



Grade 7 Sample Lesson Plan: Community Financial Resources for Health

SOLs

- Identify the community's financial resources dedicated to promoting health

Objectives/Goals

- Students will learn how to access information on community financial resources dedicated to promoting health.

Materials

- Prepare ahead a community-specific list of non-profit foundations that provide financial support for health services or community prevention health promotion activities, including health insurance providers, hospital and health related foundations, health departments and other direct service providers, faith-based community programs.

Procedure

- Talk to students about the various community resources that provide financial support for health services or community health promotion activities, including health insurance providers, hospital and health related foundations, health departments, employers, and private individuals.
- Ask students why this financial support may be necessary and then conduct a guided discussion about costs and benefits of these community financial resources.
- Have students visit federal, state and local health organization websites. Identify and discuss the variety of community programs in place.
- Have students review the website and handout Kids Health – Health Insurance Basics <http://kidshealth.org/en/teens/insurance.html> and the resource links provided at <http://kidshealth.org/en/teens/insurance.html?view=rr&WT.ac=t-rr> and then visit <http://coverva.org> and discuss the children's health insurance options. Send home information on the program to parents.
- Introduce students to localized online and print service directories (e.g., yellow pages, 2-1-1 Virginia, a free service that helps Virginians find the local resources they need

Health Smart Virginia Sample Lesson Plan

<http://www.211virginia.org>) and have them practice using these as resources to identify financial resources for promoting health.

- Assign students to groups by a pre-selected health need area and have them use a variety of resources to research and identify free or reduced cost health service or equipment options from private foundations, non profits, government agencies, hospital and health care organizations.

Assessment Idea

- Evaluate student participation and completion of assignments.

References

- Virginia FAMIS – Cover Virginia <http://coverva.org>
- 211 Virginia <http://www.211virginia.org>
- Federal Government Department of Health and Human Services
<https://www.hhs.gov/about/index.html#>
- Virginia Department of Health
www.vdh.virginia.gov Virginia Department of Social Services www.dss.virginia.gov
- Virginia Department of Behavioral Health and Developmental Services
www.dbhds.virginia.gov Virginia FAMIS Childrens Health Insurance Brochure
https://www.coverva.org/mat/famis_brochure_english.pdf
- Grantsmanship Center - Top Giving Foundations in the Commonwealth of Virginia <https://www.tgci.com/funding-sources/VA/top>
- Kaiser Family Foundation – Health Insurance Explained
<https://www.youtube.com/watch?v=-58VD3z7ZiQ>
- Kids Health – Health Insurance Basics -
<http://kidshealth.org/en/teens/insurance.html> Kids Health – Finding Low Cost Medical Care <http://kidshealth.org/en/teens/lcost-medcare.html#catmedical-care>

Finding Low-Cost Medical Care

Becoming a Savvy Health-Care Shopper

In the United States, everyone is required to have health insurance. The trouble is, not all health insurance is equal. Some low-cost options don't cover everything. Some have high deductibles. Because health care costs can really add up, people may not get the treatment they need.

Luckily, affordable medical care options are available, even if your insurance doesn't cover everything. Here's a look at some of them.

Public Insurance and Financial Help

Programs like Medicaid or the Children's Health Insurance Program (CHIP) offer free or reduced-fee medical insurance to teens who don't have any. To find out if you qualify, call your doctor's office or hospital and ask to speak to a financial counselor. Your school counselor also might be able to help you get the information you need. If your school has a wellness center, see if the health care providers there can help you.

It's best to schedule a meeting with a financial counselor *before* you need to see a doctor instead of waiting until you're already sick or hurt. People under age 18 who aren't living independently will need a parent or guardian to sign off on the paperwork.

High School Wellness Centers

If you're in high school, find out if your school has a wellness center that provides basic health services. More and more schools, particularly large ones, now have these centers. **Some are free of charge to students.**

Wellness centers are different from school to school. Here are some of the more common services they offer:

- treatment when you're sick
- simple lab tests for diagnosing health problems
- routine checkups, sports physicals, and other preventive care
- immunizations (to protect against meningitis, the flu, and other infections)
- mental health care (for conditions like depression, stress, and anxiety)
- help for substance abuse
- sexual health care, including STD testing and, in some cases, birth control options (not all schools offer sexual health wellness programs)
- nutrition and fitness information and advice
- general health education, such as help with quitting smoking

Not all school wellness centers offer all these services. Ask for a brochure or check your school's website to learn what your wellness center provides.

