

## How We Can Help

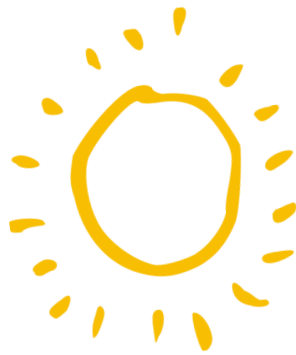
- Help you become more independent in your care so you will be ready to transition to adult care when of age.
- Help map what you and your family can do for a smooth transition.
- Learn how your health may affect future choices.
- Coordinate your health care, so you know where to go and you are familiar with your new provider.

## Visit These Websites

- [healthcare.gov](http://healthcare.gov)
- [younginvincibles.org](http://younginvincibles.org)
- [coveredca.com](http://coveredca.com)
- [dchs.ca.gov/services/medi-cal](http://dchs.ca.gov/services/medi-cal)
- [dchs.ca.gov/services/ccs](http://dchs.ca.gov/services/ccs)

## Other Helpful Agencies

- Maternal & Child Health Access  
**(213) 749-4261**
- Health Consumer Center of Los Angeles  
**(800) 896-3203**



# Health Care Transition Program

## Health Care Insurance Basics

### Health Care Transition Clinic

2865 Atlantic Ave., Suite 104 Long Beach, CA 90806

Call **(562) 933-1820** for an appointment.

Appointments Available Mondays 1 - 4:30 p.m.

Call or text **(562) 480-2562** for assistance  
or more information.

[millerchildrens.org/Transition](http://millerchildrens.org/Transition)



**MemorialCare**<sup>™</sup>  
Miller Children's & Women's  
Hospital Long Beach



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## What You Need to Know

### For Teens and Young Adults

At MemorialCare Miller Children's & Women's Hospital Long Beach, we start talking to teens and their parents about transitioning to adult health care at age 12; education begins at age 14.

## Types of Insurance

**California Children's Services (CCS):** CCS is for children under age 21 who have certain medical conditions. You will lose your CCS at age 21. Explore what insurance plan is best for you before your 21<sup>st</sup> birthday.

**Covered CA:** California's health insurance plan is government based and may help pay premiums and co-pays. Different levels of insurance are offered. Platinum and Gold plans cost more but have lower co-pays and deductibles, which helps if you see a doctor a lot or take many medicines. You can sign up during "open enrollment" time, from November - January.

**Employer-Based Insurance:** Many companies offer employees health insurance at a cost. Different types may be offered. To learn more check with your employer's human resource department.

**Parent's Health Insurance:** If your parents have health insurance through their job you may be added until age 26. For eligibility check with parent's employer's human resource department.

**Medi-Cal (Medicaid):** For people who have low-income. You may qualify based on family size, yearly income and zip code. Apply online, by mail, phone or in person. There are no monthly premiums, but there are co-pays. Long Beach Health Access: **(562) 570-7979**.

**School-Based Insurance:** Many community colleges and universities have low-cost student insurance. The fees or premiums are different at each school. You pay this as part of your tuition. Check your college website to learn more.

## Know the Lingo

**Provider:** A medical professional, such as a doctor, nurse practitioner or physician assistant.

**Primary Care Physician (PCP):** A doctor who sees patients for basic illnesses, like colds, and does yearly check-up (their name is usually listed on your insurance card).

**Health Maintenance Organization (HMO):** A type of insurance plan where you are assigned to one PCP. Your PCP works within a medical group and oversees all your medical care. If you need to see a specialist, your PCP must refer you.

**Medical Group/IPA\*:** A group of providers that includes your PCP, specialists, hospital and labs that you choose to work with. If you like a certain specialist or hospital, make sure they are with the same medical group as your PCP.

**Preferred Provider Organization (PPO):** An insurance plan that allows you to see any doctor you want. This plan gives you more choices with doctors, but out of pocket fees may be more.

**Network:** A group of specific hospitals, doctors, and suppliers (labs, pharmacies) your insurance picks for your health care. Call your insurance or talk with your doctor's office to find out if a provider is "in-network" or "out-of-network."

**\*IPA- independent physician association**



## Know the Lingo

**Premium:** The amount you pay each month for insurance, separate from your co-pay or deductible. If you don't pay your premium, you could lose your insurance.

**Benefits:** A list of services your insurance covers and how much you need to pay.

**Copay:** The amount you pay when you see a doctor, get medicine, or other services. For example, a specific amount is paid each time you receive a health service usually between \$0 and \$50. Each plan is different.

**Co-Insurance:** The amount, usually a percentage, that you pay when you see a doctor or get medicine. If a visit to a doctor is \$100, and your co-insurance is 20%, you will pay \$20. It is similar to a copay.

**Deductible:** The amount you owe for the health care services before your insurance plan will pay. Some services can be used without having to pay your deductible, like annual check-ups or flu shots. For example, if your deductible is \$1,000, your insurance will not pay anything until you pay \$1,000 out-of-pocket. Deductibles starts again at the beginning of each year.

**Out-of-Pocket Limit:** The most you could pay during a "coverage period" (usually a year) before your health insurance plan starts to pay for all of your health services.

**Explanation of Benefits (EOB):** A summary of the charges for services you received. This is NOT a bill. It is important to look at this to make sure you actually got all the services your insurance is being billed for.

**Preventive Care:** Services, such as annual check-ups and screenings, that will help keep you healthy, provided at no cost to you.