ESL Podcast 676 – Selecting a Health Insurance Plan

GLOSSARY

open enrollment – a period of time once a year when employees can sign up for one of several health insurance plans and other benefits offered by the employer
* We won't be allowed to change our health insurance plan until the open enrollment period.

to switch – to change; to stop using or having one thing and start using or having another thing
* Cherise switched cell phone providers because she found out another company offered better coverage.

health plan – a health insurance policy; an arrangement where an individual or an employer pays a certain amount of money each month and a health insurance company pays a certain percentage of his or her medical costs
* Does your health plan pay for this type of surgery?

HMO – health maintenance organization; a type of health plan where individuals receive most of their health care from a primary care doctor who provides referrals to other specialists when needed
* Under the HMO, you'll need to go to your primary care physician for everything, whether you're just sick, have a broken leg, or need skin treatment.

PPO – preferred provider organization; a type of health plan where individuals can see any of the doctors within a particular group of doctors and clinics, without getting a referral first
* Xander loves his PPO because he can make appointments with specialists without first needing to see his regular doctor.

network – a large group of related people, organizations, or things that are connected in some way
* Which cell phone network provides the best coverage in mountain areas?

dependent – a person who relies on another person for financial support and other benefits, often a young person who is still reported on his or her parents' taxes and receives benefits through his or her parents' health insurance policy
* Most children don't need to file tax returns as long as they are claimed as a dependent on their parents' tax returns.

literature – printed material describing something and providing information, often as brochures
* Dr. Sanchez gave Ilia a lot of literature about different treatment options.

to make heads or tails of (something) – to be able to understand something that is very confusing and complex
* Lauren says she can't make heads of tails of the new application forms.

coverage – the protection or extend of services provided by an insurance company
* Our health insurance policy provided full coverage for having a baby.

pre-existing condition – a medical condition or health problem that one had before signing up for a particular health insurance policy
* Most insurance companies won't pay for any treatments related to pre-existing conditions.

prescription drug – a medicine that cannot be purchased without a doctor's written prescription (instructions for the pharmacist)
* Olivia takes a prescription drug for her headaches, because medicines she buys at the drugstore aren't strong enough.

out-of-pocket – the portion of medical costs that an individual with health insurance has to pay; the medical expenses that are not covered by health insurance and must be paid by the individual
* The Hansons have an annual out-of-pocket maximum of $10,000 for the entire family.

don't look at (someone) – a phrase used to show that one does not want to be consulted or asked about something, usually because he or she has no knowledge or information about the topic, or because one does not want to be involved
* When Betty realized that her wallet was missing, she thought I may have taken it, but I said, "Don't look at me! I've never touched your wallet."

copay – the amount or percentage an individual must pay each time he or she receives some medical service, with the rest being paid by the health insurance company
* Gerhard has to pay a $25 copay each time he sees his doctor.

deductible – the amount of money an individual or family must pay in a year before health insurance begins to pay for anything
* They bought health insurance policy with a $1,500 deductible, so they have to pay the first $1,500 of any medical bills, but their health insurance will cover anything beyond that.

to be on (one's) own – to need to do something alone, without receiving help from others
* Ariana has been on her own since she turned 18 and her parents stopped helping her financially.

it's all Greek to me – a phrase used to show that one does not understand anything, usually because it is very complex or unfamiliar
* I don't understand the instructions for assembling this desk. It's all Greek to me!

COMPREHENSION QUESTIONS

1. What is Carol's major concern about switching health plans?
a) It might be more expensive.
b) She might not be able to see her favorite doctor.
c) She might become less healthy.

2. Which of these things is not included in out-of-pocket costs?
a) Coverage.
b) Copay.
c) Deductible.

WHAT ELSE DOES IT MEAN?

to switch
The verb "to switch," in this podcast, means to stop using or having one thing and start using or having another thing: "Why did you decide to switch jobs?" Or, "You might be able to save money by switching cell phone companies." The phrase "to switch sides" means to change which person or team one supports: "What can I do to make you switch sides and vote for me instead of my opponent?" The phrase "to switch shifts" means to exchange work times with a co-worker: "Blake is scheduled to work tomorrow evening, but he has a conflict, so he asked me to switch shifts with him." Finally, the phrase "to switch off" means to alternate doing something with someone else: "Digging this hole will take a long time. Let's switch off. First you dig, then I will."

network
In this podcast, the word "network" means a large group of related people, organizations, or things that are connected in some way: "I wish the United

States had a better railroad network so we could travel across the country by train more easily." When talking about computers, a "network" is a group of computers that are connected together to share information: "Please save a copy of your report on the network so we can read it even when your computer is turned off." When talking about business, a "network" is the group of all the professional contacts one has: "When Trixie lost her job, she turned to her network to ask for help."

CULTURE NOTE

Many health plans cover medical, dental, and vision care. But "disability insurance" and "long-term care plans" are other types of health plans that provide "financial assistance" (money to help someone) when certain types of "medical conditions" (things affecting one's physical health) "are present" (exist).

