

# Benefits Decoder Pilot Project

## San Francisco



### What is the Benefits Decoder?

- ♦ A pocket reference to help line workers easily identify, understand, and take advantage of their clients' healthcare coverage and benefits.
- ♦ A tool for improving both data quality and service delivery.
- ♦ Part of the H<sup>2</sup> Healthcare & Housing Data Enhancement Initiative.
- ♦ The first of several handbooks that will be prepared for all H<sup>2</sup> communities who show interest in the material.

Questions? E-mail [decoder@homebaseccc.org](mailto:decoder@homebaseccc.org)

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# HOW TO USE THIS GUIDE

(1) Header at top of page identifies name and general category of plan

(2) Photos illustrate format of typical member ID card (some patients may have cards that look different)

(3) Icons show which categories of services are included: black means the service is covered, and grey means the service is uncovered, available only for minors, or requires a significant extra monthly premium.

(4) Program Eligibility and Cost explains who is allowed to enroll in the plan and what they can expect to pay out of pocket for major services.

(5) Program Benefits explains in more detail what kind of services are provided under the plan and how often those services can be used.

(6) HMIS Data Entry block shows you how to answer the questions in HMIS Data Standard 4.4.

Questions marked with “Ask” mean that you need to check with the client

(7) For More Info gives you contact information so you can follow up with the insurer and ask questions.

## AARP UnitedHealth Rx Plan

A Part D prescription drug plan to add on to Medicare



### Program Eligibility & Cost

This plan is only available for senior citizens, i.e., people over the age of 65.

### Program Benefits

This is a Medicare Part D prescription-drug plan only. It covers most types of generic pills, creams, and injectables when purchased from in-network

### HMIS Data Entry

Covered by Health Insurance:	Ask
Medicaid/MediCal:	No
Medicare:	Yes
State Children's Health Insurance Program (CHIP):	No

### For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Members: (866) 460-8854  
Non-Members: (888) 867-5564  
Phone service available 8 am - 8 pm, 7 days/week

# AARP UnitedHealth Rx Plan

A Part D prescription drug plan to add on to Medicare

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

This plan is only available for senior citizens, i.e., people over the age of 65.

AARP UnitedHealthCare Rx Plan is a relatively affordable prescription drug plan (with premiums of about \$31 / month). Co-pays can drop as low as \$1 for generic drugs, or even \$0 on mail-order generics, but patients gave the plan low ratings for “high risk medication” and “medication therapy management services.”

## Program Benefits

This is a Medicare Part D prescription-drug plan only. It covers most types of generic pills, creams, and injectables when purchased from in-network pharmacies, but does not cover doctors, nurses, or physical therapy. Medicare Part D is meant to go alongside a general-purpose health insurance policy like Medicare Parts A+B.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Ask
Medicaid/MediCal:	No
Medicare:	Yes
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Members: (866) 460-8854  
Non-Members: (888) 867-5564  
Phone service available 8 am - 8 pm,  
7 days/week

<http://www.AARPMedicareRx.com>

# Anthem Blue Cross HMO

A ‘CaliforniaCare’ program available through Medi-Cal Access Plan (“MCAP”)

CALIFORNIA ID CARD      \*AND\*      MCAP ELIGIBILITY      \*AND\*      ANTHEM ID CARD



## Program Eligibility & Cost

Medi-Cal Access Plan covers **medium-income pregnant** residents of California: you must be wealthy enough that you are not eligible for zero-cost Medi-Cal, but poor enough that it is difficult for you to afford your own health insurance. See [http://mcap.dhcs.ca.gov/Costs/Income\\_Guidelines.aspx](http://mcap.dhcs.ca.gov/Costs/Income_Guidelines.aspx) for exact income range.

Participants must present both a State of California BIC and an Anthem Blue Cross ID card to receive services. Participants can enroll their infant children in the Medi-Cal Access Infant Program.

## Program Benefits

The plan includes nutritional services, smoking cessation, substance abuse treatment, prenatal care, maternity care, postnatal care, mental health care, pharmacy, primary care, and a full range of family planning services, including sterilization, abortion, and abortion counseling.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	Yes
Medicare:	No
State Children’s Health Insurance Program (CHIP):	Yes
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Customer Service: (877)-687-0549  
TDD / Spanish: (888) 757-6034  
Available Monday - Friday,  
8:30 a.m. to 7:00 p.m. PT

[http://mcap.dhcs.ca.gov/Plans\\_Providers/Plans/Anthem\\_Blue\\_Cross\\_HMO.aspx](http://mcap.dhcs.ca.gov/Plans_Providers/Plans/Anthem_Blue_Cross_HMO.aspx)

# Anthem Blue Cross HSA/PPO

A private health savings account with provider choice via Covered California

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Anyone living in California who doesn't have health insurance through an employer can sign up for this plan through Covered California.

The plan has a \$4,500 deductible for medical and drugs, and a 40% co-pay pretty much across the board, except for preventative care, which is free.

Members of this plan can make tax-free deposits to a special "health savings account," so they are useful for people who earn enough money to pay federal income tax, i.e., over \$9,750 per year.

## Program Benefits

The plan includes a full range of physical, pharmacy, behavioral, and mental health services.

Notably, the plan includes coverage for 30 days per year of inpatient care and 20 outpatient visits per year for mental or nervous disorders and substance abuse. The plan also covers chemotherapy, acupuncture, advanced medical imaging, skilled nursing, and urgent care.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	Yes
Medicare:	No
State Children's Health Insurance Program (CHIP):	Yes
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. Use the contacts below to find the most up-to-date information.

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[http://mcap.dhcs.ca.gov/Plans\\_Providers/Plans/Anthem\\_Blue\\_Cross\\_HMO.aspx](http://mcap.dhcs.ca.gov/Plans_Providers/Plans/Anthem_Blue_Cross_HMO.aspx)



# Anthem Blue Cross Medi-Cal

A private plan offering full coverage under California's Medicaid program.

