

Choosing the right health insurance plan is an important decision that can significantly impact your family's health and finances for years to come. While the process may feel overwhelming, breaking it down step by step makes it easier. Start by thinking about your family's specific healthcare needs—for example, if you or your child has special health needs, look for plans that cover those needs first.

Basic Tips to Help You Choose a Health Plan

- **Understand Deductibles and Coverage:** Some plans have higher deductibles (the amount you pay before insurance kicks in) but better coverage for things like prescription drugs. If a family member needs costly medications, this type of plan might save money overall.
- **Consider Premium Costs vs. Out-of-Pocket Expenses:** If you or a family member often visits the doctor, a plan with a higher monthly premium (the monthly fee you pay to keep your coverage active) might be worth it. It could lower the amount you pay each time you see a doctor or have a procedure.
- **Look at Total Cost Sharing:** Pay attention to more than just the premium. Also consider how much you'll need to pay for deductibles, copays (a set fee for covered services), and coinsurance (a percentage of covered costs). These together determine your out-of-pocket maximum—the most you'll spend in a year.

By weighing these factors, you can start narrowing in on a plan that fits your family's needs and budget.



Questions to Ask Yourself When Choosing a Plan

- 1 What is my deductible? Is there a separate deductible for medical services and prescription drugs?
- 2 What are the co-payments and co-insurance amounts for doctor visits, procedures, and other medical services? What is the estimated total out-of-pocket cost for the year?
- 3 Are my preferred providers, including doctors, specialists, pharmacies, labs, and hospitals, in-network?
- 4 What is my monthly premium? Am I eligible for any premium tax credits to reduce the cost?
- 5 Do I need a referral from my primary care physician to see a specialist?
- 6 Does the plan cover the specific specialists I need or want to see?
- 7 Does the plan's formulary cover my current medications? What will they cost?
- 8 Does the plan provide coverage for out-of-network providers, especially in case of emergencies or urgent care?
- 9 Am I eligible for Health Savings Accounts (HSAs), Flexible Spending Accounts (FSAs), or other tax-advantaged savings plans?
- 10 Does the health plan include dental and vision coverage? If not, what are my options for separate dental and vision insurance?

When choosing a health insurance plan, it's important to understand the different options available. Each type of plan has its own features, and the right one for you depends on your healthcare needs and budget. Here's a breakdown of the most common types:

Insurance Plan Type	Definition	Who Might Like This Plan
Health Maintenance Organization (HMO) Plan	You choose a primary care physician (PCP) who coordinates your care. You generally need referrals to see specialists, and most care is covered within a specific network of providers.	A family with young kids who like having one main doctor and want to have predictable costs.
Exclusive Provider Organization (EPO) Plan	Similar to an HMO, but without a PCP. You must stay within a specific network of providers. These doctors are often part of the same hospital or health system, and you won't have many choices outside of that.	A young, healthy person who rarely needs to see a doctor. This person doesn't need a lot of specialist care and is okay not having coverage outside of their network.
Preferred Provider Organization (PPO) Plan	Offers the most flexibility. You can see in-network providers without referrals and out-of-network providers at a higher cost.	A person with complex medical needs who requires frequent specialist visits.
Point of Service (POS) Plan	Combines features of HMOs and PPOs. You can choose a PCP and get referrals, but you also have the flexibility to see out-of-network providers at a higher cost.	A person with a specific doctor they trust but who also wants flexibility for seeing specialists.
High Deductible Health Plan (HDHP)	These plans have higher deductibles and lower monthly premiums. They often pair well with a Health Savings Account (HSA) for tax-advantaged savings.	A young, healthy person or someone with few medical needs.

Resources to Help You Decide

- **Finder.Healthcare.gov** allows you to compare plans side by side and contains tools to help you analyze how medical expenses impact your family's budget.
- Use the **Kaiser Family Foundation (KFF) Health Insurance Calculator**, which helps estimate premiums and subsidies based on your income, family size, and location.
- Ask your doctors and/or office staff! They work with all kinds of plans and would have a good idea of which ones might be best for your situation.
- **State Departments of Insurance** offer comparisons or report cards for health insurance plans sold in that state.
- **The National Committee for Quality Assurance (NCQA)** offers ratings on the quality of care and member satisfaction for various plans.

Curious about other topics? PAF's **Education Resource Library** houses our resources and provides straightforward information in a variety of formats to help you make informed decisions throughout your healthcare journey. Learn about health insurance, disability, medical bill management, and more by visiting our Education Resource Library today. Call us anytime at 800-532-5274 or visit www.patientadvocate.org for help!



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