Need out-of-state coverage? Get ready to jump through hoops & pay through the nose

featuring Rand



This time on Code WACK!

How far did one man have to go to get the health insurance he needed to cover a specialized surgery in another state? Despite jumping through *many* hoops to even qualify to buy the coverage he needed, why did he still end up paying tens of thousands of dollars in out of pocket costs? How much would you be willing to pay for the freedom to consult the doctor of your choice?

We recently spoke to **Rand**, a commercial property manager, writer and father of three in Southern California who shared the formidable health and insurance challenges that he's faced with us. Rand asked that we not use his last name for this interview. *This is the second of a two-part series with Rand*.

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So you learned you needed a follow-up surgery and the most qualified doctor for your preferred procedure was in New York and your California insurance policy wouldn't cover it. And the cost would have been around \$60,000 if you had to pay for it directly. What did you do?

"I thought it'd be easy, you know. Just call my insurance broker and say, 'I wanna switch from a local HMO to a PPO.' She couldn't help me. So I had to start calling insurance companies directly. And I found one that did offer a nationwide PPO plan, but only for corporations, not to individuals, which was surprising. You know, in today's world where people work at home and are, have their own business, nope, don't qualify.

"You have to be a corporation. And the reason why they do that, of course, is 'cause corporations are interstate, a lot of 'em, and have employees spread out through the United States, so they need an insurance plan that can service in different states.

"So I'm like, 'okay, well guess what? You know, I have a property management company, I'm a corporation, right?' 'Oh, yeah. Well, there's a rule that if you have your own company and it's pretty much just you, you're excluded. You can't do it. It's only for your employee- type-of-thing.' Only for my employees. I'm like, 'okay, well, 'Great news. My wife's an employee, <laugh>, you know, she helps me all the time.' Yeah, I had to jump through a lot of hoops and sign up so the insurance wasn't exactly for me in particular, I had to sign up as a husband of one of my employees. So the insurance is in her name, and I'm part of the group plan, the family plan. Isn't that crazy?" – **Rand**

How long did it take you to figure all this out?

"I had to do months of research and it took months, you know, to get the insurance approved, too. It just became very obvious to me, Brenda, and it's very sad. You know, our healthcare system is not the best in the world. We like to think America's the best at everything. We're not. And I've heard of studies where America's healthcare system doesn't even rank in the top 100 of countries. Other things became obvious to me as well. One is that it's all about the money. It's all about profits, whether it's drug companies or, you know, pharmaceuticals or hospitals or doctors or it's all about the money." **– Rand**

Essentially you paid about the same, even with your PPO plan, as you would've paid without insurance. Did you realize that?

"I realized it before and I discussed it with my doctor ... he was willing to give me a discount for cash, which was very nice of him. And ultimately he said, 'You know, I think you should go with the plan. You'll spend about as much, but if there's any other issues, if there's any more complications or whatever, at least you'd still have the plan.' So I committed to staying on for a year, maybe it might even be more. And then I'll get off of it and go back to probably something simpler...

"...Again, I feel very lucky to be able to afford it. I don't know how the average American does it. And I hear stories about how people can't afford life saving surgery. And so they don't, and they end up dying 'cause they can't get it. They can't afford a kidney transplant or whatever procedure that would've saved their life. And I also understand that there's a lot of men that can't afford it and so they have to go with the bypass option where they open up a hole in your body and stick a tube right into the bladder. And you have that tube for the rest of your life. Because that's a lot cheaper. That's a lot less expensive. And unfortunately, there are people, many people, men in this country, and women too, you know, it's not just a

man's thing that, you know, of course women don't have prostates, but they have a bladder.

"And so a lot of women suffer the same fate if their bladder's not working properly or they have, you know, some sort of issue, plumbing issue, rather than being able to afford the surgery to permanently fix it, they have to do the same thing. And it's yeah, it just kind of feels like subpar, really subpar for where we're at at this day and ageand our country that's supposed to be, you know, the best in the world at everything. It's not 'cause we can't, right?" **– Rand**

Helpful Links

The Regulation of Private Health Insurance, KFF

How to keep your health insurance when you move to another state, Health Insurance.org

<u>Choosing a Provider: What Factors Matter Most to Consumers and</u> <u>Patients?</u>, National Library of Medicine

Episode Transcript

Read the *episode transcript*.

Guest Biography - Rand

Rand lives in Southern California with his wife and a big goofy dog named Riley. A lifelong student of personal growth and human behavior, Rand enjoys writing about happiness, mindfulness, and what is possible for all of us.

In everything he does, Rand strives to positively impact people through his words, deeds, and way of being, and in so doing, be an agent for positive change in the world.

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