone

TURNING 18

Navigating the world of health insurance can be difficult. If your child falls into one of these categories, the following information may be helpful to determine the next steps they need to take:

- Turning 18 and will remain on their current health insurance plan
- Turning 18 and will need a new health insurance plan

Prefer to talk to someone? We are here to help! You have access to Care Guides at Spira Care, who can answer questions you have about health insurance plans and benefits. Call **913-29-SPIRA (77472)** to speak to a Care Guide.

What is health insurance?

Health insurance is a contract between a member and the health insurer. A member pays a premium, and in exchange, the health insurer pays for a portion or all of the member's health care costs.

How does health insurance help someone?

Health insurance helps a person pay the cost of covered medical expenses for medical care, including preventive care like wellness visits and vaccinations, or larger events like surgery and hospitalization.

It is important to be prepared. If someone experiences a medical event, such as a broken bone, they must already be enrolled in a health insurance plan to receive coverage for this event.

My child is turning 18 and will remain a dependent on their current health insurance plan. Will they see any changes?

If your child remains on their current health insurance plan, they will not see any changes to their coverage.

At Spira Care, our patient portal allows patients to communicate with their provider, view test results, request medication refills, and more. If your child does not already have access to the patient portal, visit [MySpiraCare.com](https://www.myspiracare.com) to register or call **913-29-SPIRA (77472)**.

My child is turning 18* and will no longer be a dependent on their current health insurance plan. How do they enroll in their own health insurance plan?

There are several options for enrolling in a health insurance plan. Some of the most common options include:

- Through an employer
- Through the ACA Marketplace
- Government programs, such as Medicaid
- The Veterans Health Administration or TRICARE for military personnel

It is important to note that health insurance cannot be purchased whenever it's needed; members are required to follow an open enrollment period, a window of time in which they can shop around and select an annual plan that is right for them.

- If purchasing insurance through an employer, they set this window of time.
- If purchasing insurance through the ACA Marketplace, the Annual Enrollment Period (AEP) is typically set as November 1 – January 15 each year.
- There are off-cycle Special Enrollment Periods, but members must have a qualifying event to enroll. A Qualifying Life Event means a change in someone's situation – like getting married, having a baby, or losing health coverage – that can make them eligible for a Special Enrollment Period, allowing them to enroll in health insurance outside the yearly Open Enrollment Period.

*If your child is turning 18 and will not remain on their current health insurance plan, please contact a Care Guide at **913-29-SPIRA (77472)** to determine when their current coverage will end.

What should my child consider when choosing a health insurance plan?

There are many things to consider when choosing a health insurance plan, including:

Network

If your child has an existing doctor or hospital that they would like to stick with, it is important to consider what insurance plans they accept.

In many healthcare plans, an in-network provider is a doctor, specialist, hospital, or other healthcare professional that has an agreement with the insurance company to provide services to plan members for a set rate.

This in-network provider specifically accepts a member's insurance carrier and plan type. That usually means the insurance company will pay a larger percentage of a member's healthcare charges.

An out-of-network provider is any provider who does not have a contract with the member's healthcare plan. Generally, the insurance company will pay less money or not pay anything at all for services received from out-of-network providers.

Budget

- **PREMIUMS:** All insurance plans require the member to pay a premium, typically each month, to maintain an insurance policy.
- **COPAYS:** When a member visits a healthcare professional in their insurance network, they may have to make a payment before leaving the office. This money is known as a copayment. The health insurance policy determines this dollar amount, which members are required to pay for certain healthcare services, like physician office visits.
- **DEDUCTIBLE:** A deductible is the fixed dollar amount that must be paid before the health insurance plan pays its portion of a member's medical bills. Deductible amounts vary from plan to plan. Figuring out the proper deductible is a personal choice that depends heavily on a member's medical and financial needs.
- **HSA:** If a member enrolls in health insurance through their employer, they may have the option to open a Health Savings Account (HSA). An HSA allows members to pay for qualified medical expenses, like deductibles and copays, with tax-free money.

Does my child need dental insurance?

This is a personal decision. It is like health insurance, where a member pays a premium and the insurer helps cover the cost of dental visits.

If my child enrolls in a new Blue KC plan with exclusive access to Spira Care Centers

• Does anything change about their coverage?

If your child enrolls in a new Blue KC plan that gives them access to Spira Care Centers, either through an employer or by buying it from the ACA Marketplace directly, they may see some changes to their costs and network depending on the plan.

Care Guides are available at Spira Care Centers to answer any benefit questions, including any changes, services and costs. Call **913-29-SPIRA (77472)** to speak to a Care Guide.

• Does my child need to find a new doctor?

If your child is seeing a doctor at a Spira Care Center, they do not need to choose a new doctor. If your child is seeing a doctor outside of a Spira Care Center, they will want to choose a doctor in their plan's network. A Care Guide can determine if a doctor is in-network, or help your child select a doctor in their network. Call **913-29-SPIRA (77472)**.

• Does my child's prescription coverage change?

Your child may have some changes to the cost of prescription drugs depending on the plan they enroll in.

Who do I contact with questions or for more information?

At Spira Care, Care Guides are designed to serve as an ongoing point of contact. They can help explain benefits, estimate costs, and coordinate care inside and outside of Spira Care Centers. Call **913-29-SPIRA (77472)** to speak with a Care Guide.