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Medi-Cal is California's Medicaid program. To be eligible, you must be either low-income (less than 133% of the federal poverty line) or fit into a particular category of medical need.

The medical need categories include families with children, seniors, people with disabilities, children in foster care, pregnant women, and people with specific diseases such as breast cancer, tuberculosis, or HIV/AIDS.

## Program Benefits

Anthem Blue Cross' affiliate has contracted with the Department of Health Care Services to provide Medi-Cal health benefits to its Medi-Cal recipients.

Anthem provides all regular Medi-Cal benefits, plus free checkups, a 24/7 nurse helpline, free medical interpreters, and free rides to approved health services.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	Yes
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. Use the contacts below to find the most up-to-date information.

Phone: (800) 407-4627  
TDD/TYY: (888) 757-6034  
Available Monday - Friday  
from 7 am to 7 pm PST

<https://mss.anthem.com/ca/Pages/medi-cal.aspx>

# Anthem Blue Cross PPO

A private plan offering a wide choice of providers through Covered California

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Anyone living in California who doesn't have health insurance through an employer can sign up for this plan through Covered California.

The program has high deductibles and is unlikely to be useful for most low-income clients, but the pharmacy deductible is only \$500/year. After that, drugs at in-network pharmacies are free to the patient, making this a good choice for heavy users of prescription drugs. Lab testing is also somewhat affordable at a \$40 co-pay per visit.

## Program Benefits

The plan includes a full range of physical, pharmacy, behavioral, and mental health services.

Patients can choose their own doctors.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	Yes
Medicare:	No
State Children's Health Insurance Program (CHIP):	Yes
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. Use the contacts below to find the most up-to-date information.

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TDD / Spanish: (888) 757-6034  
Available Monday - Friday,  
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[http://mcap.dhcs.ca.gov/Plans\\_Providers/Plans/Anthem\\_Blue\\_Cross\\_HMO.aspx](http://mcap.dhcs.ca.gov/Plans_Providers/Plans/Anthem_Blue_Cross_HMO.aspx)



# Blue Shield of CA HSA/PPO

A private health savings account with provider choice via Covered California

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Anyone living in California who doesn't have health insurance through an employer can sign up for this plan through Covered California.

The plan has a \$4,500 deductible for medical and drugs, and a 40% co-pay pretty much across the board, except for preventative care, contraception, breast pumps, and prenatal/postnatal care, and pediatric vision/dental, which are free.

Members of this plan can make tax-free deposits to a special "health savings account."

## Program Benefits

This plan provides some coverage for most services, including mental health care, abortions, prenatal care, hospital stays, routine pediatric vision and dental, and prescription drugs.

Hearing aids, weight loss treatment, and adult dental/vision are not covered.

Patients can choose their own doctors.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	Ask
Private Pay Health Insurance:	Yes
Employer-Provided Health Insurance:	Ask
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Quotes: (888) 626-6780  
TTY: (800) 241-1823  
Customer Service: (800) 393-6130

<https://www.blueshieldca.com/bsca/find-a-plan/home.sp>

# Blue Shield of CA Bronze PPO

A private non-profit medical plan available through Covered California

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Anyone living in California who doesn't have health insurance through an employer can sign up for this plan through Covered California.

The website shows inconsistent cost information. Some versions of the summary of benefits say that the first 3 visits per year of primary care or urgent care are exempt from the deductible, although there are still copays ranging from \$70 - \$120 / visit. Other versions say that X-Rays, ER visits, and Hospital visits are free. Most services are subject to a \$6,000/year deductible.

## Program Benefits

This plan provides some coverage for most services, including mental health care, abortions, prenatal care, hospital stays, routine pediatric vision and dental, and prescription drugs.

Hearing aids, weight loss treatment, and adult dental/vision are not covered.

Patients can choose their own doctors.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	Ask
Private Pay Health Insurance:	Yes
Employer-Provided Health Insurance:	Ask
State Health Insurance for Adults:	No

## For More Info

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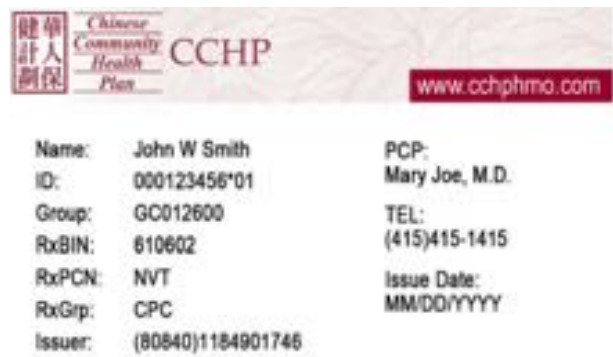
Quotes: (888) 626-6780  
TTY: (800) 241-1823  
Customer Service: (800) 393-6130

<https://www.blueshieldca.com/bsca/find-a-plan/home.sp>

# CCHP Bronze 60 / Minimum HMO

Chinese Community Health Plan’s commercial offerings for Covered California

FRONT OF CARD



WITH COVERED CALIFORNIA LOGO



## Program Eligibility & Cost

The Chinese Community Health Plan (CCHP) is local to San Francisco, and is primarily known for its programs for senior citizens. However, it also offers Bronze 60 and Minimum Coverage HMO plans to the general public through Covered California.

Anyone living in California who doesn’t have health insurance through an employer can sign up for this plan through Covered California, even if they have no Chinese heritage.

