

Lady Doctor

Adelaide Humphries

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How to Access Healthcare

(When You're Poor as Fuck)

By Kim Adamski

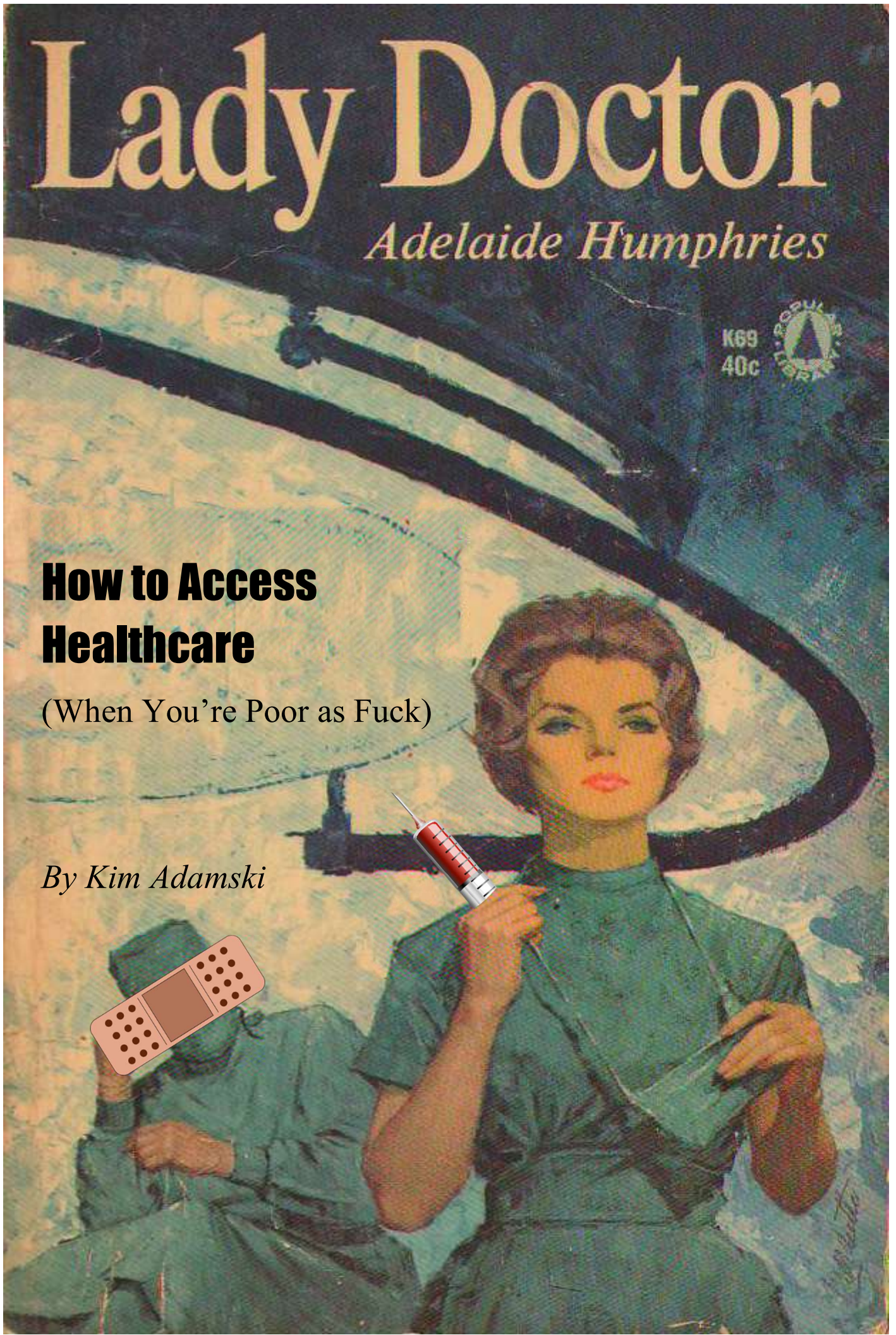
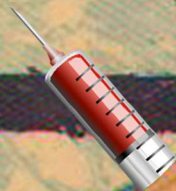
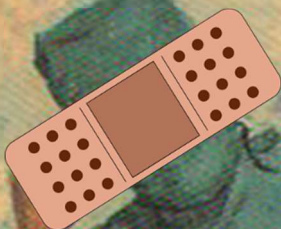


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Introduction

Although the World Health Organization has defined healthcare as a human right, the United States has not yet acknowledged it as such. In the US, most people rely on private insurers, which are costly, difficult to deal with, and worst of all, out for a profit. Medicare, Medicaid, and Essential Plans are available to those with qualifying incomes as a safety net; however, many people fall outside eligibility for these programs yet cannot afford private insurance either.