When someone gets very sick, health insurance covers at least some of the costs of "treatments" (procedures performed by a doctor) and "prescription medications" (medicine that one can buy only with written permission from a doctor). However, a "severe" (very serious) illness or injury can "keep" (prevent) one from working for an "extended" (long) period of time. "Disability insurance" can replace some percentage of an individual's lost "salary and wages" (money received for one's work) if he or she is "truly" (really) "disabled" (unable to use one's body in certain ways). There are usually two types of disability insurance: short-term disability insurance and long-term disability insurance. For either type, the individual has to "prove" (show that something is true) that the medical condition is "disabling" (not allowing one to do things that one would normally be able to do) and prevents them from working.

"Long-term care" policies are also important, because they can pay a percentage of the cost of one's stay in a "long-term care facility," or a place where people live when they cannot care for themselves and need assistance from nurses and doctors. As people "age" (become older), sometimes they lose the ability to "live independently" (to live alone) and need nurses or doctors to be near them at all times. Long-term care policies can cover the costs of staying in a "nursing home" (a facility where people live and many nurses and doctors work).

Comprehension Questions Correct Answers: 1 – a; 2 – a

COMPLETE TRANSCRIPT

Welcome to English as a Second Language Podcast number 676: Selecting a Health Insurance Plan.

This is English as a Second Language Podcast episode 676. I'm your host, Dr. Jeff McQuillan, coming to you from the Center for Educational Development in beautiful Los Angeles, California.

Download our Learning Guide at eslpod.com. This episode is called "Selecting a Health Insurance Plan." Let's get started.

[start of dialogue]

Mikhail: What's all this?

Carol: It's open enrollment at my company and I'm thinking of switching health plans. I have an HMO right now and I'm thinking of switching to a PPO. That way, I can see doctors outside of my current network and still be covered.

Mikhail: I'm so glad I don't have to worry about things like that. I'm still a dependent on my mother's plan, at least for another year.

Carol: Lucky you. Look at all of this literature! How am I supposed to make heads or tails of this to compare one plan with another?

Mikhail: Wow, yeah, that's really confusing.

Carol: Tell me about it. I want to know if these new plans have coverage for my pre-existing conditions and prescription drugs, and if not, what the out-of-pocket costs would be.

Mikhail: Don't look at me.

Carol: And how am I supposed to figure out what my copay and deductible would be?

Mikhail: You're on your own on this one. It's all Greek to me!

[end of dialogue]

Mikhail begins by saying to Carol, "What's all this?" What is all of this paper or what is all of the things that he sees in front of him? Carol says, "It's open enrollment at my company and I'm thinking of switching health plans." In the United States, as many of you know, most people get their health insurance from a private company. "Insurance" is money you pay to a company in case, in this case, you are sick. They will help pay your doctor bills; they will pay for your doctor and the hospital, at least part of it. So, a "health plan" – a "health insurance plan" is the agreement you have with the insurance company that allows you to pay them money and then they will pay for your medical bills if and when you have them. The phrase "open enrollment" is a period of time, once a year, when employees of a company can choose a different health insurance plan; they can choose sometimes a different company. Now every company and every government organization offers different health plans – different companies. Some companies, like the university where I used to work, would give you a choice of three or four different companies and their plans. The company will pay part of the insurance bill and you, typically, will pay part of it as well. So open enrollment is usually one time during the year – a month, perhaps six weeks – when employees can switch to a different plan if they want to. "To switch" means to change from one thing to another; you stop doing one thing and you start doing another. I switched my mobile phone – my cellular phone company from Verizon to AT&T; those are two phone companies in the United States. I was using one and now I'm using the other.

So Carol says, "It's open enrollment at my company and I'm thinking of switching (or changing) health plans." She says, "I have an HMO right now and I'm thinking of switching to a PPO." There are two basic kinds of health insurance plans that most companies offer to their employees. One is called an "HMO," which stands for "health maintenance organization." "Maintenance" usually means keeping something working. We talk about maintenance on your car; well, this is maintenance on your body – to maintain it, to keep it working. People who get their health insurance from an HMO usually receive most of their medical care from a single doctor who is part of this organization. In many cases, the HMO has its own hospitals, its own clinics, and the insurance will pay for your bills if you use the hospitals and the doctors that are part of that organization – that HMO. The other kind of health insurance plan is called a "PPO," which stands for, or means "preferred provider organization." Something you "prefer" is something that you like, that you want. A "provider" is someone or some organization that gives you something – that provides you with something. A PPO is a plan where you can see really any doctor that belongs to the group of doctors that are part of the organization; usually you don't have to ask anyone's permission. PPOs have a lot more flexibility. You don't have to just go to this organization's clinic; you can go to many different kinds of clinics as long as they

are somehow participating in the PPO plan. Now, PPO plans are typically more expensive – they cost more money – and they often don't pay for as much as an HMO does, it depends on your health plan.

Carol says, "I have an HMO right now and I'm thinking of switching to a PPO. That way, I can see doctors outside of my current network and still be covered." "Network" here means a large group of related people or related organizations, people and organizations that are connected in some way. "Network" has a couple of different meanings in English, as does the word "switch" we used a few minutes ago; those can be found in our Learning Guide.