If your school does have a wellness center, you'll probably need to get parental consent to use its services. In most cases, this means just having a parent or guardian sign a general form allowing you to use the center — it won't provide details on what kinds of services you're getting. But it's still a good idea to ask about confidentiality if you don't want a parent to know why you're going to a wellness center (such as for drug or alcohol counseling, for example).

College Student Health Centers

Heading off to college? Many universities offer a low-cost insurance plan that can be paid for when you register. (You also can stay on your parents' health plan until you're 26 if that's a better option for you.)

Most schools have student health centers on campus. They're not free, though. Ask about costs and insurance requirements before you get care.

Free and Low-Cost Clinics and Health Centers

If your school doesn't have a wellness center (or if you are no longer in school), you may be able to find free or low-cost health clinics in your neighborhood. These clinics offer services similar to what school wellness centers do.

Some clinics also provide low-cost prescription medications, dental clinics, and women's health care.

You can search for free and low-cost clinics by visiting the websites of these organizations:

- U.S. Department of Health and Human Services' Health Resources and Services Administration (for a list of federally funded clinics by state)
- National Association of Free Clinics
- Unite for Sight (a nonprofit organization that provides free and low-cost vision care)

You also can ask your state, county, and city health departments for recommendations on where to go for affordable care.

Things to Know About Clinics

Call before you go. You don't want to show up and find out they can't provide what you need. For example, many clinics don't fix lacerations (cuts). Call and ask in advance about services and costs. Some community clinics are only open on certain days or for limited times, so find out about hours and locations.

"Free" doesn't always mean no-cost. Some clinics charge a small fee based on how much people can afford to pay. Even if a clinic is listed as "free," you may have to pay a small amount if you don't meet the cutoff for no-cost services. Call ahead and ask about pay scale before you go so you're not caught off guard.

Just because something is called a "clinic" *doesn't* mean it's automatically free or low-cost. You may have seen urgent care clinics in your area or walk-in clinics at your local pharmacy. They are designed to help people who need care right away or if their doctors aren't in the office. Some of these clinics can be expensive. They may not take certain types of insurance. Check with your insurance company before you go to one.

Teaching Hospitals and Medical Centers

Teaching hospitals and medical centers are the final step for medical students and doctors in training. Call your local hospital or medical school and ask if they provide low-cost or free services to the public.

If you need dental care, schools of dentistry may have public clinics — call your state's dental society to find out.

Mental Health Clinics

As with physical health care, it's possible to get low-cost mental health care. Government-funded mental health clinics, universities, hospitals, and even some private therapists offer affordable therapy and treatment for issues like depression, cutting, suicidal thoughts, and anxiety disorders.

If you ever consider harming yourself, if you feel severely depressed or suicidal, or if you've been sexually assaulted or abused, search for a free 24-hour "crisis hotline" or "suicide hotline" near you. If you feel that you are too close to hurting yourself and don't have time to look up numbers, call 911.

Prescriptions

Paying for prescriptions can really drain your wallet. Here are some ways to be smart about the money you spend on medicines:

- **Ask your doctor or pharmacist if you can take generic or non-brand medicines.** Find out if there are over-the-counter (OTC) versions of the same kinds of prescription medications.
- **Find out if you qualify for "prescription assistance programs"** (also called "patient assistance programs"). The Partnership for Prescription Assistance gives free or low-cost prescriptions to people who qualify based on income. Another organization, NeedyMeds, also can help with prescription costs.
- **Compare prices at local pharmacies.** Call each to ask what they're charging for your prescriptions. Some pharmacies offer very low prices.
- **Contact the pharmaceutical company.** All the big ones have prescription assistance numbers (1-800 numbers) you can call for help.

When it comes to prescriptions, **beware of free samples, coupons, and rebates.** They are often for expensive,

name-brand medications. That's fine while the samples last. But since doctors don't like to change a medication if it's working, you could get stuck paying full price after the samples run out.

Before accepting a free sample, talk to your doctor about whether you can afford that medication in the long term. If it's something you'll only need for as long as the samples last, take advantage of the freebie!

If you're already taking medicine, there are two things to know:

1. **Never stop taking a prescribed medicine or reduce the dose because you can't afford to fill the prescription.** Some medications can cause serious side effects if they're adjusted or stopped without a doctor's advice.
2. **Don't use someone else's medicine.** Even if the person has the same health condition as you do, medicines work differently for different people.

If you can't afford to refill a prescription, call the prescribing doctor. Say you're having a hard time affording your meds and need some advice.