## Program Benefits

These plans offer limited value for low-income patients, because they have a \$6,000 annual deductible and require the patient to handle either high co-pays (\$70 for primary care under the Bronze plan) or the entire cost of the service (Minimum Coverage HMO) until the deductible has been met. However, they do provide free preventative care, and free dental and vision care for minors. There is also a \$500 out-of-pocket maximum on prescription drugs.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	Yes
Employer-Provided Health Insurance:	Ask
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Member Services: (888)-755-7888  
English TTY: (877) 681-8898  
Chinese TTY: (877) 681-8898  
English Sales: (888) 681-3888  
Chinese Sales: (415) 834-2118  
Available Mon - Sat, 8:30 a.m. to 5:00 p.m.  
<http://www.cchphealthplan.com>

# CCHP Senior Program HMO

Chinese Community Health Plan’s offering through Medicare Advantage

MEDICARE ID CARD

**\*AND\***

CCHP ID CARD



## Program Eligibility & Cost

This plan is only available to senior citizens, i.e., to people over 65 years of age. The CCHP Senior Program is an alternative to traditional Medicare.

The premium is \$46 per month, and dental insurance is available for an additional \$16 per month. The out-of-pocket maximum is \$3,400/year. This is a fairly typical Medicare Advantage plan that will be attractive to Chinese-speaking seniors.

## Program Benefits

The plan includes coverage for primary care, eyeglasses, skilled nursing, lab work, and prescription drugs, with moderate co-pays (\$15 for doctor office visits, \$3 for preferred generic drugs, \$195 for outpatient surgery).



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	Yes
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

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English TTY: (877) 681-8898  
Chinese TTY: (877) 681-8898  
English Sales: (888) 681-3888  
Chinese Sales: (415) 834-2118  
Available Mon - Sat, 8:30 a.m. to 5:00 p.m.  
<http://www.cchphealthplan.com>



# CCHP Senior Select HMO SNP

Chinese Community Health Plan’s Medicare + Medicaid combination package

CALIFORNIA ID CARD

**\*AND\***

CCHP ID CARD



## Program Eligibility & Cost

This plan is only available to people who qualify for **both** Medicare **and** Medi-Cal, i.e., to people over age 65 who have little or no income.

The plan offers an attractive package of services for between \$0 and \$14 per month.

Participants must present both a State of California BIC and a CHHP ID card to receive services.

## Program Benefits

Benefits include primary care, diagnostics, ambulance, transportation to and from the doctor’s office, skilled nursing, durable medical equipment, dialysis, acupuncture, mental health care, eye exams, and eyeglasses.

Prescription drugs are available for a modest co-pay (typically \$3-\$7 per bottle).



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	Yes
Medicare:	Yes
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

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English TTY: (877) 681-8898  
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English Sales: (888) 681-3888  
Chinese Sales: (415) 834-2118  
Available Mon - Sat, 8:30 a.m. to 5:00 p.m.  
<http://www.cchphealthplan.com>



# Family Mosaic Project

A specialty health plan for Medi-Cal managed care

DEPARTMENT LOGO



## Program Eligibility & Cost

This plan is only available to emotionally disturbed children age 17 and younger who qualify for Medi-Cal based on low-income and/or medical need.

To qualify, the child must be involved with at least two public systems (School District, Juvenile Probation, Human Services, Community Behavioral Health) and be at risk of out-of-home placement or be returning from outside placement.

The program is offered only in the Bayview, Mission, and Chinatown neighborhoods.

## Program Benefits

Benefits include intensive care management and wraparound behavioral care services for emotionally disturbed children and their families.

The program is sponsored by the San Francisco Department of Public Health, and does not maintain its own website.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Ask
Medicaid/MediCal:	Yes
Medicare:	No
State Children’s Health Insurance Program (CHIP):	Ask
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Call (415) 206-7600  
E-mail [janet.Avila@sfdph.org](mailto:janet.Avila@sfdph.org) or [ali.Gilak@sfdph.org](mailto:ali.Gilak@sfdph.org)  
Located at 1309 Evans Street, San Francisco, CA 94124.

Available Mon - Fri, 8:30 a.m. to 5:00 p.m.

# HealthNet Bronze 60 EPO

A private medical plan available through Covered California

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Anyone living in California who doesn't have health insurance through an employer can sign up for this plan through Covered California.

The plan has a somewhat lower deductible (\$5,000) and higher co-pays (\$60 for office visits, 30% for inpatient mental health care) as compared to other Bronze plans on the market.

Low-income patients may qualify for subsidies for this plan under Covered California.

## Program Benefits

HealthNet Bronze 60 EPO is an “exclusive provider organization.” Unlike an HMO, the plan does not require patients to get a referral before seeing a specialist, but patients must still stay within a network of designated providers.

Like other Bronze plans, it provides some coverage for primary care, hospitalization, and prescription drugs, with free preventative care and free basic vision and dental services for minors.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	Ask
Private Pay Health Insurance:	Yes
Employer-Provided Health Insurance:	Ask
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. Use the contacts below to find the most up-to-date information.

Customer Service: (888) 926-4988  
Sales: (877) 527-8409  
TTY: (888) 926-5180  
Phone service available:  
8 am - 8 pm, Mon - Fri

<https://www.healthnet.com>

# HealthNet Ruby Select HMO

A Medicare Advantage plan with coverage for Parts A, B, and D

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

This plan is only available for senior citizens, i.e., people over the age of 65.

The plan has **no** monthly premium. Instead, co-pays are somewhat higher as compared to Medicare Original. In particular, mental health care has co-pays starting at \$25 for a single outpatient visit, with costs increasing for inpatient mental health care.

The plan provides 20 days of free skilled nursing care, and then charges \$75/day.

## Program Benefits

The plan includes coverage for prescription drugs as well as primary care, hospital care, skilled nursing care, and some preventative services.

Optional add-on packages of vision and dental are available for a total of about \$50/month.

Primary Care

Family Planning

Dental

Rx Drug

Mental Health

Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	Yes
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. Use the contacts below to find the most up-to-date information.

