



## Grade 9 Sample Lesson Plan: Health Insurance

### SOLs

- Explain the importance of medical screenings and access to health care throughout life.
- Determine personal strategies for improving access to health care and medical services for different stages of life.
- Identify health-related social issues such as homelessness, underage drinking, and substance abuse.
- Determine strategies to protect vision, hearing, and dental health.
- Evaluate how public health policies influence health and disease prevention

### Objectives/Goals

- Students will understand what health insurance is and how it benefits individuals, families and the community at-large.
- Students will understand how health insurance works and key components of coverage (e.g., premiums, co-pays, co-insurance, deductibles, out-of-pocket costs).
- Students will be able to access key sites to apply for health insurance, including CommonHelp to apply for Virginia's state-sponsored health insurance programs for children, the FAMIS programs.
- Students will understand that staying healthy and engaging in preventive health activities (e.g., good nutrition, regular physical activity, preventing tobacco, alcohol, and drug use) can reduce health care costs.
- Students will be able to communicate the benefits of health insurance coverage to their peers and families.

### Materials

- Computers and Internet access
- Videos (see links in References section)
- Articles
- Handouts (see attachments: *Glossary; Health Care Costs Calculation; Health Plan Comparison; Health Insurance Pre-Test and Post-Test*)

**Note:** This series of lesson plans is about health insurance and how it works. The laws

related to health insurance in the US may change from time-to-time.

These materials were prepared in the Spring 2017. The Kaiser Family Foundation ([www.kff.org](http://www.kff.org)) is an excellent and unbiased resource about health insurance in the US. You may wish to check out the website to get current information about how new laws may impact these lesson plans. You may also contact the Virginia Health Care Foundation, if you have any questions: 804.828.6062 or email: [signupnow@vhcf.org](mailto:signupnow@vhcf.org).

## Procedure

- Set the stage for this lesson by showing the following video or similar videos or sharing articles about youth or young adults who have benefitted from having family health insurance:
  - *Next Generation –Health Insurance – Hattie: Overcoming Obstacles*
  - <https://www.youtube.com/watch?v=B-92-uy3r68>
  - This clip introduces a young woman whose family health insurance covered the treatment costs for her illnesses, a childhood neuromuscular disorder and Crohn’s disease, and protected her family from the significant debt that they would have incurred if they had not been insured. The video was produced as part of the Scholastic Next Generation program.
  - *Young and Uninsured. The Washington Times - Tuesday, February 4, 2003.*  
<http://www.washingtontimes.com/news/2003/feb/4/20030204-010844-8965r/>
  - This article tells the story about several young adults without health insurance and the impact on them.
  - *Equal Treatment for the Uninsured? Don't Count on It. Manoj Jain, The Washington Post, October 14, 2008.*  
<http://www.washingtonpost.com/wp-dyn/content/article/2008/10/10/AR2008101002679.html>

- While this is an older article, the stories of uninsured patients are very accurate today.

*Faces of the Newly Insured. The Commonwealth Fund.*

<http://features.commonwealthfund.org/faces-of-the-newly-insured>

- Profiles of five people who recently got health insurance, including what life
  - was like when they didn't have health insurance.
- Debrief the videos/articles with the following discussion questions:
    - *What is health insurance? Why is it important?*
    - *How do you think these people's lives would be different if/because they did not have health insurance?*
    - *Do you have health insurance?*
    - *Have you ever gone to the emergency room or been in the hospital for a serious injury/illness? (Or do you know someone who has?)*
    - *What kinds of costs do you think are involved? (The doctor, ER charges, medications or other supplies, any therapy or X-rays, etc., as well as doctor visits once you are out of the hospital).*

- (source: Next Generation Video Guide 2014  
<http://www.scholastic.com/nextgeneration/pdf/video-guide.pdf> )

- Ask students to complete the Pre-Test (Attachment 1).
- Define health insurance, discuss why health insurance is important, and address the common reasons young people, who often feel invincible, might give for not needing insurance.
- The following information can support this discussion.
  - *Today we are going to start learning about health insurance.*
  - *First, what is insurance? Why do we have it?*
    - Insurance is a way to protect you from financial loss. When you buy an insurance policy, you're pooling – or sharing – your risk of having some kind of loss with the loss risk of everyone else who has purchased insurance from the same company. People can buy homeowner's insurance, life insurance, car insurance, health insurance, etc.

- By buying insurance, you are contracting with the insurance company for it to cover some portion of your loss as long as you meet the requirements outlined in the insurance contract or policy.
  - If you, as the policyholder, has a loss that is covered by the policy, like a car accident or a house fire, you file a claim for reimbursement with the insurance company. You pay part of the costs of the loss and the insurance company pays the rest.
- *How many people have car insurance or know how it works?*
- Drivers buy car insurance, so that if they are in a car accident, they don't have to pay the full amount of the cost to repair their car or, if they caused the accident, to repair the other person's car. Health insurance works the same way.
  - Health insurance is a type of insurance that people buy to help cover the costs of getting medical care. Since health care - such as medical tests, hospitalizations, prescription medicines and surgery - can be expensive, most people can't pay for all of their health care costs on their own. When you have health insurance, you pay part of the cost of your medical care and the health insurance company pays part of the cost.
- *Here's how it works.*
- Hundreds of thousands of people pay a monthly amount – or premium – to a health insurance company to buy a health insurance plan. Most people are healthy most of the time, so only a portion of the people who buy a health insurance plans actually need to see a doctor or use other health care services. The cost of paying for the health care expenses of the people who actually use the insurance are spread across all of the people who pay for that health insurance plan each month (This is the same way car and life insurance costs are spread out across those who are insured.).
  - People get health insurance because no one can predict what the future will hold. Will you get sick? Will you have an

accident? Will you be diagnosed with a chronic health condition, like diabetes or heart disease?