Healthcare itself can often be difficult to access as well. People living in rural areas, working many hours per week, or lacking transportation (to name a few) may be unable to see healthcare practitioners as often as they should.

Unfortunately, much of this cannot be adequately addressed under capitalism. Capitalism encourages overwork, depresses wages, and allows the healthcare and insurance industries to profit at the expense of human health. However, if you are a person who is having difficulty accessing or paying for healthcare, there are ways to make things easier on yourself under the current system, short of moving to a country with universal healthcare.

This zine's purpose is to provide background knowledge on how the United States' healthcare system works, and how to use it to meet your healthcare needs at as low a cost to yourself as possible. Healthcare is important; when we are in poor health, it's much harder to meet our other needs and lead fulfilling lives. This zine will arm you with the knowledge you need to navigate the American healthcare system skillfully.

HOW INSURANCE WORKS

In a nutshell:

1. A healthcare professional provides you with a service.
2. The provider submits a bill for the service to your insurer.
3. The insurer pays the bill at an agreed-upon rate.
4. You pay the remainder of the cost as determined by your health plan.

Insurance Terms

- **Deductible:** This is the amount of money you have to pay out of pocket before your insurance pays anything. Most deductibles are yearly.
- **Copay:** This is a fixed amount that you have to pay for a particular service. This will be the same for a given service no matter how much the provider bills the insurer.
- **Coinsurance:** This is when you have to pay a percentage of a service out of pocket. It can vary depending on how much the provider charges for the service. It's used as a cost control measure to encourage you to shop around for services. A common coinsurance rate is 80/20, where the insurer pays 80% and the consumer pays 20%.
- **Premium:** This is the amount you pay monthly to be a member of your insurance plan. It goes into a pool of money used to pay for the entire group's health coverage.
- **Out of pocket maximum:** This is the maximum amount of money you will have to pay out of pocket per year. If this is met, the insurer will pay for the rest of your health services at 100%.
- **Health Maintenance Organization (HMO):** The insurer has a list of in-network doctors, which are covered; if you see an out-of-network doctor, you are responsible for the entire cost out of pocket.
- **Preferred Provider Organization (PPO):** If you see an in-network doctor, the insurer will cover costs at a higher rate than if you see an out-of-network doctor. The in-network rate is commonly 80%/20%, and the out of network rate is commonly 50/50.

WHEN IN DOUBT – ALWAYS CALL YOUR INSURER FOR CLARIFICATION!!!



Low Income Insurance Options

Medicaid

- Individuals whose income falls below the federal poverty level (FPL) are eligible for Medicaid.
- Pregnant women with household incomes below 223% of the FPL are also eligible.
- Children with household incomes below 154% of the FPL are also eligible.
- People who are disabled, pregnant, elderly, or children may be eligible for Medicaid if they are above the income eligibility limit. They will have a spenddown, which is similar to a deductible.

Medicaid Eligibility by Income for Single People and Couples Without Children

Family Size		
	Annual	Monthly
1	\$16,754	\$1,397
2	\$22,715	\$1,893
3	\$28,677	\$2,390
4	\$34,638	\$2,887
5	\$40,600	\$3,384
6	\$46,562	\$3,881
7	\$52,523	\$4,377
8	\$58,485	\$4,874
9	\$64,446	\$5,371
10	\$70,408	\$5,868
For each additional person, add:	\$5,962	\$497

Medicaid Eligibility by Income for Pregnant Women and Children

Number in Family	Children	Pregnant Women
1	\$1,558	\$2,257
2	\$2,113	\$3,059
3	\$2,667	\$3,862
4	\$3,222	\$4,665
5	\$3,776	\$5,468
6	\$4,330	\$6,271
7	\$4,885	\$7,073
8	\$5,439	\$7,876
For each additional person, add:	\$555	\$803

Essential Plans

If you don't qualify for Medicaid because your income is too high, you may qualify for an Essential Plan. These plans cost between \$0 and \$20 per month and have no deductible. They cover all preventive services at 100%. For a household of one, the income limit is \$24,120; for two, \$32,480; for three, \$40,840; and for four, \$49,200. Essential plans also offer options for lower-cost dental and optical coverage.