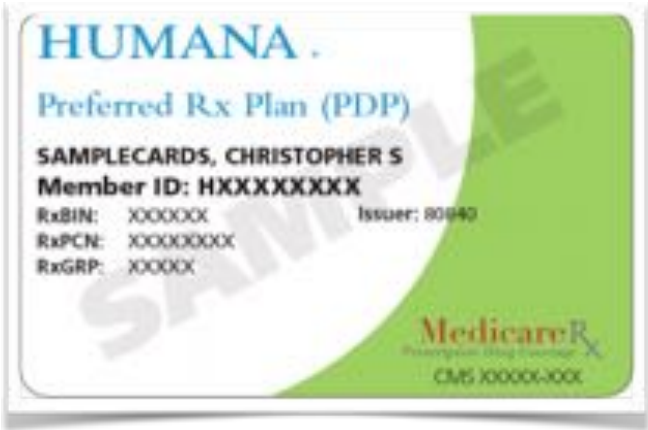
Members: (800) 275-4737 [TTY: 711]  
Non-Members: (800) 977-6738 [TTY: 711]  
Phone service available:  
8 am - 8 pm, 7 days/week

<http://www.AARPMedicareRx.com>

# Humana Wal-Mart Rx Plan

A Part D prescription drug plan to add on to Medicare

FRONT OF CARD



BACK OF CARD



### Program Eligibility & Cost

This plan is only available for senior citizens, i.e., people over the age of 65.

The premiums are relatively affordable at \$18 / month, and co-pays can drop as low as \$1 for generic drugs, or even \$0 on mail-order generics.

However, patients must use a Wal-Mart or Sam's Club pharmacy when buying drugs, or else they will pay higher prices.

### Program Benefits

Humana Wal-Mart Rx Plan complements Medicare by paying most of the cost of certain prescription drugs (mostly generics) when purchased from in-network pharmacies.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

### HMIS Data Entry

#### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Ask
Medicaid/MediCal:	No
Medicare:	Yes
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

### For More Info

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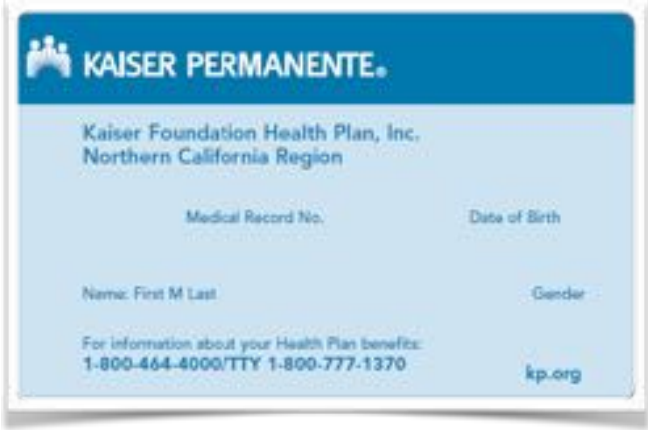
Plan Questions: (866) 945-4481  
Phone service available:  
8 am - 8 pm, 7 days/week

<https://www.humana.com/medicare/products-and-services/drug-plan/2016-walmart-rx>

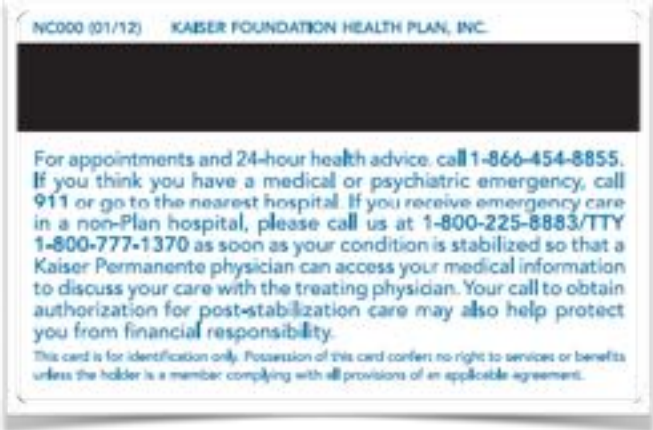
# Kaiser Permanente HMO/CC

A private HMO plan available through Covered California.

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Anyone living in California who doesn't have health insurance through an employer can sign up for this plan through Covered California.

The Bronze 5000/60 plan offered through Covered California includes three free visits for primary care, urgent care, and/or substance abuse counseling, one free post-natal visit, and unlimited free preventative care, prenatal care, and immunization. Visits outside the annual limits have a co-pay of \$60 each.

## Program Benefits

Kaiser Permanente is a major HMO (health care management organization) that provides a variety of primary care services to members at centralized locations (see Eligibility & Cost, on the left, for details).

Care is coordinated through a designated primary care physician, who must authorize most other types of visits, as well as through an electronic medical records system.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	Yes
Employer-Provided Health Insurance:	Ask
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. Use the contacts below to find the most up-to-date information.

New Member Orientation: (415) 833-2562

Plan Selection: (800) 488-3590 TTY: 711

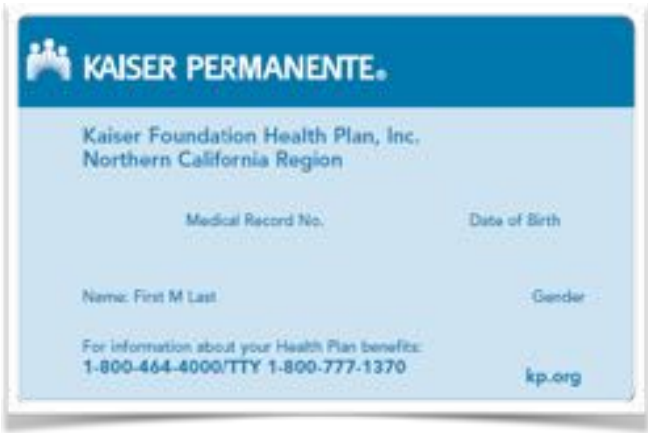
<https://thrive.kaiserpermanente.org/care-near-you/northern-california/sanfrancisco/>