- Having health insurance makes sure that if you do get sick, have an accident or get diagnosed with a health condition, you do not have to pay all of the medical expenses yourself. The health insurance will pay part of the expenses. This makes it more affordable for people to go to the doctor if they have a concern about their health, need a prescription to manage their asthma or diabetes, or get hurt playing a sport. And, it protects you from paying the full cost of health care services if you are sick or hurt.
- Health insurance plans vary in what they cover and how much they cost. Most health insurance plans pay for appointments with doctors, emergency room visits, hospital stays, and prescription medications.
- People without health insurance pay the full cost of treating their illnesses and injuries out-of-pocket, if you need to go to the doctor or emergency room. This means you get a bill for the full amount of the service. This can be really expensive – for example, doctor visits, x-rays, prescription medicine and other services related to a broken bone can cost thousands of dollars. Did you know that the number one reason people go bankrupt in the US is due to medical debt?
- If you have health insurance, a doctor's visit for strep throat is usually \$25. If you don't have health insurance, you might pay \$125 for a doctor's visit.
- If you broke your arm and had health insurance, you would pay about \$200 for the doctor to look at your arm and to get it x-rayed and set. If you were uninsured, you would pay about \$2500.
- Having health insurance when you are healthy not only protects you from unexpected health-related expenses, it helps keep the cost of health insurance lower for the community at-large. When insurance companies figure out how much to charge people for premiums and other costs, they do special studies to

estimate how many people will use health care and what kind of services they'll use over the course of the year.

- When healthy young people, who probably won't need to use a lot of health care during a year, buy health insurance, their premiums help to pay for the costs of people who use health care services during a given year. If only older or sicker people bought health insurance, the cost of premiums would go up, because older and sicker people get health care more regularly.
- *How do you get health insurance?*
  - Many employers provide health insurance or pay a portion of health insurance premiums for their employees. Employees often also have the option of purchasing health insurance through their work place for a spouse or children. In Virginia, about 2/3 of children (63%) and adults under age 64 (60%) get health insurance through an employer. If an employer doesn't offer health insurance, or it's too expensive for the employee, insurance can also be purchased individually.
- *What if you aren't able to get health insurance through a job?*
  - You could buy health insurance individually through an insurance broker or on the Health Insurance Marketplace.
  - If you can't afford to buy it one of those ways, one option for some people - children, pregnant women, people with severe disabilities, and the elderly - is government health insurance for certain groups of people.
  - **If you are 65 years or older, Medicare** is a health insurance program paid for by the federal government for US Citizens over the age of 65. Also, people with end-stage kidney disease or some people severe disabilities can get Medicare regardless of how much money they have. Medicare typically pays for 80% of the health care cost.
  - Enrollees can also pay for "Medigap" coverage to help pay for their health expenses.

- **Medicaid** is a health insurance program that is underwritten by both the federal and individual state governments. It provides comprehensive health insurance for children and teens up to their 19<sup>th</sup> birthday, pregnant women, people with disabilities and the elderly. The federal government sets guidelines for Medicaid. Each state determines the eligibility requirements for its residents. So, someone may be eligible for Medicaid in New York, but not in Virginia.
  - In some states, Medicaid also covers healthy adults who do not make very much money. Medicaid in Virginia does not. Some elderly Americans may have both Medicaid and Medicare.
  - Another source of government health insurance is CHIP or Children's Health Insurance Program. In Virginia, CHIP is called FAMIS. It is very similar to Medicaid for Children.
- *Show students Attachment 2 - a visual that compares Medicare and Medicaid - and/or show the video below.*
    - What is the difference between Medicaid and Medicare?  
<https://www.youtube.com/watch?v=lt--7lQcJAc>
  - Show a video clip that reinforces the cost and medical hardship experienced by un-insured youth and young adults (e.g., in *Life Without Health Insurance*, a 27 year old woman describes her challenges:  
[https://www.youtube.com/watch?v=5OFMS\\_Jqzlk](https://www.youtube.com/watch?v=5OFMS_Jqzlk))
  - Young people often feel invincible and may not be able to foresee times where they may be ill or injured and need insurance, so it is important to facilitate a discussion with students (divided into small groups) about how in the next few years they will have to decide whether they will buy health insurance.
    - *Think of a time when someone you know had a serious health problem or injury.*
    - *Did they have health insurance?*
    - *How did having/not having insurance impact them?*
    - *What are some of the likely reasons teens and young adults may become ill or injured?*

- *How might they obtain the money to cover the costs of health care, if they don't have health insurance?*
- *Do you think you will get insurance when you are older?*
- *Why you might need or want insurance – or not?*
- Students may offer numerous reasons for needing health insurance or students may say that they do not need health insurance. With any of these responses, summarize the discussion by reiterating the benefits of insurance. The following statements may be useful:
  - *You may be healthy now, but you never know when you might get sick or injured. If you are uninsured, you will have to pay the full cost of care and prescriptions out of your own pocket.*
    - *Health coverage can help you save money – for example, some insurance plans will completely cover the cost of your hospitalizations, or your insurance might only require you to pay relatively small amounts (e.g., \$300 for any hospitalizations), instead of you having to pay bills that could be 5,000, 10,000 or 50,000 dollars).*
  - *Health insurance gives you access to preventive services that can keep you healthy at no additional cost. These include annual check-ups, the flu vaccine, screenings for health conditions or diseases, or treatment for depression or substance abuse.*
- Hand out and have students complete the front page of the *Price Is Right Worksheet* (Attachment 3). This worksheet was produced by the Scholastic-Next Generation program and illustrates the average costs of medical procedures in 2014. (The amounts on the Worksheet are the approximate amounts a person without health insurance would be billed for the particular health service, while a person with health insurance would pay only a portion of the cost.) Once the students have completed the front page, ask the students to review the correct answers on the back page (Attachment 4). Then, further reinforce the financial challenges of covering health care costs on their own:
  - *What else might families be able to purchase for \$5,000, \$14,000, \$39,000?*
  - **Note:** The amounts on the *Price Is Right Worksheet* are estimated costs for each health care service. Actual health care costs may vary from community to community and from person to person, depending on the specific injury or other health issues the person may have.

