



Ashley - Serious Security Scientist

@Infosec_Taylor

10-04-2022

15:37

I just realized my non-US friends probably don't know how US insurance works.

So lets say your employer offers insurance. They pay a portion and then you pay a portion. For a family, the employee pays on average about \$400 per pay cycle, or \$10,400 per year.

This does not mean all your medical care is then covered by insurance. Nope, not even close.

Most doctors visits have a co-pay, meaning you pay this to even be seen. It's anywhere from \$20 to \$200 depending on emergencies.

Insurance also requires you to pay a deductible...

before they kick in. So let's say your deductible is \$1000. That means for each visit, you owe \$1000 before they start covering.

But they "negotiate" with hospitals, so an MRI out of pocket might cost \$5000, but through insurance only costs \$400, so you pay \$400.

After awhile, there is a "max out of pocket" which means you pay \$20,000 out of pocket for all these little visits and then insurance will cover anything further 100% for the year.

Oh, but insurance doesn't cover EVERYTHING. They agree to certain exclusions... like maybe they don't cover an ambulance ride or only partially cover major dental. Oh and they typically don't cover regular dental or eye care at all (that's a different insurance you buy).

And the insurance only negotiates with certain doctors and clinics... so if you don't use them they only cover your care 50% instead of 80% and the deductibles are higher.

But, if you get hospitalized, the insurance might cover the facility and nurses, but the doctors can be...

out of network, so you have to pay more without any say in the matter. And medical facilities, even ERs, can just choose not to take any insurance. It isn't a requirement they take it.

Now for prescriptions and treatments. So, let's say you do everything right. You use all in-network doctors and facilities, pay your money, so you should be good?

Nope.

Insurance companies can step in and dictate your care.

So let's say you bang up your knee and need an MRI plus surgery. The doctor agrees and you agree, but the insurance company says "No, you need physical therapy first." So in order to have the MRI plus surgery covered, you now need to go through months of physical therapy...

before it will be approved. You could always just pay outside of insurance, but now you are paying \$12k of your money instead of \$3k and months of pain.

There are plenty of other caveats too that I didn't even cover.

So basically, you can have medical insurance, get into a major accident, and still go bankrupt because I don't know many people with \$40k just lying around.

But politicians and insurance lobbyists keep telling us we should be GRATEFUL to only have to pay that \$40k instead of hundreds of thousands of dollars!

And remember, even if you are perfectly healthy and need just a checkup, you are paying \$10,400 every year anyway.

Medical insurance in the US is a BILLION DOLLAR PROFIT INDUSTRY. It is also complete and utter garbage.

Oh and keep in mind.... NONE of this is taught in schools or anywhere. This is knowledge I've gained completely on my own. And this barely scratches the surface of how complicated this system is.

You think the majority of Americans understand how insurance works?

I like how there isn't any arguing in this giant thread. Just people coming together with angry and sad resignations that the US health insurance system is a giant trash fire.

Lots of people have asked why people living in the US just accept this system. It's pretty easy: classism, racism, ableism, and sexism.

You see, everyone pays the same for insurance at a company. You think the CEO making billions is going to experience that \$400 per...

pay period the same as the junior employee making \$30k per year?

On top of that, the Black and other minority communities are more likely to have claims denied or receive lesser care because insurance companies won't pay as much for their care. If they can even get insurance...

coverage to begin with (a whole other issue).

Disabled folk also receive lesser care. If you are disabled after an injury, insurance companies can even dictate what type of prosthetic you receive or at home care that's available (hint, practically nothing).

Women are also ...

affected by insurance claim discrimination, but not as much as disabled or minority folk.

If you are Trans, more and more states are blocking to even cover the care you need.

This is all justified because of the risk you will need future care. If it is highly likely you...

are in a risk category to either 1) not be able to pay the adjusted bills or 2) need further/lifelong care, then you get treated as such with higher bills, different care, and/or denied claims.

So the current system benefits rich white men the most. And we all know how much most of them like to admit their privilege and work to change these systematic issues against a billion dollar industry.

Tivitiko - The most beautiful shape of tweets!

Continue to read: <https://tivitiko.herokuapp.com/thread/lu4Tf0.html>