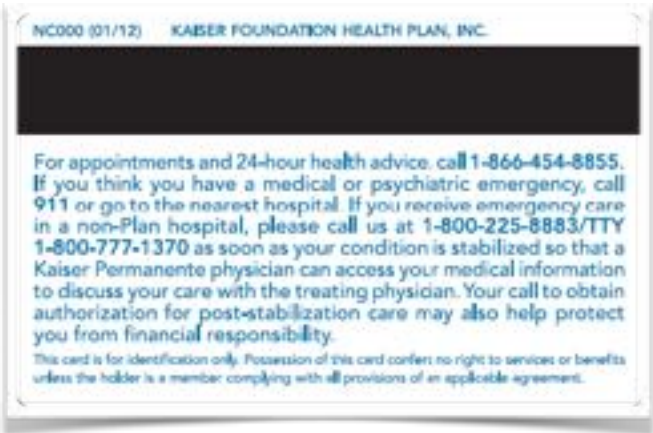
# Kaiser Permanente HSA/CC

A private health savings account plan available through Covered California

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Anyone living in California who doesn't have health insurance through an employer can sign up for this plan through Covered California.

The plan has a \$4,500 deductible and 40% co-insurance charges for all services except preventative care, which is free. Members of this plan can make tax-free deposits to a special "health savings account."

Most low-income clients would be better served by Kaiser's traditional HMO plan.

## Program Benefits

Kaiser Permanente is an HMO that provides a variety of primary care services, but only at centralized Kaiser locations with Kaiser doctors.

Care is coordinated through a designated primary care physician, who must authorize most other types of visits, as well as through an electronic medical records system.

Hearing aids, private-duty nursing, and weight loss programs are not covered.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	Yes
Employer-Provided Health Insurance:	Ask
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

New Member Orientation: (415) 833-2562

Plan Selection: (800) 488-3590    TTY: 711

<https://thrive.kaiserpermanente.org/care-near-you/northern-california/sanfrancisco/>

# On Lok Lifeways (PACE)

An all-inclusive plan for ill or disabled seniors funded by Medicaid or Medicare.

LOGO



### Program Eligibility & Cost

*This program is for senior citizens who are ill or disabled, but who have some ability to move around and who do not need around-the-clock skilled nursing care.*

*The program is entirely funded by a senior’s Medicare and/or Medicaid benefits. The catch is that participants must use the program exclusively, giving up their other doctors.*

### Program Benefits

*On Lok Lifeways Program of All-inclusive Care for the Elderly allows seniors who are ill or disabled to live in their own home or hotel room while making several visits to a Lifeways Center each week. At the Center, participants have access to medical care, physical therapy, social activities, exercise, and meals customized for their dietary needs.*

*Lifeways provides a van for transporting program participants to the Center, as well as home care assistants to offer occasional help with shaving, dressing, organizing medicine, and basic shopping and errands.*



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

### HMIS Data Entry

Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	Ask
Medicare:	Ask
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

### For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Enrollment: (888) 886-6565  
TDD/TYY: (415) 292-8898  
Customer Service: (415) 292-8796  
Available Monday - Friday  
from 8:00 am to 4:30 pm  
<http://www.onlok.org/Who-We-Serve/FAQs>

# Original Medicare (Parts A+B)

A government health care plan for elderly people.

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

This plan is only available for senior citizens, i.e., people over the age of 65.

Patients typically pay 20% of the cost of the treatment, which is set at a relatively low rate by the government and provided by any doctor who is willing to accept the lower rates. Prescription drugs are available only 'on-site', i.e., at an inpatient or outpatient clinic. Drugs that a patient would take home herself from a pharmacy require a Medicare Part D Supplemental plan.

## Program Benefits

Medicare Original (Parts A and B) covers primary care, hospital visits, mental health care, prosthetics, dialysis, preventative care and a very limited array of peripheral services, such as eyeglasses for people who have had cataract surgery, dental care that doesn't relate to teeth, and chiropractic care for subluxation only.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	Yes
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. Use the contacts below to find the most up-to-date information.

Insurance Counseling: (800) 434-0222  
Order a Booklet: (800) 633-4227  
ID Card Replacement: (800) 772-1213  
(7 am - 7 pm)

<http://www.medicare.gov/index.html>

# San Francisco Health Plan

A community plan offering full coverage under California’s Medicaid program.

FRONT OF CARD



## Program Eligibility & Cost

This program is only available for **families** who **live in San Francisco** with low or moderate income. Eligibility depends on annual income, age, family size, and residence in San Francisco.

More information about how to apply is available at <http://healthysanfrancisco.org/visitors/how-do-i-apply/>.

SFHP provides services via Medi-Cal, Healthy Kids, and Healthy Workers.

## Program Benefits

Services through Medi-Cal include doctor visits, glasses, eye exams, hospital & ER care, prescription drugs, regular checkups and immunizations, ob/gyn services, family planning, substance abuse programs, dental care, health classes, specialty care, mental health programs, and a 24/7 nurse phone line.

Primary Care

Family Planning

Dental

Rx Drug

Mental Health

Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	Yes
Medicare:	No
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Enrollment: (415) 777-9992  
Customer Service: (800) 288-5555  
TDD/TYY: (888) 883-7347  
Available Monday - Friday  
from 8:30 am to 5:30 pm

<http://www.sfhp.org/visitors/medi-cal/>

# Silverscript Choice PDP

A Part D prescription drug plan to add on to Medicare

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

This plan is only available for senior citizens, i.e., people over the age of 65. Premiums cost about \$23 / month.

Drugs are grouped into five ‘tiers’, ranging from “Preferred Generic” to “Specialty.” Costs can be as low as \$7.50 for a 3-month supply of a preferred generic drug. The Medicare ‘donut hole’ will apply when patients try to spend between \$3,310 and \$4,850 per year (including both co-pays and insurance reimbursements) on drug costs, increasing the cost borne by the patient.

## Program Benefits

Silverscript Choice PDP complements Medicare Parts A + B by paying most of the cost of certain prescription drugs (mostly generics) when purchased from in-network pharmacies.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Ask
Medicaid/MediCal:	No
Medicare:	Yes
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Members: (866) 235-5660 [TTY: 711]  
Non-Members: (866) 235-5660 [TTY: 711]  
Phone numbers are open 24/7.