Qualified Health Plans (QHPs) and Premium Tax Credits

If you are not eligible for Medicaid or an essential plan, you will be eligible for a QHP, which is a standard insurance plan offered through the insurance marketplace. These tend to have higher premiums, but tax credits are offered to reduce the premium costs for those with eligible incomes (below 400% of the FPL). These credits are also available for those who receive insurance through an employer where premiums cost more than 9.5% of the individual's pay.

How to Apply for Insurance in New York

Most individuals will obtain insurance via the New York State of Health Marketplace at <http://nystateofhealth.ny.gov>. The application will request information including household size and income to determine your eligibility for Medicaid, an essential plan, or a QHP. Those eligible for Medicaid or an Essential Plan can sign up at any time of the year; those eligible for a QHP must wait until open enrollment begins in November of each year, barring extenuating circumstances such as discontinuation of existing coverage.

Here's the truth: **INSURERS DO NOT CARE ABOUT YOUR HEALTH!** They care about making money. It is **YOUR RESPONSIBILITY** to know what is covered in order to receive the best healthcare you can at the lowest cost to you. **ALWAYS CALL YOUR INSURER** if you are unsure about coverage!

Mental Healthcare

Mental health is a seriously overlooked, but seriously important, part of wellness. It's at least as important as physical health. Unfortunately it can be very difficult to access mental healthcare services, due to poor coverage, waiting lists, lack of nearby quality practitioners, and the usual healthcare access issues (transportation, difficult work schedules, etc).

Insurance Coverage of Mental Healthcare

Most comprehensive insurance provides some coverage of mental healthcare services, including therapy and counseling, psychiatric visits, and medications. Inpatient and outpatient intensive treatment is also normally covered. However, not all insurers cover all providers, and in my experience, coverage is much more scattered with mental healthcare than with other health services. In order to obtain mental healthcare that is covered by your insurance, call your insurer or log on to their website to find providers in your area who are covered. Normally, you will provide your insurance ID number and zip code, and you will be given a list of local providers. If you have a PPO, you can also seek treatment out of network, but keep in mind that it will be covered at a lower rate than an in-network doctor.

State insurance programs generally provide less mental health coverage than private insurance. Medicaid, for example, is not taken at many psychiatric practices. Again, calling the number on your insurance card can help you find a local covered provider; another option is to contact a local hospital's psychiatric care department, tell them you have Medicaid, and request information on the hospital's outpatient psychiatric care programs. Most hospitals, if not all, accept Medicaid, as well as Medicare and other low-cost health plans.

Mental Healthcare if You're Uninsured

If you don't have insurance, you can still get mental healthcare. There are community mental health clinics in most populated areas, some of which serve specific populations (such as victims of sexual assault) and some of which serve anyone. The more specialized ones are more likely to offer services for free, but low cost to free options are available at many other facilities.

Local colleges with a psychology grad school usually offer low cost or free counseling by graduate students to students and community members. These student counselors are in training, but are supervised by professors and other staff. They can also refer clients to psychiatrists at the school for medication if needed.

In an emergency, please check yourself into psychiatric inpatient care at your local hospital. An emergency is when you feel you are likely to hurt yourself or others. Although this may not

seem like the most desirable option, I have spoken to many people who felt that their inpatient treatment helped a lot with their mental health issues, and helped them create a longer-term care plan that worked for them.

If you do take any psychiatric medications, most brand-name medications offer assistance programs for both insured and uninsured individuals. For example, I take Viibryd, an antidepressant medication that does not yet have a generic. The cost of this drug is over \$200 a month. After insurance, my copay would normally be \$45 a month; however, with the assistance program, I only pay \$10 per month. Assistance programs for uninsured individuals work similarly, often totally eliminating any copays or coinsurance. This isn't only for psychiatric drugs, either; many other drugs are covered, especially pricier, brand-name-only drugs.

Mental Healthcare: Things You Can Do Yourself

I certainly don't want to minimize the impact of mental illness. Many mental issues can be very, very difficult to overcome without medical intervention. However, it is worth noting that there are certain lifestyle changes that, if you are able to commit to them, have been shown to help improve mental health. Even if you are receiving medical treatment, these are all good practices to try out.