<b>Lesson 2 –How Health Insurance Works – 30 minutes</b>
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- Begin the lesson by playing a true/false game to assess how much they already know about insurance.
  - Handout scratch paper and a marker to each student.
  - Using the Glossary, read a definition and term to the class (they may or may not go together).
  - Each student must decide whether it is true or false, write the answer down on a piece of scratch paper, and hold up the paper so the teacher can see it.
- After every student has an answer, the teacher can reveal the answer and give an explanation for why the statement is true or false. d. Keeping score is optional.
- Show one of the following or a similar video clip that engagingly defines and illustrates core insurance concepts, including those introduced in the *Glossary* (e.g., premiums, deductibles, co-insurance, out-of-pocket maximum).
  - Consumer Reports - Understanding Your Health Insurance Costs (2014) <https://www.youtube.com/watch?v=DBTmNm8D-84>
  - Kaiser Family Foundation – Health Insurance Explained – The YouToons Have it Covered (2014) <https://www.youtube.com/watch?v=-58VD3z7ZiQ>
- Handout *Glossary* (Attachment 5). Introduce and review key terms related to health insurance coverage using the handout, *Glossary*.
- Explain that not all health insurance plans are the same. Plans vary in how much the premiums cost, what services and medicines they cover, what health care providers (doctors, hospitals) the enrollee/patient can go to and how much the person will have to pay out-of-pocket, in addition to the monthly premium.
  - *Health insurance plans could be compared to cars. You can buy an inexpensive plan, like a car stick shift with fabric seats that doesn't have air conditioning or you can buy an expensive plan, like a car with a V8 engine, heated leather seats and sunroof – or somewhere in between!*
- Show one of the following or a similar video clip to further illustrate the calculations involved in determining how out-of-pocket health care costs are affected by insurance deductibles, co-pays or co-insurance.
  - E-Health: How Health Insurance Works (2009) - this video includes a very clear illustration of the application of premiums,

deductibles, copays and co-insurance, and out-of-pocket costs to a \$100,000 bill for a heart procedure.

[https://www.youtube.com/watch?v=A4-pklsDT\\_Q](https://www.youtube.com/watch?v=A4-pklsDT_Q)

- E-Health: How Does Health Insurance Work (2014) - this video illustrates how co-pays, coinsurance, co-pays, and out-of-pocket costs are applied to the payment of a \$50,000 bill  
[https://www.youtube.com/watch?annotation\\_id=annotation\\_41196839 &feature=iv&src\\_vid=A4-pklsDT\\_Q&v=hdtQPawYm2k](https://www.youtube.com/watch?annotation_id=annotation_41196839&feature=iv&src_vid=A4-pklsDT_Q&v=hdtQPawYm2k)

- **Additional In-Class Activity Option**

- Teach the Lesson: *How to Teach Health Insurance to Kids* (Attachment 6)  
<http://financeintheclassroom.org/downloads/HowTeachHealthInsurance.pdf> This lesson was initially developed for middle school students, but is also appropriate for high school students.

- **Lesson 3 – Visit the Insurance Marketplace – 30 minutes**

- Set the stage for this lesson:
  - *Two-thirds of Virginians get their health insurance through an employer. Some jobs don't offer health insurance for employees and/or their family members. Some employers offer health insurance, but it is too expensive for employees to afford.*
  - *Are there other options for people who don't get insurance through a job, but want to have health insurance?*
  - Yes! If you don't have health insurance through a job, Medicare, Medicaid, the FAMIS programs or another source – the Marketplace – can help you get covered.
  - *Today, let's talk about the Marketplace.*
  - The Affordable Care Act, passed by Congress in 2010, created a Health Insurance Marketplace. The Marketplace, as it is often known, is a website also known as healthcare.gov where Americans can research and purchase health insurance for individuals and families. The existence of the Marketplace has

given thousands of Americans who have not had health insurance the ability to buy it – in many cases with financial assistance.

- The Marketplace is a resource where individuals and families of all incomes and small businesses can: compare different health insurance plans to see what's covered by each plan and what's most affordable; get answers to questions about health insurance; or, enroll in a health insurance plan that meets your needs.
- You can purchase health insurance on the Marketplace in the Fall and Winter, typically, November through January.
- In some circumstances, people may get insurance through the Marketplace at other times of the year. The individual or family must have a significant change that initiates what is called a Special Enrollment Period. These are the kinds of changes in a person's life that would allow them to have a Special Enrollment Period: having a baby, getting married or divorced, moving, having a change in income, becoming a US citizen or a legal resident or being released from incarceration.

### **In-class Activity**

- Visit [www.healthcare.gov](http://www.healthcare.gov) insurance marketplace website to illustrate how plans differ for individuals and families of various incomes and size, or place students on teams to visit the [www.healthcare.gov/see-plans/](http://www.healthcare.gov/see-plans/) insurance marketplace website to analyze and compare available health care plans and coverage costs.
  - Each group of students should be provided with sample demographic information to enter into the site. They should be provided with information that enables comparison of the choices of insurance available to people of different ages, family configurations, pre-existing conditions, and income levels (e.g., a 24 year old seeking insurance alone, with an annual income of \$19,000 per year and a 24 year old seeking insurance with an annual income of \$45,000; a family of four with low income and a family of four with high income).
- Instruct students to write down and compare the results of their search (e.g., number and type of providers, annual or monthly premiums, deductibles, co-pays, co-insurance, and out-of-pocket costs).

- Ask each team to report and discuss their findings with the class.
- Alternatively, students could review various plans and complete health plan comparison worksheets (see attached sample – Attachment 7).
- Debrief the activity with the following discussion questions:
  - *Was it easy to find the information you needed to complete the worksheet?*
  - *Did you think you could make a good decision about which plan would be best for you/your hypothetical family after you completed the worksheet?*
  - *What questions do you have about comparing health plans and making decisions about what plan might be best?*
- Closing Comments
  - *Insurance costs a lot. Being uninsured can cost more.*
  - *Comparing plans is tough, but important.*
  - *The lowest premium isn't always the cheapest plan in the long run.*
  - *Even good health insurance can have loopholes.*
  - *You'll pay more for freedom to choose providers. Check out what hospitals and doctors are in a network and what medicines are covered before signing up.*
  - **Reminder:** *Often, when people get health insurance through their work place, they still need to compare different plans to see which one is most affordable and/or will cover the services the family needs.*

#### Lesson 4 – The FAMIS Programs – 30 minutes

- Set the stage for this lesson:
  - *So, you might remember that two-thirds of Virginians get their health insurance through an employer. Some jobs don't offer health insurance for employees and/or their family members. Some employers offer health insurance, but it is too expensive for employees to afford.*
  - *Last time, we talked about buying health insurance on the Marketplace, if it isn't available or affordable from an employer. There are some other options for individuals and families who don't get insurance through a job, too.*