<http://www.silverscript.com>



# Sutter Health Plus HMO/CC

A private, nonprofit HMO plan covering northern and central California

FRONT  
OF  
CARD



BACK  
OF  
CARD

**FOR MEMBERS**

**MEMBER SERVICES:**  
M-F: 8 a.m. to 7 p.m. 1-855-315-5800  
TTY: 1-855-830-3500  
24-HOUR NURSE ADVICE LINE: 1-855-836-3500

**PHARMACY:**  
OptumRx: 1-888-574-7417

**BEHAVIORAL HEALTH:**  
U.S. Behavioral Health Plan CA (USBHPC)  
1-855-202-0984

**VISION:**  
VSP: 1-800-877-7195

**ACUPUNCTURE/CHIROPRACTIC:**  
ACN Group of California, Inc. (ACN)  
1-800-428-6337

**FOR PROVIDERS**  
M-F: 8 a.m. to 7 p.m. 1-855-315-5800

**CLAIMS ADDRESS:**  
P.O. Box 255187 Sacramento, CA 95865

**Rx Group:** SHP  
**Rx Blin:** 610494  
**Rx PCN:** 9999  
**OptumRx:** 1-800-788-7871

## Program Eligibility & Cost

Sutter Health Plus is most commonly offered through a patient’s employer. There is no guaranteed public access to Sutter Health Plus.

Sutter Health does not directly participate in Covered California, but most of the individual Sutter facilities and doctors participate in the Covered California plans run by Blue Shield, CCHP, Anthem Blue Cross, and United HealthCare.

## Program Benefits

Sutter Health Plus is a regional HMO that provides hospitalization, outpatient services, prescription drug coverage, pregnancy care, and free preventative health care to members at centralized locations. Patients can choose from traditional co-pay plans, deductible plans, and high-deductible plans. Dental and mental health services can be added to the plan for an additional monthly fee.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	Ask
Private Pay Health Insurance:	Yes
Employer-Provided Health Insurance:	Ask
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Account Services: (855) 325-5200  
Plan Selection: (855) 320-2350

<http://www.suttterhealthplus.org>

Office Hours: Mon-Fri, 8 am to 5 pm.

# Veteran Health ID Card

Used for identification and check-in at VA health centers only



## Program Eligibility & Cost

This plan is only available for veterans of the United States Armed Forces.

Veterans must first apply for benefits, and will be assigned to one of eight 'Priority Groups' based on the extent of their service, income, and/or disabilities in order to determine what services will be provided for free, provided with co-pays, or not provided at all.

## Program Benefits

The federal Veterans' Administration offers direct, comprehensive medical and mental health services to veterans at their centers by appointment, or on a walk-in basis for urgent care.

Dental care (and eyeglasses) may be available to homeless veterans if needed to assist a job search or because of a medical condition associated with military service. Abortion and gender surgery are not covered.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	Yes
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Enrollment & Benefits (877) 222-8387  
Homeless Vets: (877) 424-3838

Available Monday - Friday  
from 8 a.m. - 8 p.m. **Eastern** Time

<http://www.va.gov/healthbenefits/apply/>

# MAKING A HEALTH INSURANCE BENEFITS DECODER

## What is a Benefits Decoder?

- A pocket reference to help line workers easily identify, understand, and take advantage of their clients' healthcare coverage and benefits
- A tool for improving both data quality and service delivery
- Part of the H2 Healthcare and Housing Data Enhancement Initiative

## Summary

The Benefits Decoder is a tool to help case workers quickly and accurately:

- (a) Evaluate the scope of their clients' current health care coverage
- (b) Determine which health care plans their clients are eligible for
- (c) Recommend health insurance plans that meet their clients' financial and medical needs
- (d) Enter data about their clients' health insurance into an HMIS database.

By combining photos of health insurance ID cards with icons that summarize the scope of coverage and HMIS "Answer Keys" that explain how to code any given plan in HMIS, the Benefits Decoder elevates health insurance counseling from guesswork to proper social work. The Decoder is available online, as a legal-sized booklet, and as a single-page poster.

HUD's H<sup>2</sup> Initiative on APR Data Collection Tools and Materials funded a pilot project for the Health Insurance Benefits Decoder in San Francisco, CA, Albuquerque, NM, and Shasta County, CA. This instructional pamphlet explains how the Pilot Projects were created, and how you can create your own Decoder for your local community.

## San Francisco Health Insurance Benefits Decoder

Excerpted examples from the San Francisco Health Insurance Benefits Decoder follow on page 2-3 of this guide. To view the San Francisco Health Insurance Benefits Decoder in its entirety, please visit the HomeBase website under the Resources tab:

[http://homebaseccc.org/hb/application/files/6714/6257/8127/Compressed\\_SF\\_Benefits\\_Decoder.pdf](http://homebaseccc.org/hb/application/files/6714/6257/8127/Compressed_SF_Benefits_Decoder.pdf)

# AARP UnitedHealth Rx Plan

A Part D prescription drug plan to add on to Medicare

FRONT OF CARD



BACK OF CARD



### Program Eligibility & Cost

This plan is only available for senior citizens, i.e., people over the age of 65.

AARP UnitedHealthCare Rx Plan is a relatively affordable prescription drug plan (with premiums of about \$31 / month). Co-pays can drop as low as \$1 for generic drugs, or even \$0 on mail-order generics, but patients gave the plan low ratings for “high risk medication” and “medication therapy management services.”

