### Lesson 1: Health Care Systems and Health Insurance

**K-W-L Graphic Organizer**

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Lesson 1: Health Care Systems and Health Insurance

Glossary

1. **co-insurance**: the percentage of money that you are expected to pay after the deductible is reached

2. **co-pay**: the flat fee that you are expected to pay for a medical service, such as a doctor’s appointment

3. **deductible**: the amount of money that an individual pays before the benefits of health insurance kick in and co-insurance starts

4. **health insurance**: a system that organizes people, institutions and resources to deliver health care services

5. **Medicaid**: health insurance for very low-income people, funded by federal and state government

6. **Medical Assistance**: Minnesota’s Medicaid program

7. **Medicare**: a federal health insurance program for people over 65

8. **MinnesotaCare**: a program for Minnesotans who are low income, are not eligible for Medical Assistance, and do not have access to affordable health care coverage through their employer

9. **network**: the groups of health care providers, laboratories, pharmacies, etc. that are connected to a specific health insurance company

10. **out-of-pocket limit**: after you have paid this amount of money, your health insurance will cover 100% of your costs for medical services that are included in your plan

11. **premium**: the amount of money that you and/or your employer pays the insurance company every month or year as part of the insurance plan
What kinds of health insurance does the government provide in Minnesota?\(^1\,\,2\,\,3\)

**Medical Assistance** (MA), Minnesota’s **Medicaid** program, pays for medical care for very low-income Minnesotans.

- People enrolled in MA include children, parents, pregnant women, adults without children, seniors and people with disabilities.
- There are eligibility requirements for the program. People must have an annual income lower than a certain level.
- Even if their income is above the limit, people may still qualify for MA if they have enough medical bills.
- Federal and state money pays for MA.

**MinnesotaCare** is a program for Minnesotans who have low incomes, are not eligible for MA, and cannot get affordable health insurance through their employer.

- The program is mainly for adults. Children who are not eligible for MA may be able to get MinnesotaCare.
- There are eligibility requirements for the program. For example, people must have an annual income below a certain level.
- Most people who have MinnesotaCare pay a monthly premium. The cost depends on your family size and income.
- MinnesotaCare is paid for with state and federal tax dollars, taxes on healthcare providers, and the premiums paid by people who are enrolled.

**Medicare** is a federal health insurance program for people over 65 and people with certain disabilities.

People who work in the U.S. pay a small part of each paycheck to Medicare. If you have paid this Medicare tax during your working years, you will pay less for Medicare when you are older.

If you have not worked in the U.S. and have not paid anything to Medicare, you will need to pay more to get Medicare insurance when you are older.

Minnesota has a Medicare savings program to help people with low income pay for Medicare.

Read each sentence. Then circle True or False.

1. Medical Assistance is for people with low incomes.  True  False
2. Medicare is for people 60 and older. True  False
3. The cost of MinnesotaCare depends on your income and family size. True  False
4. MinnesotaCare is mainly for children. True  False
5. People with an income above the limit will never qualify for Medical Assistance. True  False
6. Medical Assistance is Medicaid. True  False
7. Medicare is for people over 65. True  False
8. MA is paid for only by federal dollars. True  False
9. Minnesota has a program to help people with Medicare costs. True  False
10. People with disabilities can get health coverage. True  False

\(^2\) [http://www.dmhc.ca.gov/dmhc_consumer/hp/hp_ppos.aspx](http://www.dmhc.ca.gov/dmhc_consumer/hp/hp_ppos.aspx)  
\(^3\) [http://www.dhs.state.mn.us/main/idcplg?dcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&Redirected=true&dDocName=id_006254](http://www.dhs.state.mn.us/main/idcplg?dcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&Redirected=true&dDocName=id_006254)
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Reading Comprehension

What is a health care system?
A health care system organizes people and resources to provide medical care to a community or population. Different countries have different health care systems.

- Countries such as Canada, England and Taiwan have a national health care system. This means health care is run only by the government and almost all health care information comes from one government organization.

- In the United States, health care is a collaboration of private companies and government (public) institutions. Insurance and health care can be complicated and difficult to understand.

Under the US system, health care is managed through many different organizations that are not connected to one another. This is why you may have to fill out information forms again if you go to a new clinic or hospital. This can also make health care very confusing.

What is health insurance?
Insurance is something you buy so that if you get sick, you will not have to pay all of the medical bills by yourself. Having health insurance allows a sick or injured person to have her insurance company pay for part of the medical services. Without health insurance, a person must pay for all his medical care by himself, which can cost a lot of money.

Health insurance also supports preventive health care. Often, the health insurance company will pay for yearly check-ups, to help prevent individuals from becoming very sick.

How does health insurance work?
Health insurance is like a shared jar of money for medical expenses. Everyone puts money into the jar. Some people may get sick and need to use this jar of money more than other people. Other people may not get sick and may not need to use the money. If everyone puts money in the jar, then there is enough for everyone to have money when they get sick.

How can I get health insurance?
- Employed: Many people receive health insurance through their workplace.
- Employed but uninsured: Individuals whose jobs do not offer insurance can purchase private insurance.
- Unemployed, disabled or low-income: Individuals may be able to get insurance through a program funded by the state and/or the federal government, such as Medical Assistance or MinnesotaCare.
- Age 65+: Senior citizens who have lived and worked in the U.S. for a certain amount of time qualify for Medicare, health insurance for senior citizens provided by the federal government.