- *We are going to talk about those today, with a focus on programs available for kids and teens up to age 19.*
- *Let's focus on the FAMIS programs, Virginia's health insurance programs for kids and teens.*
- Show FAMIS video clip. <https://www.youtube.com/watch?v=FndlhKGKeoU> , or <https://www.youtube.com/channel/UC2m28ClQYfdyqQ-vbdwbrpg> and discuss, using the following information as a resource:
  - The FAMIS programs provide comprehensive health benefits for children (Note: The FAMIS program include Children's Medicaid, or FAMIS Plus, and a complementary program, FAMIS, for children in families earning higher incomes). In addition to covering health care services that most health insurance covers, like hospitalizations, doctor visits and prescriptions, the FAMIS programs also cover vision and dental care and several other services not often covered by private health insurance plans. There are no sign up fees or monthly premiums. Some enrollees in higher income families have small co-pays for some services (\$2 - \$5 for prescriptions or doctor visits or up to \$25 for hospitalizations).
  - Eligibility for the FAMIS programs is based on several factors – children under the age of 19, who are Virginia residents and US Citizens or qualified legal immigrants are eligible for the FAMIS programs.
  - A family of 4 can make as much as \$50,430 per year and the children are income-eligible, meaning the family meets the program's income requirements. The income eligibility for the FAMIS programs varies with household size.
  - There are several misconceptions that prevent parents from applying for the FAMIS programs and obtaining the health insurance their kids need.
  - Many working parents think they earn too much money for their child to be eligible for state-sponsored health insurance. In fact, they are often eligible. Even the children of many first responders – fire fighters and police officers – and others often qualify.

- Some parents think that FAMIS must provide substandard coverage, since it is a state program. Nothing could be further from the truth! It includes medical care, medicine, hospitalization, behavioral health care, AND includes vision and dental care! In fact, over 90% of the parents of FAMIS kids are satisfied with their child’s coverage.
  - Families may apply for the FAMIS programs at any time during the year. There are four easy ways to apply: by phone, online, via a paper application, or in person at the local department of social services.
  - Every year, a student’s enrollment in the FAMIS programs must be renewed so she or he stays insured. The renewal process is easy. Depending on whether parents checked relevant boxes on their initial application, and if income is easily verifiable using electronic sources, coverage renewal might even happen automatically!
  - The FAMIS programs are an excellent opportunity for families to make sure their children get the preventive care they need to stay healthy and they provide affordable care when they are sick or injured.
  - More than 600,000 Virginia children from birth through age 18 have health insurance through the FAMIS programs, state sponsored health insurance. Still, there are 61,000 children in Virginia who are eligible for the FAMIS programs, but have not enrolled!
- **In-Class Activity**
  - Have students complete the *Health Care Costs Calculation* worksheet (Attachment 8) to reinforce what they have learned in the video.
  - Review the correct answers with students using the attached *Health Care Costs Calculation* answer sheet (Attachment 9) and reinforce the value of health insurance in reducing health care costs. Discuss how insurance plans differ in many areas (e.g., cost, comprehensiveness, and quality) and why it is so important to be an informed consumer.
  - In Virginia, there are many health care “assisters” who offer in-person information and assistance in applying for the FAMIS programs (to find someone who can help with one-on-one assistance, go to [www.vhcf.org](http://www.vhcf.org) – link to Project Connect Outreach Workers or [www.enrollva.org](http://www.enrollva.org)). The following videos explain the role of assisters in Virginia:
    - <https://www.youtube.com/watch?v=2ZyU6C5mAV0&index=2&list=P>

[LOVLQ1W KB62Gsw oeh1XN6A17ziXC\\_YMHN](https://www.youtube.com/watch?v=6WCTTIJoRmE&list=PLOVLQ1WKB62Gsw oeh1XN6A17ziXC_YMHN)

- [https://www.youtube.com/watch?v=6WCTTIJoRmE&list=PLOVLQ1WKB62Gsw oeh1XN6A17ziXC\\_YMHN&index=1](https://www.youtube.com/watch?v=6WCTTIJoRmE&list=PLOVLQ1WKB62Gsw oeh1XN6A17ziXC_YMHN&index=1)

### Lesson 5 - Unit Summary – 10 minutes

- Summarize the unit with a discussion that reinforces the benefits of health insurance as well as the importance of staying healthy and engaging in preventive practices (e.g., good nutrition, regular physical activity, prevention smoking, alcohol, and tobacco use) for health and lifestyle benefits and to avoid the high cost of preventable health care procedures.
- Have students complete and return the *Post-Test* (Attachment 10). Answers are provided in Attachment 11.

### Homework/project-based learning:

- Students prepare an ad for health insurance coverage. The audience for the ad is their peers and families. The ad must (1) communicate the benefits of health insurance; (2) share information on how to sign up; and (3) promote free or low cost options available through Virginia’s FAMIS programs. The ad can be print, video or “radio”.

### Assessment Idea

- Assess participation in class discussion and activities.
- Score *Post-test*
- Evaluate quality and completeness of homework assignment.

### Handout

The next page includes a handout for the lesson. The handout is designed for print use only.

## Health Insurance Pre-Test

What is health insurance?

How does health insurance benefit individuals and families?

Match the following to their definitions:

**Premium**

(a) The set of health care facilities, health care providers, and health care suppliers that a health insurer has contracted with to provide health care services at a discounted rate for its members.

**Co-Payment**

(b) The amount an insured person has to pay for the health care services that the health insurance covers before the health insurance begins to pay its share of the persons' health care expenses.

**Co-Insurance**

(c) A fixed amount the insured person is required to pay for medical services or medical supplies, like a doctor's visit, hospital outpatient visit, or prescription drug.

**Deductibles**

(d) The monthly "membership fee" an insured person pays to stay enrolled in their health insurance plan.

**Out-of-Pocket Costs**

(e) A share or percentage of the costs of a covered health care service that an insured person is required to pay when that service is used.

**Network**

(f) The most the insured person would have to pay during a policy period.