- **Cardio.** A 2016 meta-analysis study from Centro Universitário La Salle told us that regular cardio reduces depression symptoms by 40% on average. It doesn't have to be expensive classes or gym memberships either. Running, biking, free fitness classes, or even yardwork count.
- **Healthy diet.** People who eat a healthy diet will tend to have lower incidence and less severe symptoms of depression, according to a 2017 study published by BMC medicine.
- **Mindfulness meditation or yoga.** Meditative activities can help calm stress and anxiety, and yoga is also good for physical health. 2010 and 2014 studies published by JAMA concluded that mindfulness activities have positive effects on anxiety and depression.
- **St. John's Wort.** This herbal supplement has been used for hundreds of years to help combat depression, and is sold in pharmacies everywhere. Studies are inconclusive, but there are many people who feel that this herb has helped them. It does have several contraindications, so research its effects on any other medications you're taking before trying it out.
- **Psilocybin.** Evidence that psilocybin mushrooms (magic mushrooms) can effectively treat depression is mounting. A study published in 2016 in the Lancet provided preliminary evidence that individuals with treatment-resistant depression, when dosed with psilocybin mushrooms, experienced an improvement in symptoms that lasted for several weeks. Similar studies are being conducted on ketamine. Since both of these drugs require more research in regard to their effect on depression, extreme caution is advised when using these methods.

Dental and Optical

While general medical insurance is relatively easy to come by, optical and dental are usually covered separately. I'm sure anyone reading this realizes that having healthy teeth and being able to see are basic health needs, but unfortunately these services are not as profitable and as a result are largely overlooked by both the insurance industry and the legislation that governs them.

Public Insurance

Medicaid covers some dental procedures, which vary by state. Usually, procedures that are medically necessary, such as extractions, are covered; preventive care usually isn't, or is selectively covered. Children on Medicaid or CHIP receive preventive and maintenance oral care in addition to procedures. Optical coverage is better than dental under Medicaid, providing optometrist/ophthalmologist visits and basic eyeglass coverage.

Essential Plans don't include standard dental and optical coverage, but those who qualify for EP's have options for low-cost dental and optical coverage, usually ranging from \$20-\$50 a month in premiums.

Medicare does not cover dental care except in extenuating circumstances. Medicare Part D plans may offer dental coverage, and costs vary widely.

Private Insurance

Private dental and optical is extremely variable. Rarely, health insurance plans may cover these services. In most cases, the consumer has to obtain separate dental and optical plans. Many workplaces that provide insurance also offer dental and optical at relatively low rates – usually under \$10 per month, in my experience. You can also get these types of supplemental insurances independently of an employer, but this is usually more expensive and is not regulated by the health insurance marketplace the way traditional health insurance is. As always, it is important to weigh the costs and benefits of a given plan against the costs and benefits of being uninsured for dental and optical services.

I don't have any dental or optical coverage! Help!

It really sucks when you need a procedure or service but can't afford it and aren't insured, and can even be debilitating and life threatening. However, there are a few ways to get around it and pay less for high-cost services.

- Try to find a local dental school. They often have low-cost services performed by students supervised by a licensed dentist. The visit might take a bit longer than a regular dental visit, but the visits are usually inexpensive, sometimes free, and occasionally, you may even be paid for your time helping train a new dentist. In addition, many educational hospitals offer sliding scale fees.
- Look for public or nonprofit dental clinics. They offer services at a relatively low cost, and also offer sliding scale payment, as well as payment plans.
- When you are at the dentist, make sure you ask them what they are doing and why. You do have the right to refuse a service if you feel it's unnecessary. Make sure you do your research before and after going.
- At the risk of sounding like your kindergarten teacher – brush your teeth at least twice a day, ensuring that you get all the surfaces of every tooth; floss; drink lots of water; and get your vitamins for a healthier mouth. This will reduce your need for expensive dental care!

Reproductive Care

This is where we get political. I know, reproductive care shouldn't be a political issue, but it is. Conservative groups want to limit access to all kinds of reproductive care for various reasons, mostly linked to the underlying notion that sexuality is immoral and wrong. They constantly try to limit access to abortion; on top of that, they discourage the use of birth control for morality reasons, despite the fact that the use of birth control reduces the need for abortions. But I digress – this zine is about accessing healthcare, not complaining about the state of healthcare politics.