Write a short answer based on the reading.

1. What kind of health care system does the US have? ____________________________________________________________
   ____________________________________________________________

2. How can you get health insurance if you don’t have a job? ____________________________________________________________
   ____________________________________________________________

Critical thinking skills:
1. Think about the question.
2. Talk about the answer with a partner.
3. Write a brief paragraph to answer the question.

Why is having health insurance important? ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Health Insurance

Read each item. As a class, write the letter from the column on the right that provides the correct definition for the word on the left.

1. ______ Network
2. ______ Deductible
3. ______ Out-of-pocket limit
4. ______ Co-pay
5. ______ Premium
6. ______ Co-insurance

a. The percentage of money that you are expected to pay after the deductible is reached
b. The groups of health care providers, laboratories, and pharmacies connected to a specific health insurance company
c. The amount of money that you and/or your employer pays the insurance company every month or year as part of the insurance plan
d. After you have paid this amount of money, your health insurance will cover 100% of your costs for medical services that are included in your plan
e. The amount of money that an individual pays before the benefits of health insurance kick in and co-insurance starts
f. The flat fee that an individual is expected to pay for a medical service, such as a doctor’s appointment

Use the words in the box to complete each sentence in the following passage about health insurance.

Many employers offer their employees health ______________ as a benefit. The ______________ is often taken from your salary with each pay check, a little bit at a time.

If you get sick, you often have to choose a doctor that is in your ______________. When you go to the doctor’s office for an examination, you pay your ______________.
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Chart and Questions

How You and Your Insurer Share Costs - Example

- Jane’s Plan Deductible: $1,500
- Co-insurance: 20%
- Out-of-Pocket Limit: $5,000

Use the chart about Jane’s health insurance to answer the questions.

1. How much is Jane’s deductible?

2. What percentage of the bill does Jane’s health care plan pay once co-insurance begins?

3. What percentage of the bill does Jane pay once co-insurance begins?

4. How much is Jane’s out-of-pocket limit?

5. How much does Jane pay after she reaches her out-of-pocket limit?
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Conversation

Mario was just hired at a technology business. He is meeting with the Human Resources Director to talk about health insurance. She is explaining the different health benefit options to Mario.

HR: Hello, Mario. Welcome to Tech Solutions. I would like to review your health benefits with you.

Mario: That's great, because it can be really confusing.

HR: Yes, it can. Your coverage is with a Health Maintenance Organization (HMO). Most medical services, such as the lab, x-ray, and pharmacy, are located within the same site.

Mario: Okay, that seems convenient. What are the other advantages of this type of system?

HR: Well, HMOs think preventive care is important, so those types of services are almost always covered. They have low monthly premiums and low co-pays. You'll probably have a primary health care provider who coordinates your care.

Mario: That all sounds good. Are there any disadvantages to this type of system?

HR: Your primary health care provider must be within the HMO network, because providers out of the network aren't covered or have limited coverage. You must get a referral from your primary provider to see a specialist. Not all medical services are covered.

Mario: I see. Well, thank you for explaining all of that.

HR: You're welcome! Here are some informational materials for you to take home. Read them carefully. If you have any further questions, please let me know!

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Talk with your partner and write a short answer to the following question.

What are some of the advantages and limitations of Mario’s coverage?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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Quiz

Read the questions. Then circle A, B, C or D.

1. What kind of health care system does the United States have?
   A. government-run
   B. private companies
   C. a collaboration between government and private companies
   D. none

2. What is a co-pay?
   A. a monthly payment
   B. 20%
   C. 80%
   D. a flat fee you pay for a medical service

3. What is a deductible?
   A. a group of health care providers
   B. a co-pay
   C. money you pay until co-insurance starts
   D. a monthly payment

4. What is Medical Assistance?
   A. co-pay
   B. medicine
   C. medical assistance for the very wealthy
   D. medical assistance for low-income individuals

5. Medicare is…
   A. for people under 65
   B. for people over 65
   C. for people over 56
   D. for people over 60

6. What is MinnesotaCare?
   A. Minnesota’s Medicare Program
   B. Minnesota’s dental plan
   C. a program for people who need affordable health insurance but are not eligible for MA
   D. Minnesota’s day care assistance

7. How much will health insurance pay after you reach your out-of-pocket limit?
   A. 100%
   B. 90%
   C. 80%
   D. 20%

8. How can you find more information about health insurance?
   1. ______________________
      ______________________
   2. ______________________
      ______________________
   3. ______________________
      ______________________
Student Survey: Health Insurance Unit

1. Did you learn more information about health insurance from studying this lesson?
   1  2  3  4  5
   no    some    yes

2. If you don’t have health insurance, will you apply after learning about it?
   1  2  3  4  5
   no    maybe    yes

3. If you have health insurance, was this information helpful for you to understand it better?
   1  2  3  4  5
   no    a little    yes

4. Would you share this information with family and friends?
   1  2  3  4  5
   no    maybe    yes

5. Do you know where to find more information about health insurance if you have more questions?
   1  2  3  4  5
   no    somewhat    yes

6. Did you like the class activities?
   1  2  3  4  5
   no    somewhat    yes

We value your opinions! Could you tell us what you liked or give us some suggestions on how to improve this lesson?

Thank you!