**Who is eligible for the FAMIS programs?**

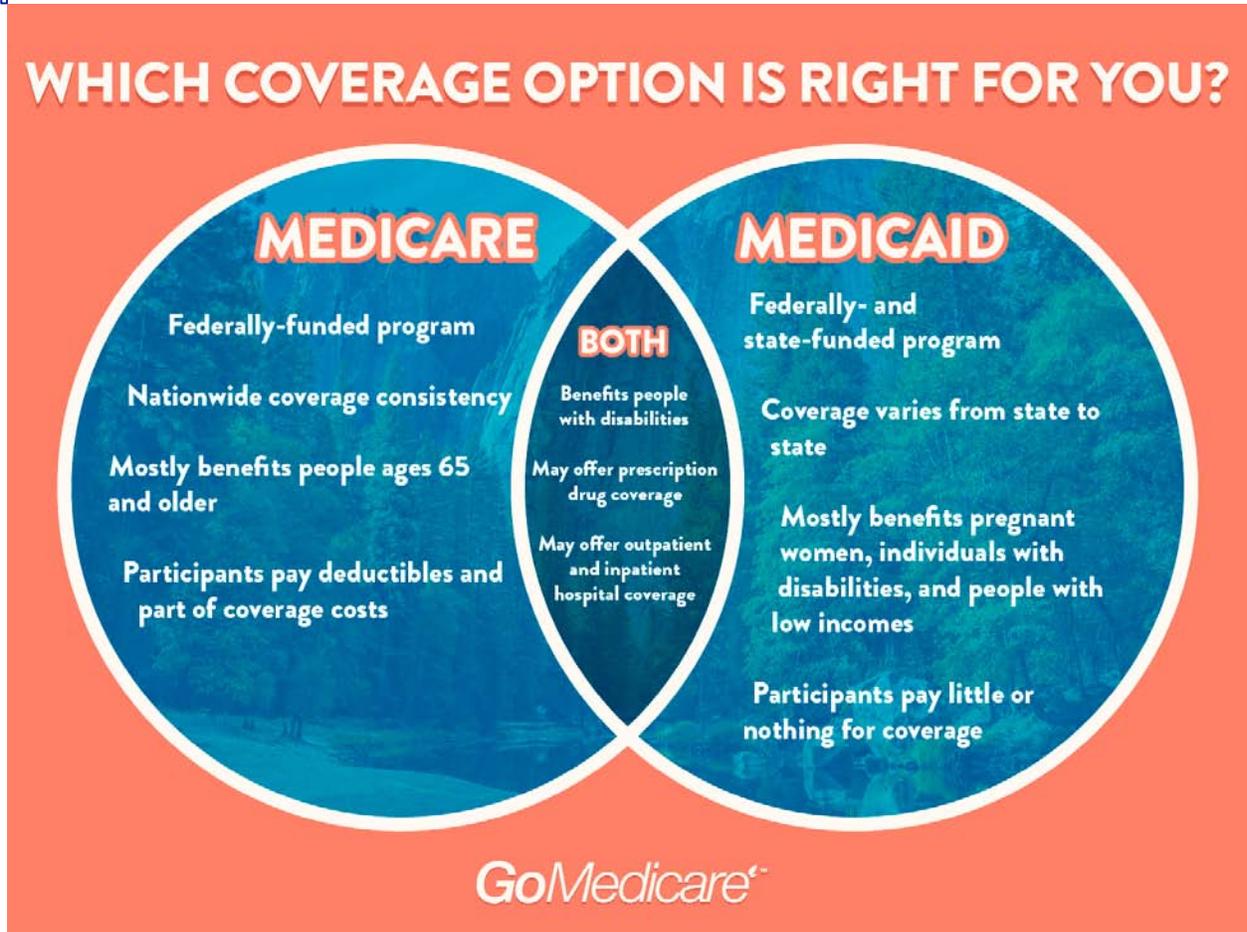
**Which of the following websites gives information about Virginia's FAMIS health insurance programs?**

- a. [www.coverva.org](http://www.coverva.org)
- b. [www.healthinsuranceva.gov](http://www.healthinsuranceva.gov)
- c. [www.virginiahealthcare.org](http://www.virginiahealthcare.org)
- d. none of the above

**What are the ways families can apply for the FAMIS programs?**

- a. In person
- b. Online
- c. By Phone
- d. All of the above.

*Attachment 2 – Comparing Medicare and Medicaid*



<http://www.gomedicare.com>

# The Price Is Right

## What It Costs To Get Well

Do you know how much medical treatments and procedures cost? Match these common medical procedures with their costs by drawing a line from the procedure to the dollar amount you think represents its cost.

PROCEDURE	COST
Tetanus Shot	\$5,583
Brain MRI	\$257
Screening Mammogram	\$59
Coronary Artery Bypass Graft	\$1,036
Chest X-Ray	\$2,585
Gallbladder Removal	\$14,180
Electrocardiogram (EKG)	\$39,572
Leukemia Surgery	\$44
Birth of Baby (C-Section)	\$32
Carpal Tunnel Surgery	\$11,529

[http://www.scholastic.com/nextgeneration/pdf/Health\\_The-Price-is-Right.pdf](http://www.scholastic.com/nextgeneration/pdf/Health_The-Price-is-Right.pdf)