Special Health Needs

If you have a medical condition or injury that requires special treatment, you might need to see a specialist who focuses on that particular area of medicine — for example, an endocrinologist for diabetes or an orthopedic specialist for a knee injury.

Free and low-cost clinics and health centers mentioned may offer specialist care at set times. Teaching hospitals and medical schools usually have clinics for all of their specialties, too.

If you have special health needs, contact the national and local chapters of the special-interest group for your illness (for example, the American Diabetes Association or the Cystic Fibrosis Foundation). Ask about "co-pay assistance" programs that offer financial help for medications and other care.

Assistive Devices

If you need any special devices, like a hearing aid or a wheelchair, look into government-funded Assistive Technology Resource Centers (ATRCs, also called Assistive Technology Act Centers). Every state has one — and sometimes many. These centers usually let you borrow equipment for a while to "try before you buy." They also can give you information on financing.

To find a center near you, call your local hospital or health department. Or check out the websites of these organizations:

- Alliance for Technology Access (ATA)
- Association of Assistive Technology Act Programs (ATAP)
- Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)

Continuity of Care

One of the most important things to consider when you're looking for an affordable health care provider is something called "continuity of care." It basically just means that you see the same doctor (your "primary care physician") or a doctor who works in the same group as your usual doc. When you stay with the same doctor or group every time you need medical attention, it's easier to get better care.

The downside of going to different clinics or health care centers is they don't know you or your medical history. So when you find somewhere affordable that you like, stick to it. Even if you see different doctors every time, eventually they'll get to know you and they'll have easy access to your records. (To make it easier for doctors who don't know you, keep track of your own medical records.)

Becoming your own health advocate is part of getting older — and it's a big achievement. Even though it can seem challenging to find the care you need, try not to feel discouraged from getting help because of money.

Reviewed by: Kate M. Cronan, MD
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Health Insurance Basics

Premiums, co-pays, deductibles, in-network, out-of-network — welcome to the world of health insurance. And you thought advanced calculus was confusing.

What Exactly Is Health Insurance?

Health insurance is a plan that people buy in return for coverage on all kinds of medical care. Most plans cover doctors' appointments, emergency room visits, hospital stays, and medications.

The idea behind insurance is simple: Medical care can be expensive. Most people can't pay for it all out of their own pockets. But if a group of people gets together, and each person pays a fixed amount every month (whether they need medical care at that time or not), the risk is spread out over the whole group. Each person is protected from high health care costs because the burden is shared by many.

Do I Really Need It?

You're young, you spend more time in the gym than an Olympic athlete, you rarely get anything worse than a cold, and your great-grandparents are still kicking at 99. Why bother spending money on insurance? Aren't the odds pretty good that you'll never get seriously sick?

We hope so. But every day, thousands of perfectly healthy people break bones, need stitches, get into car accidents, find out they have illnesses, or are told they need surgery.

You may never be one of them. But what if you are? Medical bills from even a minor car accident can mess up your finances. A major illness can wipe out your family's savings. Insurance may be expensive, but not having it might cost way more.

Health insurance is now required for everyone in the United States. People who don't have insurance have to pay penalties that get more expensive each year. Your parents can keep you on a family plan until you're 26. After that, you'll have to get health insurance on your own or through your job.

OK, So Maybe I Do Need It. How Can I Get It?

There are many different ways to buy health insurance, and the costs and benefits vary widely for each one. You'll need to see which options are available to you, given your health needs, age, and job status. You'll probably have to wade through a lot of health care buzzwords, too.

Here are some ways you might get insurance:

- **Parents' plan.** In the United States, kids can stay on their parents' health insurance plan until age 26. This is true even if you're married, live somewhere else, and have a job.
- **COBRA.** COBRA is short for the Consolidated Omnibus Budget Reconciliation Act of 1985. It's designed to protect people from losing their health insurance by allowing them to continue buying their current health plan for a limited time. COBRA is designed to protect people from suddenly losing their health insurance.
- **Short-term policy.** Many insurance companies let you buy short-term, or "student," insurance policies to bridge the gap between school and your first job. These plans are similar to COBRA, though they're usually more basic and affordable.
- **Employer plans.** This is the way most people in the United States get their health insurance. It is also usually the least expensive option, since employers often help pay for part of the insurance. Some employers



Timing Is Everything

It's best to buy health insurance before you actually need it so you won't be put on the spot for thousands of dollars in an emergency. If you're switching plans from your parents' plan, time it so you always have coverage.

offer health insurance coverage on your first day of work. Others may make you work a period of time first (30, 60, or 90 days).

