

Health Insurance Tips for Dancers

Health insurance is an investment in your own health that dancers should not be without. Having a quality health insurance plan can drastically change a dancers' experience for the better or worse when interacting with the healthcare industry. Choosing the right insurance plan can save a dancer money when attending in-office doctor visits, physical therapy/chiropractic services, surgical procedures, and obtaining prescription medications. In addition, some health insurance plans can include free or low-cost preventative services such as annual specialist check-ups, physicals, wellness visits, etc.

Types of Insurance:

1. **Health Insurance:** A plan that covers general health services such as: doctor's visit, X-Ray, MRI, physicals, illness, etc.
2. **Dental Insurance:** A plan that covers dental services such as cleanings, x-rays, and may partially cover fillings, braces, and dental surgeries.
3. **Vision Insurance:** A plan that covers optical services such as vision testing, contact lenses, glasses, other optical illnesses/issues.
4. **COBRA (Consolidated Omnibus Budget Reconciliation Act):** A federal law that allows people to remain covered by employer-sponsored health insurance in between or after employment for a limited time. The policy holder (most often that is you) is responsible for the premium and fees during this period.
5. **Workers' Compensation:** This plan is paid for by the dance company and only covers work-related claims. Each company has specific procedures for filing a worker's compensation claim and these procedures must be followed precisely.
6. **Supplemental Insurance:** A plan that covers gaps in coverage and can provide extra compensation on top of a regular health insurance plan.

In the United States obtaining health services can be much more affordable when covered by an insurance plan. Most routine services, procedures, and treatments are quite expensive; for example, a single physical therapy session can cost \$90-\$500, a single doctor's visit can cost \$250, and an MRI can cost \$1000. For most, these costs are not an option. Health insurance can make these services and procedures more accessible to dancers to support their efforts to best care for themselves. Insurance can also make preventative methods more practical by offering annual screenings and physicals. Dancers' bodies are their instruments and in order to maintain, enhance and care for their instruments, healthcare services need to be affordable and within reach. Having the right insurance plan can make this a reality and thus help the dancer to remain healthy and perhaps have a longer career because they are able to access the care they need.

Many large companies may provide their employees (dancers included) with the option to elect into a group plan such as Aetna, United Healthcare, Blue Cross Blue Shield, etc. at a reduced rate that is taken from their paycheck each pay period. They may offer this general health insurance to cover issues such as acute illness, chronic conditions, prescriptions, non-work-related injuries, etc. while also having Workers' Compensation Insurance to cover work-related injuries that occur while rehearsing or performing for that employer/company.

In other cases, companies may not be able to provide a general health insurance plan due to the size of company or the budget. Freelance dancers are also often responsible for obtaining their own insurance independently.

Currently, it can be as simple as answering a series of questions in order to get an insurance plan quote on many insurance companies' websites. Other tips for affordable health services include looking into those provided by medical, dental and optometry schools. Many schools will provide services at reduced rates in order for their students to obtain experience. Local hospitals and clinics may host reduced rate physicals and/or sports clinics. Dance organizations may even host dancer wellness days in large metropolitan areas for free. Looking into local community resources can provide more affordable means of obtaining health care services.

When seeking out the answers to insurance questions or determining what plan to purchase, having the right resources is key! Such resources can include but are not limited to:

- Your Company's Human Resource Department
- Healthcare.gov
- Fracturedatlas.gov
- National Performance Network (nnpweb.org)
- Freelancer's Union (freelancersunion.org)
- The Actor's Fund.org

TIPS:

1. HMO plans typically cost less than PPO plans
2. PPO plans generally have a wider network of providers & don't typically require referrals to see a specialist.
3. Most insurance plans require some level of out of pocket costs.
4. The higher your deductible the lower your premium; this does mean more out-of-pocket cost for the service(s).
5. Services from in-network provider services usually require lower copayments and coinsurance rates than out-of-network provider services. Depending on the HMO plan, out-of-network services may not be covered at all.
6. When travelling contact your insurance provider to inform them of your travels and confirm your plan will cover while at your destination.
7. If your insurance provider does not cover while traveling, look into various traveler's insurance policies that fit your needs especially if traveling to a different country.

GLOSSARY

Premium: The amount you pay for health insurance every month. This is the monthly cost of your plan.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay.

Co-Pay (In-Network): A fixed amount you pay for covered health care services to providers who contract with your health insurance or plan. (Typically less than out-of-network copays).

Coinsurance (In-Network): The percent you pay of the allowed amount for covered health care services to providers who contract with your health insurance plan. (Typically less than out-of-network coinsurance).

Out-of-Pocket Costs: Cost you must pay that are not covered by the insurance company.

Health Care Provider: A hospital, facility, physician or other licensed healthcare professional.

In-Network provider: A healthcare provider who is part of a plan's network.

Out-of-Network provider: A healthcare provider who is not part of a plan's network.

HMO (Health Maintenance Organization): A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in emergency and may require you to live or work in its service area to be eligible for coverage.

PPO (Preferred Provider Organization): A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. PPO Plans generally offer more flexibility than HMO plans, but premiums tend to be higher.

Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency.

REFERENCES

1. Glossary. (n.d.). Retrieved July 22, 2018, from <https://www.healthcare.gov/glossary/>
2. Glossary of Health Insurance Terms. (n.d.). Retrieved July 22, 2018, from <https://www.medmutual.com/For-Individuals-and-Families/Health-Insurance-Education/Glossary-of-Terms.aspx#E>
3. See Your Options If You Lose Job-Based Health Insurance. (n.d.). Retrieved July 22, 2018, from <https://www.healthcare.gov/have-job-based-coverage/if-you-lose-job-based-coverage/>

Other Resources for the Dancer

<https://npnweb.org/wp-content/uploads/Insurance-101-for-Performing-Artists.pdf>

<https://www.freelancersunion.org/>

<https://www.healthcare.gov/>

<https://www.aetna.com/>

<https://www.cigna.com/>

<https://www.uhc.com/>

<https://www.fracturedatlas.org/>

<https://actorsfund.org/services-and-programs/healthcare-and-health-insurance>

Disclaimer: *The information presented here is to help guide and inform the dancer and training staff, it is not meant to take the place of the advice of a medical professional. This information is provided by Dance/USA Task Force on Dancer Health.*

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