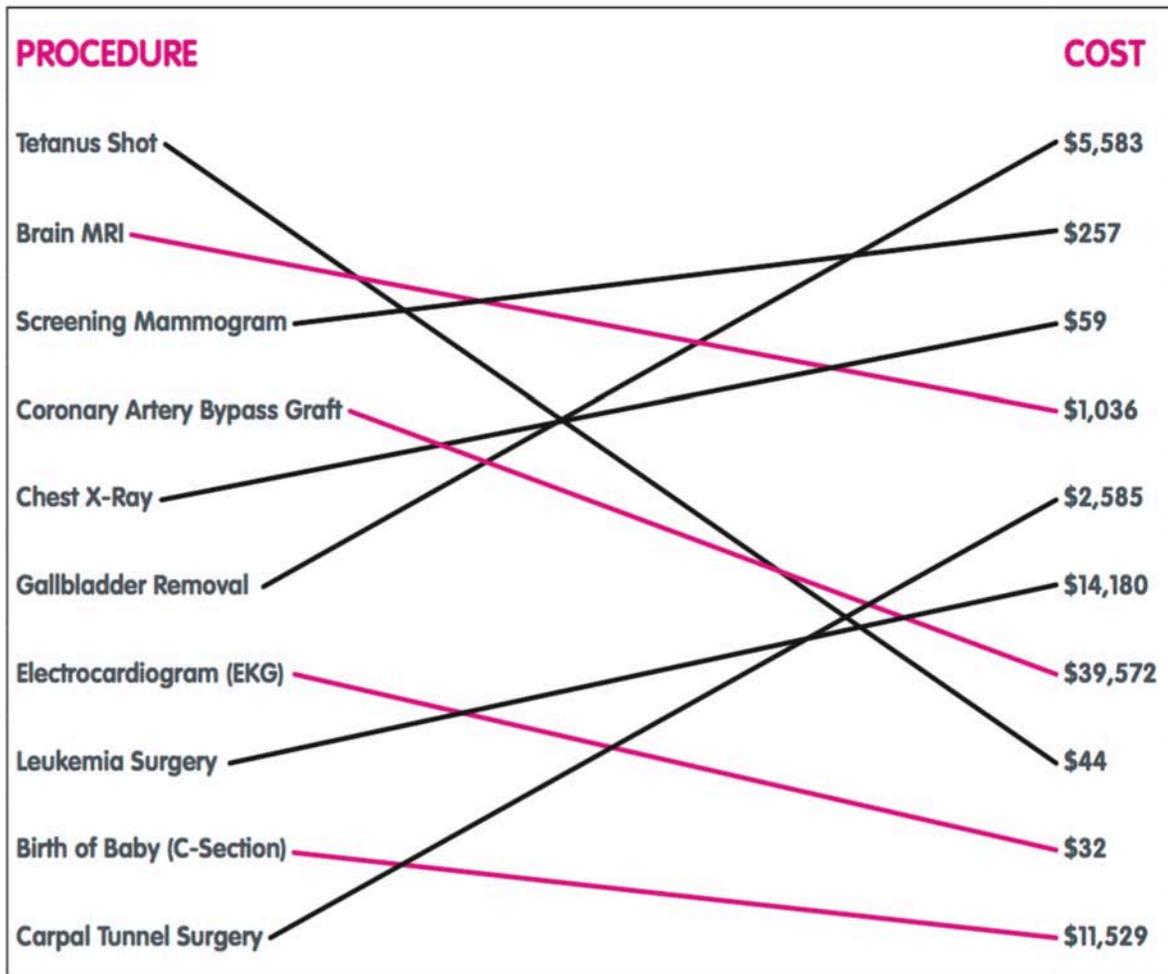
Attachment 4 – Price is Right- Back Page



Educator Answer Sheet:

**The Price Is Right—What It Costs to Get Well**

Do you know how much medical treatments and procedures cost? Match these common medical procedures with their costs by drawing a line from the procedure to the dollar amount you think represents its cost.



Source: Healthcare Bluebook, November 2014

<http://www.scholastic.com/nextgeneration/pdf/health-ed-guide.pdf>

## ***Glossary of Key Insurance Terms***

**Coinsurance** is a percentage of the costs of a covered health care service that an insured person is required to pay. For example, if an insured person sees a doctor, the insurance company will pay 80% of the costs of seeing that doctor, while the insured person pays 20%. This differs from a copay in that it is a percentage rather than a fixed amount, so a more expensive doctor might mean a higher coinsurance.

**Copayment** or “copay” is a fixed amount the insured person is required to pay for medical services or medical supplies, like a doctor's visit, hospital outpatient visit, or prescription drug. For example, you might pay \$10 or \$20 for a doctor's visit, lab work, or prescription. The insurance company will pay the rest of the cost.

**Deductible** is the amount an insured person has to pay for the health care services that the health insurance covers before the health insurance begins to pay its share of the persons’ health care expenses. For example, if a person has a deductible of \$1,000, that person has to pay \$1,000 of incurred health care expenses before the insurance plan pays anything.

**Medicaid** is the state and Federal partnership that provides medical coverage to eligible needy persons. The purpose of Virginia Medicaid is to improve the health of people in Virginia who might otherwise go without medical care for themselves and their children.

**Medicare** is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

**Network** is the set of health care facilities, health care providers, and health care suppliers that a health insurer has contracted with to provide health care services at a discounted rate for its members. For example, some doctors or other health care providers are “in-network.” These providers may also be called “preferred-providers” or “participating providers.” If a provider is “out-of-network” it will cost you more to see them.

**Out-of-pocket maximum** is the most the insured person would have to pay during a policy period (usually one year) before the health insurance company starts to pay 100% for covered essential health benefits. This out-of-pocket maximum includes deductibles, co-insurance, and copayments. It does not include monthly premiums.

**Premium** is the monthly “membership fee” an insured person pay to stay enrolled in their health insurance plan.

## Attachment 6 – How To Teach Health Insurance to Kids

<http://financeintheclassroom.org/downloads/HowTeachHealthInsurance.pdf>



### HOW TO TEACH HEALTH INSURANCE TO KIDS

**Step 1** - Have the kids count the number in the group. For teaching purposes let us say it is 30. Have the kids sit together by gender. Within each gender, have the kids sit by month of birth, oldest to youngest.

**Step 2** - Tell the kids that boys and girls need medical treatment at a different frequency and that age makes a difference. The older the person is, the more frequently they will probably need medical treatment.

**Step 3** - Tell the kids each group no matter how big or small is called a "risk pool." They are a risk pool. Each risk pool is unique based on its size, gender makeup and age makeup.

**Step 4** - Tell them that the amount that is charged for health insurance is called the "premium" and is based on the makeup of the risk pool by gender, age and "claims experience," or history of past claims.

**Step 5** - Tell each student that based on their risk pool you are going to pretend that their premium is two dollars per month. That is \$60.00 per month or \$720.00 of premium for the year for the risk pool. If two people become ill during the year and their costs are \$100.00 each, then the "health insurance company" or risk pool pays \$200.00. If these are the only two people to need coverage then the company has done well. They simply carry the remaining \$500.00 forward to the next year adding the next \$720.00.

**Step 6** - Tell the kids that the bills people turn in are called "claims" and, often, there is a "deductible" or "co-pay" amount that the person who is insured must pay towards each bill themselves to help the risk pool survive. Tell the kids the people covered in the risk pool are called "insureds."