### Program Benefits

This is a Medicare Part D prescription-drug plan only. It covers most types of generic pills, creams, and injectables when purchased from in-network pharmacies, but does not cover doctors, nurses, or physical therapy. Medicare Part D is meant to go alongside a general-purpose health insurance policy like Medicare Parts A+B.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

### HMIS Data Entry

#### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Ask
Medicaid/MediCal:	No
Medicare:	Yes
State Children’s Health Insurance Program (CHIP):	No
Veteran’s Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

### For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

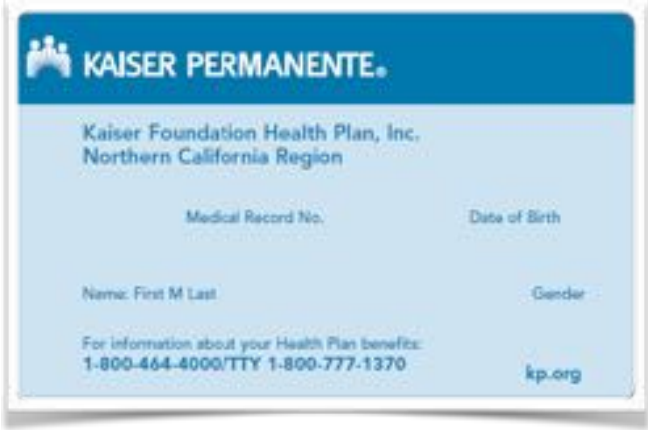
Members: (866) 460-8854  
Non-Members: (888) 867-5564  
Phone service available 8 am - 8 pm,  
7 days/week

<http://www.AARPMedicareRx.com>

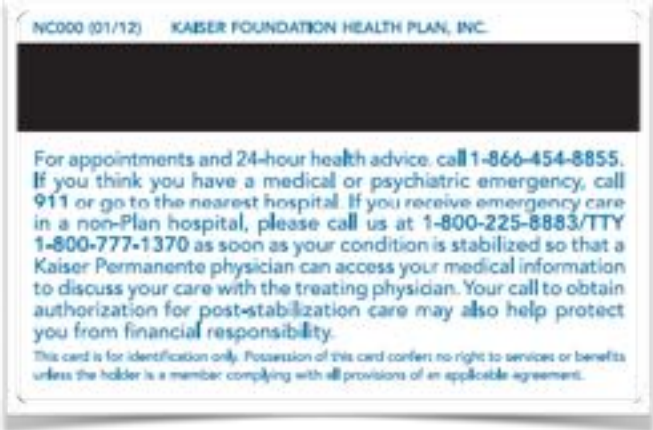
# Kaiser Permanente HMO/CC

A private HMO plan available through Covered California.

FRONT OF CARD



BACK OF CARD



## Program Eligibility & Cost

Anyone living in California who doesn't have health insurance through an employer can sign up for this plan through Covered California.

The Bronze 5000/60 plan offered through Covered California includes three free visits for primary care, urgent care, and/or substance abuse counseling, one free post-natal visit, and unlimited free preventative care, prenatal care, and immunization. Visits outside the annual limits have a co-pay of \$60 each.

## Program Benefits

Kaiser Permanente is a major HMO (health care management organization) that provides a variety of primary care services to members at centralized locations (see Eligibility & Cost, on the left, for details).

Care is coordinated through a designated primary care physician, who must authorize most other types of visits, as well as through an electronic medical records system.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	No
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	Yes
Employer-Provided Health Insurance:	Ask
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

New Member Orientation: (415) 833-2562

Plan Selection: (800) 488-3590    TTY: 711

<https://thrive.kaiserpermanente.org/care-near-you/northern-california/sanfrancisco/>



# Veteran Health ID Card

Used for identification and check-in at VA health centers only



## Program Eligibility & Cost

This plan is only available for veterans of the United States Armed Forces.

Veterans must first apply for benefits, and will be assigned to one of eight 'Priority Groups' based on the extent of their service, income, and/or disabilities in order to determine what services will be provided for free, provided with co-pays, or not provided at all.

## Program Benefits

The federal Veterans' Administration offers direct, comprehensive medical and mental health services to veterans at their centers by appointment, or on a walk-in basis for urgent care.

Dental care (and eyeglasses) may be available to homeless veterans if needed to assist a job search or because of a medical condition associated with military service. Abortion and gender surgery are not covered.



Primary Care



Family Planning



Dental



Rx Drug



Mental Health



Vision

## HMIS Data Entry

### Data Element 4.4: Health Insurance

Covered by Health Insurance:	Yes
Medicaid/MediCal:	No
Medicare:	No
State Children's Health Insurance Program (CHIP):	No
Veteran's Administration (VA) Medical Services:	Yes
Health Insurance obtained through COBRA:	No
Private Pay Health Insurance:	No
Employer-Provided Health Insurance:	No
State Health Insurance for Adults:	No

## For More Info

Program information – including card design, benefits, and eligibility criteria – are subject to change. use the contacts below to find the most up-to-date information.

Enrollment & Benefits (877) 222-8387  
Homeless Vets: (877) 424-3838

Available Monday - Friday  
from 8 a.m. - 8 p.m. **Eastern** Time

<http://www.va.gov/healthbenefits/apply/>

## HOW TO CREATE A DECODER IN YOUR COMMUNITY

### Step 1: Identify the Low-Income Health Plans

Any community will have a few predictable sources of health plans that are accessible to people with low income. The most obvious sources are Medicare, Medicaid, the Affordable Care Act, and the Veterans' Administration.

#### Medicare

Medicare provides health insurance for people over 65 years of age. Medicare is available in "Original" form (also called Parts A + B), in the alternative "Medicare Advantage" form (Part C), and as a stand-alone Prescription Drug benefit (Part D). Original Medicare is available in all 50 states and should always be included in a Benefits Decoder. Medicare Advantage is a public-private partnership that allows private health care companies to offer comprehensive health insurance plans to Medicare beneficiaries, with slight modifications that may allow the plans to earn a profit and/or provide a more appropriate collection of medical services to their particular clientele. Your community may have zero, one, or multiple Medicare Advantage plans, depending on its size and demographics. The Medicare Plan Finder, at <https://www.medicare.gov/find-a-plan/questions/home.aspx>, can help you find out which plans are available in your community. It is not necessary to include every single Medicare Advantage plan in your Decoder. Instead, you can sort the available plans by price, and choose the two or three lowest-cost plans.

