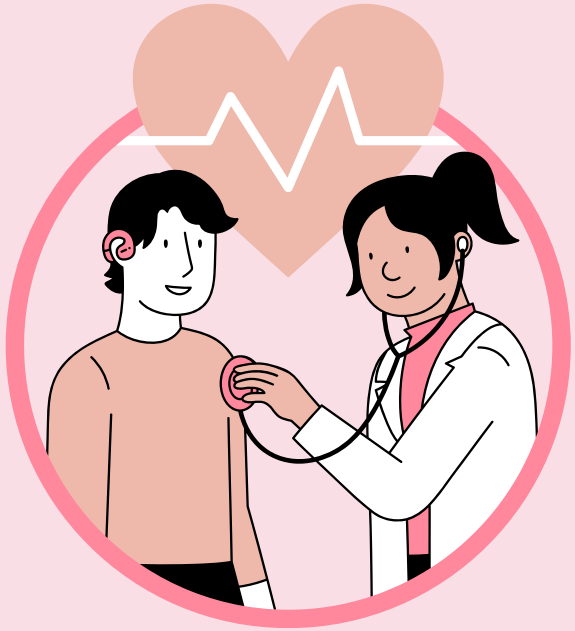
# Q&A

**Q: Why do I need health insurance?**
A: Think of insurance as a safety net. Without it, even a simple hospital visit could leave you with thousands of dollars in bills. With coverage, you share costs with your plan and protect yourself from unexpected expenses.

**Q: How do I know if my doctor is covered?**
A: Each plan has a network of doctors, hospitals, and clinics that agree to lower rates. If your doctor is "in-network," you'll pay less. If they're "out-of-network," your costs will be higher. You can check your plan's provider directory or call your doctor's office to confirm.

**Q: Why is healthcare so expensive?**
A: Costs are high for several reasons: prescription drugs are priced higher than in many countries, hospitals and specialists charge more for advanced care, and administrative costs (like billing and insurance paperwork) add billions each year. Technology and new treatments also raise prices, while an aging population increases demand for care.



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# Don't Panic, You're Covered!

# Health Insurance Tool Kit

# Key Terms

**Key Terms:**

**Premium:** The monthly rate you pay to have health insurance

**Deductible:** The amount you pay before insurance starts to kick in

**Co-Payment:** A fixed amount you pay for services

**Co-Insurance:** The split amount between you and the insurance company, which you pay after your deductible is met

**In-Network:** A set of providers that the insurance company will help pay for

**Out-of-Network:** Other providers you can see, but the insurance will not help pay for it

# Choosing A Plan

**Choose a plan based on your utilization!!**

**Having trouble figuring out your utilization? Ask yourself these questions:**

- **How often do I go to the doctor in a year?**
- **Do I wear glasses?**
- **How many prescriptions do I take?**

Different types of plans:

**HMO:**
- Most affordable
- Need a referral to see a specialist
- Requires a Primary Care Physician
- Limited network

**PPO:**
- Most flexible
- No Primary Care Physician required
- Flexible network
- Out-of-Netwokr coverage

Differences between FSA & HSA

**FSA:**
- Use-It-Or-Loose-It
- Employer owns the account (dosent go with you to a different job)
- Lower contribution limits
- Funds avaible immedidailty

**HSA:**
- Must be paired with a high-deductible health plan
- Money rolls over every year

# Understading The Costs

This section shows what you may pay when using your plan. It helps you see how costs work in everyday situations.

- 🏥 Doctor visits: In-network check-up may be $25; out-of-network could be $100+.
- 💊 Prescriptions: A $10 copay × 12 months = $120/year.
- 🚑 Emergency care: Often several hundred dollars or more.
- ✅ Preventive care: Screenings and annual check-ups are often free.

💡 Tips

- Focus on the services you use most often.
- Add up likely expenses to estimate yearly spending.
- Compare in-network vs. out-of-network costs to see savings.

**Know before you go — understanding your costs helps you plan smarter and spend less**

# Q&A

**Q: When should someone consider hospice?**
A: When a doctor believes a patient has six months or less to live and treatment is no longer focused on cure.

**Q: Does hospice mean giving up hope?**
A: No. Hospice shifts hope from curing illness to finding comfort, dignity, and meaningful time with loved ones.

**Q: What if symptoms suddenly get worse?**
A: The comfort kit is there to help manage pain, anxiety, nausea, or breathing problems right away, with guidance from the hospice team.

**MADE BY SAVANNAH SHERIDAN**

# Because Comfort Shouldn't Be Complicated

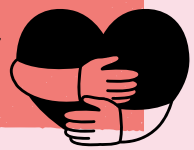
# Hospice 101

# What Is It?

Hospice is care for people with a life expectancy of six months or less when the focus shifts from cure to comfort.

- **Eligibility:** The Doctor certifies six months or less if the illness runs its normal course
- **Where care happens:** Usually at home, but also in nursing homes or hospice centers, **but just because your loved one is on Hospice doesn't mean they have 6 months left! They can live longer!**
- **Whole-person support:** Team of doctors, nurses, social workers, chaplains, and volunteers
- **Family focus:** Counseling, respite care, and guidance for caregivers
- **Goal:** Comfort, dignity, and meaningful time with loved ones

# Whats In A Comfort Kit?



A hospice comfort kit (sometimes called an “emergency kit”) contains medications to quickly manage symptoms at home. Common drugs include:

- 💊 **Morphine oral solution** – for pain and shortness of breath
- 🌙 **Lorazepam (Ativan)** – for anxiety, restlessness, or trouble sleeping
- 🤢 **Haloperidol (Haldol)** – for nausea, agitation, or delirium
- 💧 **Atropine drops** – to reduce excess secretions and help with breathing
- 🫁 **Oxygen or inhalers** – for breathing difficulties

**Each kit is customized, and caregivers receive instructions on when and how to use the medications.**

# Other Similar Resources

Hospice care provides more than medications — it’s a full support system for patients and families:

**Bereavement services:**

- Support continues for up to 13 months after a loved one passes.
- Example: A widow may attend monthly grief groups to share experiences and receive counseling.

**Respite care:**

- Short-term stays in a hospice facility so caregivers can rest.
- Example: A patient spends a weekend in hospice care while the caregiver takes time to recharge.

**24/7 nurse line:**

- Families can call anytime for urgent questions or sudden changes in symptoms.
- Example: At 2 a.m., a caregiver calls when the patient struggles to breathe; the nurse advises using oxygen and sends help if needed.

**Medical care at home:**

- Nurses visit regularly to manage pain, adjust medications, and teach caregivers.
- Example: A nurse shows a spouse how to safely give morphine drops to ease pain.