**Step 7** - Tell the kids that sometimes there are more claims than the risk pool collected in premiums. Each year part of the premiums collected have to go to a "reserve" which is used as an emergency fund. Tell the kids if, for example 5 kids from their group get ill and have claims of \$200.00 or a total of \$1,000.00, then the pool must pay an additional \$280.00 on top of the \$720.00 from reserves.

**Step 8** - Teach the kids that the reserves now have to be replaced so they will be charged an additional 78 cents (\$280.00 divided by 12 then 30), for a monthly premium of \$2.78.

**Step 9** - Summarize for the kids that health insurance is most simply a business that collects money from many people, many who won't become ill, so that the impact on those who do become ill is minimized. The company also assesses what to charge based on group age and gender makeup and claim history.

[http://www.ehow.com/how\\_4546689\\_teach-health-insurance-kids.html](http://www.ehow.com/how_4546689_teach-health-insurance-kids.html)

FinanceInTheClassroom.org

Attachment 7

**Sample Health Plan Comparison Worksheet**

(<http://www.vhi.org/hio/worksheet1.pdf>)

	Plan or Plan Option 1	Plan or Plan Option 2	Plan or Plan Option 3
MONTHLY PREMIUM			
DEDUCTIBLES			
Individual/Annual			
Family/Annual			
INPATIENT DEDUCTIBLE			
ANNUAL OUT OF POCKET MAXIMUM			
Individual			
Family			
LIFETIME MAXIMUM			
INPATIENT SERVICES			
Covered			
Co-Pay			
PHYSICIANS			
Primary Care			
Covered			
Co-Pay			
Specialist			
Covered			
Co-Pay			
EMERGENCY ROOM			
Covered			
Co-Pay			
URGENT CARE			
Covered			
Co-Pay			
MENTAL HEALTH AND SUBSTANCE ABUSE			
Inpatient			
Outpatient			

	Plan or Plan Option 1	Plan or Plan Option 2	Plan or Plan Option 3
<b>PREVENTIVE CARE</b>			
Well Baby			
Covered			
Co-Pay			
Adult Physical Exam			
Covered			
Co-Pay			
Routine Gyn Exam			
Covered			
Co-Pay			
Routine Eye Exam			
Covered			
Co-Pay			
Routine Mammogram			
Covered			
Co-Pay			
<b>OUTPATIENT</b>			
Surgery			
Covered			
Co-Pay			
Diagnostic Lab and X-Ray			
Covered			
Co-Pay			
Physical Therapy			
Covered			
Co-Pay			
<b>DURABLE MEDICAL EQUIPMENT</b>			
Covered			
Co-Pay			
<b>PRESCRIPTIONS</b>			
Brand			
Generic			
Mail-order Drugs			
Oral Contraceptives			

**Attachment 8**

**Health Care Costs Calculation Worksheet**

Jason, Jane and Benny each break an arm playing sports and require surgery.

The estimated health costs for treating this injury without insurance are:

Emergency Room (ER) Visit	\$400
2 Day Hospital Stay and Surgery	\$11,000
2 Follow Up Doctor visits	\$300
	\$11,700

As the table below illustrates, the students have different types of health insurance with different premiums, deductible, co-insurance, and co-pay amounts.

Jason’s family has employee health insurance with a monthly premium of \$200; an annual deductible of \$0; co-insurance of \$0; and a \$300 copay for a hospital stay, a \$50 copay for an emergency room visit (this is waived if he is admitted for a hospital stay); and, a \$20 copay for doctor visits.

Jane’s family has private health insurance with a monthly premium of \$100; an annual deductible of \$1500; and a co-insurance of 20% (after all other costs and deductibles have been paid). Her family also has a \$100 co-pay for emergency room visits, and a \$25 copay for doctor visits.

Benny and his brothers have FAMIS health insurance. His family pays \$5 for a doctor visit, \$5 for an ER visit, and \$25 for a hospitalization.

<b>Health Insurance Out-of-Pocket Costs</b>	<b>Jason’s Out-of-Pocket Costs (Employer)</b>	<b>Jane’s Out-of-Pocket Costs (Private)</b>	<b>Benny’s Out-of-Pocket Costs (FAMIS)</b>	<b>Uninsured Student’s Costs</b>
<i>Monthly Premium</i>	\$200	\$100	\$0	0
<i>Annual Deductible</i>	\$0	\$1500	\$0	0
<i>Co-Insurance</i>	None	20%	None	None
<i>Co-Payment for ER Visit</i>	\$50	\$100	\$5	\$400
<i>Co-Payment for Hospital Stay</i>	\$300	None	\$25	\$11,000
<i>Co-Payment for Doctor Visit</i>	\$20	\$25	\$5	\$300

Complete the table below with the respective amounts that each teenager’s family’s would

have to pay to treat the broken arm. Assume that these are the their first doctor visits or medical procedures for the health insurance plan year.

<b>Broken Arm Out-of-Pocket Costs</b>	<b>Jason's Out-of-Pocket Costs (Employer)</b>	<b>Jane's Out-of-Pocket Costs (Private)</b>	<b>Benny's Out-of-Pocket Costs (FAMIS)</b>	<b>Uninsured Student 's Costs</b>
<b>Emergency Room (\$400)</b>				
<b>2 Day Hospital Stay and Surgery (\$11,000)</b>				
<b>2 Doctor visits for Follow Up (\$300)</b>				
<b>TOTAL OUT-OF- POCKET COST (\$11,700)</b>				

What would this medical care have cost without health insurance?

\_\_\_\_\_

How much did Jason's family pay for medical care related to his broken arm?

\_\_\_\_\_

How much did Jane's family pay? \_\_\_\_\_

How much did Benny's family pay? \_\_\_\_\_

Why were Benny's costs so different from Jane and Jason's?

\_\_\_\_\_

\_\_\_\_\_

This worksheet was adapted from a worksheet of Scholastic Next Generation – Health Insurance  
<http://www.scholastic.com/nextgeneration/lessons&worksheets/health.htm>

**Attachment 9**

**Health Care Costs Calculation – Answer Sheet**

Jason, Jane and Benny each break their arm playing sports and require surgery.