Mikhail says, "I'm so glad I don't have to worry about things like that. I'm still a dependent on my mother's plan, at least for another year." A "dependent" is someone who depends on or relies on another person for their financial support; this is often a young person – 18-19-20-21 years old perhaps – who often is still living with his or her parents or one of their parents, and the parents are paying their bills; they're paying for their health insurance, their food, and so forth. That's what we call a "dependent" in legal terms. You could also have a dependent who was old; for example you might have your mother or your father that you take care of now, and you pay their bills. They would be, then, your dependent. Well, that's the case for Mikhail; he doesn't have to worry because he has his mother's health insurance plan.

Carol says, "Lucky you (meaning you are very lucky; you are very fortunate). Look at all this literature!" "Literature" here just means printed information about something. It doesn't mean Charles Dickens and William Shakespeare – not that kind of literature. "Literature" here means any sort of printed information such as a brochure, a chart, a description on a piece of paper that is from a company talking about that company's particular product or service. Carol says, "How am I supposed to make heads or tails of this to compare one plan with another?" "To make heads or tails of (something)" is to be able to understand something that is very confusing – that is complex, very difficult.

Mikhail says, "Wow, yeah, that's really confusing." Often, the company will give you a piece of paper that will have all of the plans on it – a chart – and then all of the different benefits or things that the plan will pay for, or cover. It's often quite confusing. Carol says, "Tell me about it," meaning yes, I know it's confusing; you don't have to tell me about it. That's an odd expression. When someone says "tell me about," they mean I already know; it's the opposite really of what they're saying. Carol goes on and says, "I want to know if these plans have coverage for my pre-existing conditions and prescription drugs." "Coverage" means that they will pay for something. A "pre-existing condition" is a medical or health problem

that you had before you signed up for the plan. So if I have, for example, a problem with my heart, when I sign up for a new health plan I have to tell them I have a problem with my heart. That's a "pre-existing conditions," it exists before I become a member of the plan. "Prescription drugs" are medicines that you must get a doctor's permission to purchase. They cannot be bought and used unless a doctor says you can do that. Often they'll give you a little piece of paper, which is also called sometimes the "prescription." But, a "prescription drug" is a drug that a doctor has to give you authorization, or permission to buy. Carol says, "if not (if this new plan doesn't cover my pre-existing conditions and prescription drugs), what are the out-of-pocket costs?" "Out-of-pocket" (pocket) is the part of your medical expenses that you have to pay for, that the company will not pay for. A company may pay for the first 1,000 dollars for each day in the hospital, and if the hospital charges you 2,000 dollars your out-of-pocket expense is 1,000 dollars a day. Your "pockets," you probably know, are those little bags in your pants, if you will, where you can put things like your keys and your iPod.

Mikhail says, "Don't look at me." This expression, "don't look at me," is used to show that you do not want to be asked anything about this topic, often because you don't know anything about it or because you don't want to get involved. "Don't look at me, I'm not an expert on health plans," that's really what Mikhail is saying here.

Carol says, "And how am I supposed to figure out (to understand) what my copay and deductible would be?" Your "copay" (copay) is the amount or percentage that you have to pay each time you go to the doctor. It's a kind of out-of-pocket expense. When I go to the doctor, I have to pay 50 dollars every time I see the doctor, and the health insurance company pays the rest of the doctor's bill for my visit. But every time I go, I have to pay that 50 dollars; that's a "copay." "Co" means with, in this case, with someone else or with some other organization – I pay part, the health insurance company pays part. A "deductible" is also an out-of-pocket expense. It's the amount of money you have to pay before the company will start helping you with your medical bills. Many companies have prescription drug deductibles, so for example the first 250 dollars I spend each year on prescription drugs I have to pay for. After I reach the limit of my deductible – after I pay that 250 dollars, then the insurance company will start to help me pay for my prescription drugs in this case.

Mikhail says, "You're on your own on this one." "To be on your own" means you have to do something alone, without receiving any other help. Mikhail says, "It's all Greek to me!" This phrase is used to show that you don't understand anything, usually because it's very complex or very unfamiliar. "Greek" here refers to the Greek language. Why do we say "It's all Greek to me," rather than

"It's all Romanian to me," or "Arabic to me"? If we believe Wikipedia, the expression actually comes from a Latin expression "Graecum est; non legitur," which means it's Greek; it therefore it cannot be read. This was a phrase apparently used by a lot of the monks, male members of a special Christian community, who in the Middle Ages were copying manuscripts – copying old Greek books by hand, and many of them did not know Greek, and therefore they weren't able to copy certain things. Ancient Greek, as a language, was not as well known to these "scribes," we call them, these people who used to copy manuscripts – copy books by hand – way back in the Middle Ages, after the fall of the Roman Empire in Europe.

Now let's listen to the dialogue, this time at a normal speed.

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[end of dialogue]

The person who helps us make heads or tails of the English language is our wonderful scriptwriter Dr. Lucy Tse.

From Los Angeles, California, I'm Jeff McQuillan. Thank you for listening. Come back and listen to us again on ESL Podcast.