Birth Control

The most easily accessible form of birth control is, of course, the humble condom. These are available at grocery stores, drug stores, sex toy shops, big box stores, the internet, gas stations...like I said, easy to come across. They are also offered for free at many nonprofits and government agencies, like reproductive clinics and public health organizations. Used correctly, they are quite effective, and they are the only method that prevents transmission of STDs, so many people prefer them to other methods of protection. Plus, both men and women can purchase them, and internal ("female") condoms are even available for those who prefer barrier methods but dislike external ("male") condoms.

Most other common forms of birth control require a prescription, and do not prevent STDs. The pill, the ring, and the patch are self-administered, and prescriptions can be obtained from a primary care doctor or OB/GYN. The benefit is that they can prevent pregnancy very effectively, regulate periods for people who experience menstrual discomfort, and be easily stopped at will by the user. The shot (Depo-Provera), IUD (Mirena, Skyla, and Paragard, a non-hormonal version of the IUD), and implant (Nexplanon) are even more effective than self-administered methods, but require an outpatient procedure for insertion and can only be removed safely by a doctor. In addition, these procedures can cause varying degrees of discomfort or pain.

All methods of birth control have side effects. Condoms, of course, have the fewest – some people report decreased sensation, and allergies to the condom's material or lubrication may cause issues for some people. Hormonal birth control methods may have less predictable side effects. Some people experience no adverse effects, while others may choose to discontinue their hormonal method due to mood issues, acne, weight gain, or other undesirable effects. The pill, ring, and patch are very easy to discontinue. The shot, IUD, and implant require a doctor visit. Unfortunately, at this time, all hormonal birth control methods in the United States are prescribed for people with female organs only.

Sterilization

Some individuals may be interested in sterilization, a permanent means of preventing pregnancy. Anyone can be sterilized regardless of which sex organs they possess. In a vasectomy, the vas deferens is blocked or cut to prevent sperm from passing from the testes to the urethra. In a tubal ligation, the fallopian tubes are blocked which prevents the egg from entering the uterus. Sterilizations are somewhat harder to obtain. Due to fear of malpractice suits and a degree of paternalism, many doctors refuse to perform sterilization on certain groups of women, particularly younger people, people who have not yet had a child, and people who are single or not in stable relationships. The American College of Obstetricians and Gynecologists' guidelines state that it is ethically permissible to perform sterilizations on young women and nulliparous women (women who have not given birth), and that paternalism is to be avoided. However, this does not mean that all doctors will follow these guidelines.

Sterilization is extremely effective, and a relatively safe procedure; it is usually irreversible, more so for a tubal ligation than a vasectomy. Vasectomy procedures also carry less risk, which is worth considering when a different-sex couple discusses sterilization.

If you wish to be sterilized but your doctor refuses to perform the procedure, you can do one of two things. The first is to consider a long-acting reversible contraceptive (LARC), such as an IUD, if applicable. The other is to shop for doctors. Many childfree forums and websites offer lists of doctors around the United States who are more willing to perform sterilizations on request.

Low-Cost Reproductive Care

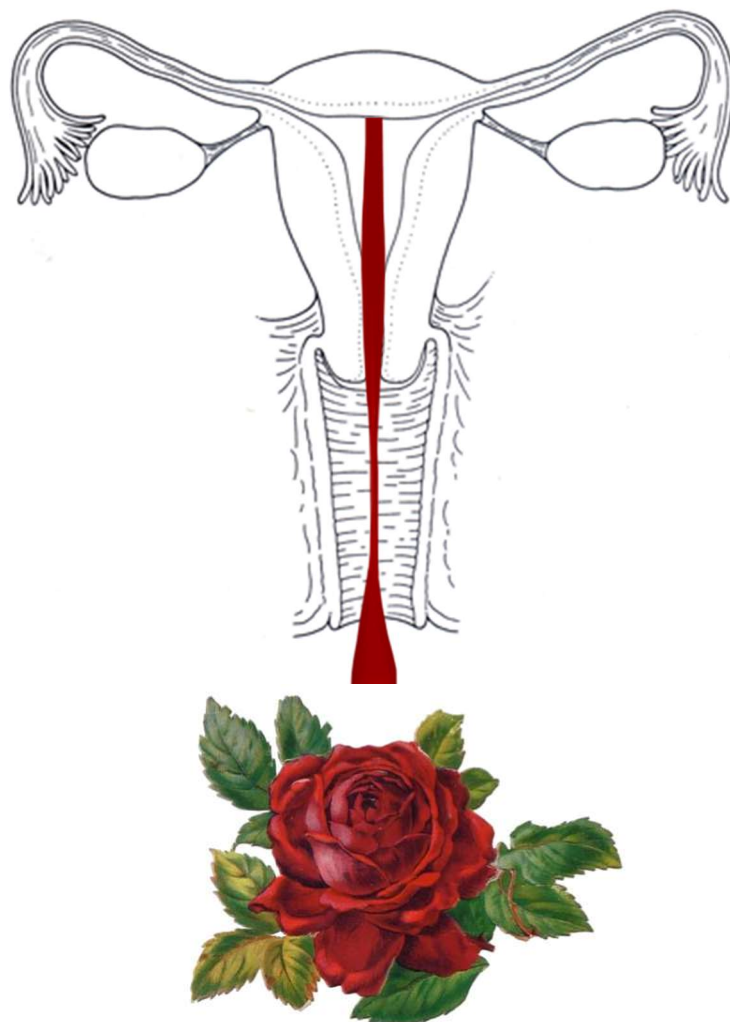
If you have insurance, all preventative reproductive care is required to be covered at 100% under the Affordable Care Act. This includes pap smears, birth control, and annual gynecological visits. For those who are uninsured, or if they don't want their insurance plan holder (such as a parent) to know they obtained reproductive care, nonprofit reproductive clinics are an option. Organizations like Planned Parenthood provide many reproductive services on a sliding scale for the uninsured, including birth control and abortions.