Similarly, you can use the Medicare Plan Finder to find out which stand-alone prescription drug benefits are offered in your community, and then select one or two of those plans to include in your Decoder based on which plans have the lowest price. Try to strike a balance between plans with low monthly premiums, and plans with low co-pays. For example, if the plan with the lowest monthly premium has \$20 co-pays for generic drugs, it may be of limited use to homeless clients, and so you may want to choose another Part D plan to feature in your Decoder.

#### Medicaid

Medicaid provides health insurance for people who have low-income. In states that have accepted the Medicaid expansion as part of the Affordable Care Act, *anyone* who is earning less than 133% of the federal poverty line can be eligible for Medicaid, depending on the state's Medicaid Plan. In states that have rejected the Medicaid expansion, Medicaid eligibility is limited to low-income parents, low-income children, and low-income people who are suffering from a particular disease, like tuberculosis or HIV. For more information on Medicaid eligibility, read <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/eligibility/eligibility.html> or search online for [Your State] Medicaid State Plan. For example, in New York, you would search for "New York Medicaid State Plan."

Some states provide Medicaid insurance directly, through a "fee-for-service" model. In a fee-for-service model, beneficiaries visit a doctor of their choice, and the doctors bill Medicaid for their services on an *a la carte* basis. If your county offers this option, you should include it in the Decoder. However, many counties either allow or require Medicaid

beneficiaries to join a type of managed care plan. Like the Medicare Advantage plans, these managed care plans are a public-private partnership that channels state and federal government benefits through local health care companies. Check your state's Department of Health Care Services, Department of Health and Human Services, and Department of Commerce for an index of which Medicaid plans are offered in your community.

### Affordable Care Act

States that are participating in the Affordable Care Act will have an “exchange” or “marketplace” that offers one or more state-approved private health plans. The plans are guaranteed to offer a certain minimal level of coverage, and subsidies are often available to help low-income residents purchase coverage under those plans. You can look up your state's policies at <https://www.healthcare.gov/get-coverage/>.

Once you access your state's health care marketplace, try to evaluate the options available. If there are only two or three plans, you may as well include all of those plans in your Decoder. If there are several plans, then it probably makes more sense to sort the plans by “tier.” Each marketplace describes its health plans as belonging to the Bronze, Silver, Gold, or Platinum tier. The Bronze tier of plans have the lowest monthly premiums and are most likely to be affordable to the clients who would be served by a Benefits Decoder.

### Step 2: Gather Information about the Low-Income Health Plans

Once you have a list of the plans you will feature in your Decoder, you need to gather five key pieces of information about each plan:

- a. Photographs of the plan's member ID cards,
- b. Information about who is eligible for the plan,
- c. Information about what services are covered under the plan,
- d. An estimate of how much major services will cost under the plan, and
- e. Contact information for people who want to ask a specific question about the plan.

### Member ID Cards

Member ID cards are often available via a Google Images search; if you type in the name of the plan combined with “front of card” or “back of card,” many plans will have a publicly available image that you can use to help your readers quickly identify a plan by the photo of its ID card. If this does not work, you can try to find a copy of the plan's Explanation of Benefits or New Member Orientation Brochure, which may have photos of the card embedded in the document. After downloading the longer document, you can take a screenshot of the card and then paste the screenshot into your Decoder. When a plan requires multiple ID cards for participation (e.g., a State Medi-Cal ID card and a local health insurance card), try to obtain photos of both types of cards, so that case workers will know what kinds of cards their clients need in order to receive care.

### Eligibility

Information about eligibility is usually available on an insurance company's website, which will offer a general description of the plan. Some plans are described using shorthand,

e.g., the plan is available to “middle-income families,” or the plan is available to seniors who are “eligible for Medicaid.” Where possible, research the exact definitions of these terms in your state, so that you can provide concrete, ready-to-use guidance to your busy case workers and front line staff.

### Services Covered

Information about what services are covered by a plan is also usually available on an insurance company’s website. Summaries may also be available on your state’s Affordable Care Act marketplace or health care exchange. Coverage summaries may be vaguely worded - try to confirm your interpretation of major coverage provisions by reading multiple sources and comparing provisions across similar insurance policies.

### Service Costs

Similarly, information about service costs is often available both under the insurance company’s website and from your state’s health insurance exchange. When assessing the costs of elements under the plan, it is not necessary to prepare a detailed budget. Instead, a sampling of prices for services that homeless clients are most likely to need, or for services that are most attractively priced, is sufficient. This allows the Decoder to be used to identify an affordable source for a particular service and/or to quickly give clients feedback on what kinds of services will be affordable based on their income.

### Contact Information

Try to include multiple forms of contact information – including phone, web, e-mail, and options for hearing-assisted devices or multiple languages – for each plan in the Decoder. This provides clients and case workers with the ability to reach out to health plans with targeted questions about issues such as eligibility, service delivery, and service costs that may be relevant to the client.

## Step 3: Assemble the Information into at least one Convenient Document

After you have adequately described all of the relevant information about your region’s health insurance plans, you will need to assemble that information into a convenient, easy-to-read format. Plans may be sorted alphabetically, by company, by funding source, or by another important characteristic. Whichever ordering system you use, be sure to include a table of contents, and, if appropriate, an index that lists all of the plans with various characteristics (e.g., available to seniors or including dental coverage).

Another useful technique to make the document accessible and easy to use is to develop icons that graphically indicate which major categories of services are included in a plan. For the San Francisco Pilot Project, six basic icons were used: primary care, mental health care, prescription drugs, family planning, vision, and dental. Icons were filled solid black for available services, and gray for services that are unavailable, available only for minors, or that require a significant monthly premium. Some plans offer only a handful of services in a category, or offer services only to certain types of clients, or only for the payment of a significant additional fee. Whenever possible, try to describe these exceptions in the text of the plan summary as well.