

A CONSUMER'S GUIDE TO



HEALTH INSURANCE IN HAWAII

**Insurance Division
State of Hawaii**

This was created for the Hawaii resident. It explains important health plan features and information about health insurance in Hawaii. It will not answer all questions for all situations and it is not a substitute for legal advice. Should you have questions see the last page for contact information.

HEALTH PLANS MUST PROVIDE

- Complete descriptions of coverage, benefits, services, and copayments
- An explanation of the referral process, if any
- Information on where services or benefits may be obtained
- Information on complaints and appeals procedures
- The telephone number of the Hawaii Insurance Division
- A list of participating providers (updated regularly)
- Dependent coverage continuation for adult mentally retarded and handicapped children
- Family plan coverage of newborn children from birth for necessary care and treatment of medically diagnosed congenital defects and birth abnormalities (including adopted children with written notice)
- Family plan coverage for child health supervision services from birth to age five
- Annual mammography after 40
- Medical services without face-to-face contact with the provider
- One-time (per plan) in vitro fertilization
- Contraceptive services and supplies

- Hospice care
- Treatment of inborn error of metabolism (medical foods and low-protein modified food products)
- Coverage for diabetes
- Dependent Enrollment Regardless Of Enrollment Season With Child Support Order
- Reciprocal Beneficiary Coverage If Family Coverage Is Offered
- Adopted Children The Same Treatment As Dependent Children
- Alcohol And Drug Dependence Treatment Services
- Mental Illness Treatment Services

HEALTH INSURERS CANNOT

- Cancel your insurance because you get sick
- Penalize you in any way for filing a complaint against them
- Discriminate against victims of domestic abuse
- Require you to disclose genetic information or discriminate with regard to genetic information
- Take Medicaid status into account
- Deny children coverage for being born out of wedlock
- Deny children coverage for not being claimed on tax return
- Deny children coverage for not living with the parent
- Deny children coverage for not living in the service area

HEALTH INSURANCE IN HAWAII

The majority of Hawaii residents obtain their health coverage through an employer. This is because of a law known as the Prepaid Health Care Act that requires employers to provide health insurance to employees after working at least 20 hours per week for four consecutive weeks and earning 86.67 times the Hawaii minimum wage per month ($\$7.25 \times 86.67 = \628).

GROUP VS. INDIVIDUAL

If you receive your health insurance through an employer, you have group coverage. In general, group coverage provides significantly more protections than does individual coverage.

GROUP

- Cannot impose preexisting condition exclusion
- Employer groups are guaranteed issue and cannot be turned down because of the health status, age, or any factor that might predict the use of health services of those in the group.
- Guaranteed renewable
- Premiums may vary based on the health status of others in the group along with other factors
- Professional or trade associations may purchase group plans

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal law that guarantees access to individual policies for individuals leaving group plans that have had at least 18 months of previous coverage (the last of which was through a group plan). To exercise this right to an individual policy you must apply for one within 63 days from your last day of coverage through your group plan.

HIPAA also established a privacy rule for a national standard to protect the privacy of personal health information.

INDIVIDUAL

- If you are HIPAA eligible, health insurers that sell individual policies must offer you a choice of at least two plans that they sell; (1) they must allow you to buy any individual health policy and (2) they cannot impose pre-existing condition exclusions.
- If you are not HIPAA eligible, individual health insurers in Hawaii are free to turn you down because of your health status and other factors.
- Policies may include an elimination period where no benefits will be paid.
- Policies may exclude pre-existing conditions for a period of time.
- The law does not limit what you can be charged for individual health insurance policy and you can be charged substantially higher premiums because of your health status, age, gender, and other factors.
- Insurers are not required to sell standardized policies; they can design different policies and you should read and compare them carefully before any selection.

OPTIONS?

- A Federal law known as COBRA may allow you to remain in your employer group health plan for a period of time if you are no longer employed.
- The Hawaii Medicaid program provides free and subsidized health coverage for pregnant women, families with children, and elderly and disabled individuals with very low incomes.
- The Hawaii Department of Health's Breast and Cervical Cancer Control Program provides free breast and cervical screening services to women 50 to 64 of age, who are low income and have no or insufficient health insurance, particularly native Hawaiian and Filipino women. Some women diagnosed with breast or cervical cancer through this program may be eligible for medical care through Medicaid.
- Health Savings Accounts allow individuals that do not have health insurance (generally) to save for qualified medical and retiree health expenses on a tax-free basis. To qualify for this type of savings account you must also obtain a high deductible health plan. Your account can be funded by you, your employer, or anyone else and the funds can be used to pay for qualified medical expenses for you, your spouse, and your children (even if they are not covered under the high deductible health plan). It should be noted that you will probably be charged more for medical services, medications, and supplies since you will not have the benefit of reduced negotiated rates through an insurance company.

PATIENTS' RIGHTS

- To be informed of all risks, benefits, and consequences prior to making any decision about any treatment, benefit, or nontreatment.
- To complain and appeal through the health plan.
- To complain about health insurers to the Insurance Division without fear of it being held against them in any way.

Free external review of health plan's appeal denial (generally for patients covered by individual, church, and government agency policies).

FOR MORE INFORMATION

Questions about:	Contact:
Complaints	Insurance Division Health Branch (808) 586-2804 www.hawaii.gov/dcca/areas/ins
External Review Requests	Insurance Division Health Branch (808) 586-2804 www.hawaii.gov/dcca/areas/ins
Individual health insurance	Insurance Division Health Branch (808) 586-2804 www.hawaii.gov/dcca/areas/ins
Prepaid group health plans	Department of Labor & Industrial Relations (808) 586-9188 http://hawaii.gov/labor/dcd/aboutphc.shtml
COBRA	US Department of Labor (866) 487-2365 (626) 229-1000 http://www.dol.gov/dol/topic/health-plans/cobra.htm
HIPAA	Centers for Medicare & Medicaid Services (877) 267-2323 (415) 744-3600 http://www.cms.hhs.gov/HIPAAGenInfo/
Hawaii Medicaid (QUEST)	Hawaii Department of Human Services (808) 586-5390 http://www.med-quest.us/
Malpractice	Regulated Industries Complaints Office (808) 587-3222
Breast and Cervical Cancer Control Program	Department of Health (808) 692-7481 http://www.hawaii.gov/health/family-child-health/chronic-disease/index.html
Medical privacy complaints	US Dept of Health and Human Services, Office for Civil Rights (866) 627-7748 http://www.hhs.gov/ocr/hipaa/ OCRPrivacy@hhs.gov
Health Savings Accounts	US Department of Treasury (202) 622-2960 http://www.treas.gov/ HSAInfo@do.treas.gov