Many people don't realize that abortions are often covered by insurance. They assume that because it is a politically controversial subject, their insurer won't pay. Many insurers do cover abortions, because it is cost effective, and insurers are primarily out for a profit. If you find yourself in need of an abortion and your situation allows for it, call your insurer to find out about coverage options.

Self-Care Options

While it is certainly best to obtain professional reproductive care when possible, not everyone has access to these services, be it due to transportation issues, living in a rural area, domestic violence situations, or a variety of other possible reasons. It is possible to take care of your reproductive health to some extent independently.

- **Sympto-thermal Birth Control** – This method of birth control requires an individual to track their temperature, cervical mucus, and menstrual cycle to predict which days they are fertile, and plan their sexual activity accordingly. Used perfectly, its efficacy is in the 90s. It is best to seek the advice of a counselor trained in the sympto-thermal method; if this is not possible, there are many online resources detailing this method of birth control. When combined with the withdrawal method or condoms, it's more effective.
- **Self Breast Exams** – Regardless of whether you are seeing a doctor regularly, everyone should periodically self-examine their breasts (and testicles if applicable) for abnormal lumps or growths that could be cancerous. If you find a lump that wasn't there before, seek the help of a doctor as soon as possible.
- **Abortions at home** – In some parts of the United States, reproductive clinics are few and far between, and have many restrictions on abortions due to regressive state laws. Sometimes, these women use misoprostol tablets, obtained from other countries or online, to induce abortion. This method is generally regarded as safe by medical organizations. The International Women's Health Coalition provides detailed information on this type of abortion on their website:
<https://iwhc.org/resources/abortion-self-administered-misoprostol-guide-women/>.



More Information

Unfortunately, I can only cover so much in a short zine. There are lots of resources available to you, however, for further information on obtaining low-cost health care. First and foremost, I would highly recommend speaking to your insurer if you have any questions at all about coverage. Take note of the name of the representative you're speaking to and ask for a confirmation number from each call. Don't be afraid to ask for a supervisor if the answers you're getting are not satisfactory.

Your local health department can also answer questions about where to get health care and insurance assistance, and the local department of social services can give you information on applying for all kinds of public assistance. The DSS can often be a huge pain to work with, so if you have to apply for anything through them, make sure to call to follow up frequently and get confirmation of submission for anything you give them.

Many states have online insurance marketplaces with contact numbers for consumers to call with questions. In my experience, the representatives tend to be quite knowledgeable, polite, and helpful.

Most populated areas have public community health centers, which provide and refer for low-cost services (usually on a sliding payment scale). Planned Parenthood and other non-profit clinics can help with this as well.

The more you are able to take care of yourself through preventive measures, such as healthy eating, exercise, and other healthy habits, the less likely you are to need medical care; Still, we all know that these are not guarantees of good health, and not all good health habits are attainable for all people, so it's important to know where to get medical help when needed without going bankrupt from it.

I hope that I have prepared you with some starting points to navigate the complicated and strange US healthcare system. Do some research, make some calls, and never be afraid to call your insurer for information, so that you can make informed, affordable, and healthy decisions for yourself.