The estimated health costs for treating this injury without insurance are:

Emergency Room (ER) Visit	\$400
2 Day Hospital Stay and Surgery	\$11,000
2 Follow Up Doctor visits	\$300
	\$11,700

As the table below illustrates, the students have different types of health insurance with different premiums, deductible, co-insurance, and co-pay amounts.

Jason’s family has employee health insurance with a monthly premium of \$200; an annual deductible of \$0; co-insurance of 0%; and a \$300 copay for a hospital stay, a \$50 copay for an emergency room visit (this is waived if he is admitted for a hospital stay); and, a \$20 copay for doctor visits.

Jane’s family has private health insurance with a monthly premium of \$100; an annual deductible of \$1500; and a co-insurance of 20% (after all other costs and deductibles have been paid). Her family also has a \$100 co-pay for emergency room visits, and a \$25 copay for doctor visits.

Benny and his brothers have FAMIS health insurance. His family pays \$5 for a doctor visit, \$5 for an ER visit, and \$25 for a hospitalization.

<b>Health Insurance Out-of-Pocket Costs</b>	<b>Jason’s Out-of-Pocket Costs (Employer)</b>	<b>Jane’s Out-of-Pocket Costs (Private)</b>	<b>Benny’s Out-of-Pocket Costs (FAMIS)</b>	<b>Uninsured Student’s Costs</b>
<b>Monthly Premium</b>	\$200	\$100	\$0	\$0
<b>Annual Deductible</b>	\$0	\$1500	\$0	\$0
<b>Co-Insurance</b>	None	20%	None	None
<b>Co-Payment for ER Visit</b>	\$50	\$100	\$5	\$400
<b>Co-Payment for Hospital Stay</b>	\$300	None	\$25	\$11,000
<b>Co-Payment for Doctor Visit</b>	\$20	\$25	\$5	\$300

Complete the table below with the respective amounts that each teenager's families would have to pay to treat the broken arm. Assume that these are the their first doctor visits or medical procedures for the plan year.

<b>Costs for a Broken Arm</b>	<b>Jason's Out-of-Pocket Costs (Employer)</b>	<b>Jane's Out-of-Pocket Costs (Private)</b>	<b>Benny's Out-of-Pocket Costs (FAMIS)</b>	<b>Uninsured Student's Costs</b>
<b>Emergency Room (\$400)</b>	<b>\$50</b>	<b>\$100</b>	<b>\$5</b>	<b>\$400</b>
<b>2 Day Hospital Stay and Surgery (\$11,000)</b>	<b>\$300</b>	<b>\$3500</b> <i>(\$1500 deductible +20% co-insurance (\$2000))</i>	<b>\$25</b>	<b>\$11,000</b>
<b>2 Doctor visits for Follow Up (\$300)</b>	<b>\$40</b>	<b>\$50</b>	<b>\$10</b>	<b>\$300</b>
<b>TOTAL COST (\$11,700)</b>	<b>\$390</b>	<b>\$3650</b>	<b>\$40</b>	<b>\$11,700</b>

## Health Insurance Post-Test

What is health insurance?

How does health insurance benefit individuals and families?

Match the following to their definitions:

**Premium**

(a) The set of health care facilities, health care providers, and health care suppliers that a health insurer has contracted with to provide health care services at a discounted rate for its members.

**Co-Payment**

(b) The amount an insured person has to pay for the health care services that the health insurance covers before the health insurance begins to pay its share of the persons' health care expenses.

**Co-Insurance**

(c) A fixed amount the insured person is required to pay for medical services or medical supplies, like a doctor's visit, hospital outpatient visit, or prescription drug.

**Deductibles**

(d) The monthly "membership fee" an insured person pays to stay enrolled in their health insurance plan.

**Out-of-Pocket Costs**

(e) A share or percentage of the costs of a covered health care service that an insured person is required to pay when that service is used.

**Network**

(f) The most the insured person would have to pay during a policy period.

**Who is eligible for the FAMIS programs?**

**Which of the following websites gives information on Virginia's FAMIS programs?**

- a. [www.coverva.org](http://www.coverva.org)
- b. [www.healthinsuranceva.gov](http://www.healthinsuranceva.gov)
- c. [www.virginiahealthcare.org](http://www.virginiahealthcare.org)
- d. none of the above

**What are the ways families can apply for the FAMIS programs?**

- a. In person
- b. Online
- c. By Phone
- d. All of the above.

## Attachment 11

# Health Insurance Post-Test Answers

### What is health insurance?

Health insurance is a insurance that people buy to cover the costs associated with medical care.

### How does health insurance benefit individuals and families?

For a monthly premium and minimal other cost sharing, most health insurance plans cover the costs of appointments with doctors and specialists, emergency room visits, hospital stays, and medications. Health insurance reduces the amount an individual or family would have to pay out-of-pocket for the same expenses.

### Match the following to their definitions:

**Premium - (d)** The monthly “membership fee” an insured person pays to stay enrolled in their health insurance plan.

**Co-Payment - (c)** A fixed amount the insured person is required to pay for medical services or medical supplies, like a doctor's visit, hospital outpatient visit, or prescription drug.

**Co-Insurance - (e)** A share or percentage of the costs of a covered health care service that an insured person is required to pay when that service is used.

**Deductibles - (b)** The amount an insured person has to pay for the health care services that the health insurance covers before the health insurance begins to pay its share of the persons' health care expenses.

**Out-of-Pocket Costs - (f)** The most the insured person would have to pay during a policy period.

**Network - (a)** The set of health care facilities, health care providers, and health care suppliers that a health insurer has contracted with to provide health care services at a discounted rate for its members.

### Who is eligible for FAMIS?

Children under 19 who live in Virginia and who have a family income that is within FAMIS program limits.

### Which of the following websites gives information about Virginia's FAMIS programs?

- a. [www.coverva.org](http://www.coverva.org) **CORRECT**
- b. [www.healthinsuranceva.gov](http://www.healthinsuranceva.gov)
- c. [www.virginiahealthcare.org](http://www.virginiahealthcare.org)
- d. None of the above

### What are the ways families can apply for the FAMIS programs?

- a. In person
- b. Online
- c. By Phone
- d. All of the above. **CORRECT**