- **Individual policy.** Buying health insurance on your own might be a more expensive option than sharing risk with a larger group of people (such as other students, employees, etc.). You may have to pay more if you're considered a higher risk — for example, if you do anything that affects your health, like smoking.
- **The Health Insurance Marketplace.** This option allows people who need to buy health insurance on their own to choose the best insurance to meet their needs. It's also sometimes called a **Health Insurance Exchange**.
- **Subsidized state program.** If you're under 19, uninsured, and your family's income is below a certain level, you might be able to get state help through a program called SCHIP (State Children's Health Insurance Program). Benefits vary from state to state so you'll need to check with your state's Department of Health and Human Services.
- **Medicaid.** Medicaid is sometimes also called "medical assistance." It's another type of government-funded health insurance that's available only to certain people, like low-income adults and people with disabilities. Check your state's Department of Health and Human Development (HHD) program to find out if you are eligible for Medicaid.

What If I Have a Health Problem?

If you've been living with an illness, like asthma or diabetes, insurance companies call that a "**pre-existing condition**." Insurance companies are no longer allowed to deny coverage to anyone because of a pre-existing condition.

What Type of Insurance Do I Need?

Each insurance plan is different when it comes to what's covered, what's not, and how much things cost. Figuring out which one is right for you is a bit of a balancing act: You want to get the most benefits at the least cost.

Start by looking at all the parts of the plan, not just the price you pay. For example, a plan with a low monthly premium isn't necessarily the cheapest — your co-pay might be very high or you might pay more for your prescriptions. If you don't have any health problems, that might be OK. But if you see a doctor a lot or take prescription medications regularly, a more expensive plan that covers more of the cost to see a doctor or get a prescription may actually turn out to be cheaper.

You'll also have to look at whether your plan covers things that are important to you. For example, many plans don't cover things like dental or vision care, counseling sessions, or alternative therapies like chiropractic or acupuncture.

The three major plans you'll likely have to choose from are: indemnity plans, managed care plans, or consumer-driven health plans.

Indemnity Plans

Indemnity plans are also called **fee-for-service** or **reimbursement** plans. With this kind of plan you can see any doctor you want any time you want. You pay the doctor directly and then send your claim to your insurance company. The company pays you back for part of the total cost. (For example, if your doctor charged \$100, you might get 80%, or \$80, back.)

Indemnity plans generally don't pay for preventive care, like annual physical exams. Because they offer you the most choice, the monthly premium is usually higher than other types of health plans.

Managed Care Plans

When you get insurance through an employer, it is often through a managed care plan. With managed care, a health insurance company negotiates a contract with certain health care providers, hospitals, and labs to provide care for its members at a lower cost.

The four basic types of managed care plans are:



1. **HMO (Health Maintenance Organization).** When you join an HMO, you choose a **primary care doctor**. This doctor coordinates all your medical care, from annual physicals to hospitalizations. Although the co-pay for these services is usually fairly low, the tradeoff is that you can only use doctors and hospitals who are approved by your plan. Also you can't see any kind of specialist without a written referral.
2. **PPO (Preferred Provider Organization).** A PPO is like an HMO, only with more flexibility. Instead of choosing a primary care doctor, you can see any doctor you want. However, if you choose a doctor who participates in your plan, you will pay less.
3. **POS (Point of Service).** With a POS plan, you generally choose an in-network doctor for most of your care, but you may go outside the network if you need to see a specialist. If you do go out of network, you may have to pay more.
4. **EPO (Exclusive Provider Organization).** An EPO is like a PPO, only the network of participating doctors is smaller.

Consumer-Driven Health Plan (CDHP)

This type of plan is fairly new. It lets you set aside a certain amount of money in a special health insurance savings account. You are in charge of how you use this money to cover your health care costs. However, the deductible you have to reach is usually higher than in the other types of plans.

It can seem odd buying something that you might never need. So think of health insurance as an investment in your peace of mind. Since peace of mind means less stress, you'll start enjoying health rewards right away!

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Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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Signing up is easy!

To apply by phone, call toll free **1-855-242-8282** between 8 AM and 7 PM Monday through Friday, or 9 AM to noon on Saturday (TTY for deaf or hearing impaired: 1-888-221-1590). Interpreters are available.

To apply online, visit coverva.org. You can also apply at your local Department of Social Services.

When applying, we'll try to verify your household income electronically. If we're unsuccessful, we'll ask for proof of income (paycheck stubs or a letter from your employer).

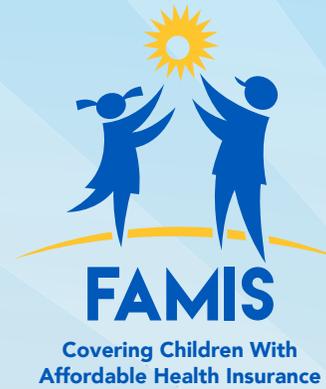
You can also apply for FAMIS if you are caring for a grandchild or relative's child.

There are also premium assistance programs called **FAMIS Select** and **HIPP for Kids**

If your children are enrolled in FAMIS, the **FAMIS Select** program lets you choose between FAMIS and an employer's health plan. **FAMIS Select** gives parents who choose employer health insurance \$100 per child, per month, to help pay the child's portion of the premium. **But you must first apply for and be enrolled in FAMIS.**

The Health Insurance Premium Payment (HIPP) For Kids Program is a premium assistance program for FAMIS Plus (children's Medicaid) enrolled children under the age of 19. For children who are eligible for or enrolled in qualified employer-sponsored coverage and are also eligible for FAMIS Plus, HIPP may help pay for some or all of the cost of the health insurance premium.

For more information on these premium assistance programs, go to coverva.org.



Call 1-855-242-8282 or go to coverva.org to apply or for more information.

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FAMIS IS VIRGINIA'S HEALTH INSURANCE PROGRAM FOR CHILDREN

Find out if FAMIS or FAMIS Plus is the right plan for your children

FAMIS is Virginia's health insurance program for uninsured children. FAMIS Plus is Virginia's name for children's Medicaid. Both provide quality health care for children. If your children qualify, they will be enrolled in either FAMIS or FAMIS Plus based on your household size and income.

FAMIS and FAMIS Plus cover the regular care children need to keep them healthy, plus the services that will help them get better fast if they get hurt or sick. And best of all, you can choose your child's health plan and doctors.

FAMIS keeps your personal information private—we just want to help you keep your children healthy. Your information will NOT be shared with the immigration department, and enrollment in these programs will not affect your immigration status.

Coverage includes

- Annual well checkups for babies, kids, and teens
- Prescription drugs
- Doctor visits
- Shots
- Dental care
- Vision care and glasses
- Mental health care
- Tests and X-rays
- Hospital stays
- ER care
- And more...

In addition, for children enrolled in FAMIS Plus:

- Transportation to medical appointments
- Specialized treatments and services for children with special health care needs

It's quality low cost health insurance for your children

There are no enrollment costs or monthly premiums for FAMIS or FAMIS Plus. With FAMIS, there is a small co-payment of just \$2 or \$5 when your child gets certain medical services. You will not be asked to pay more than \$25 for any FAMIS covered service your child may need. And no matter how many times your child sees the doctor, you will never pay more than \$350 in co-pays a year for your children. Some services, such as annual well check-ups and dental services, do not require a co-payment at all.

With FAMIS Plus, there are never any co-payments for any health service your child receives.

Note: Native Americans and Alaskan Natives do NOT have any co-payments for any services.

Check to see if your children qualify

To be eligible for FAMIS or FAMIS Plus, your child must:

- Live in Virginia
- Be under the age of 19
- Be a U.S. citizen or a lawfully residing immigrant (a parent's immigration status is not considered)
- Have a family income (before taxes and deductions) within the FAMIS limit (see chart)

For FAMIS only:

- Children must also be uninsured at the time you apply

FAMIS Programs Income Limits* (Gross Income)

Qualifying for FAMIS programs also depends on household income and family size. For your family size, count the number of people included on your federal taxes. If you don't file taxes, count how many children and stepchildren under age 19 live in your home. Add yourself if you are the mother, father or stepparent of the children. Then add your husband or wife. For example, if you have 2 children and/or stepchildren under age 19 living in your home, plus yourself and your husband, your family size is 4. We determine eligibility based on monthly income before taxes and deductions. The current monthly income limit for a family size of 4 is \$4,152.

FAMILY SIZE	MONTHLY	YEARLY
 1	\$2,030	\$24,354
 2	\$2,737	\$32,841
 3	\$3,444	\$41,328
 4	\$4,152	\$49,815
 5	\$4,859	\$58,302
 6	\$5,566	\$66,789
Each Additional Family Member	\$712	\$8,528

*Effective January 25, 2016. Income limits change annually so check coverva.org for the latest updates.

Gross income is your income before taxes and deductions.

Visit coverva.org for an easy-to-use calculator.

