



Choosing a Health Plan

Know Your Options

- If you get health insurance through your work, find out what health plans are offered. Get information from the employee benefits office, the health plans' Web sites, and/or from the insurance companies.
- If you need to buy health insurance, find out about health plans from:
 - The Health Insurance Marketplace at www.healthcare.gov or 800.318.2596. This resource allows individuals, families, and small businesses to learn about their health coverage options; compare health plans based on costs and benefits; choose a plan; and enroll in coverage. The Marketplace also gives information on programs that help people with low-to-moderate incomes and resources pay for coverage. Programs include Medicaid and the Children's Health Insurance Program (CHIP).
 - Your state's health department.
 - An insurance broker.
 - Professional organizations and social or civic groups that offer health plans to members.
- Find out if you are eligible for Medicare from 800. MEDICARE (633.4227) or www.medicare.gov.



An insurance broker can recommend health plan options.

Comparing Health Plans

Different Types of Health Plans

- **Health Savings Account (HSA).** Money set aside by you or your employer (on a tax-free basis) to pay for current and future medical expenses.
- **High-deductible Health Plan.** A plan that has a high-cost yearly deductible that must be met before benefits are paid by the plan. It also includes a limit on annual out-of-pocket costs and a health saving or health spending account. In-network preventive care services are free.
- **Indemnity Plan.** This type of health plan is also called fee-for-service. You can use any medical provider. The provider bills for each service given. You and the insurance plan each pay part of the bill as stated by the plan.
- **Managed Care Plans.** These kinds of plans provide services and handle payment for them. You have less paperwork with these plans compared to an indemnity plan. Managed care plans use certain doctors, hospitals, and health care providers. There are three basic types of managed care plans.
 - **Health Maintenance Organization (HMO).** With this, you pick a primary doctor who manages all of the medical services you receive. HMOs offer a range of health benefits. This includes preventive care.



Managed care plans have many doctors to choose from.



- **Preferred Provider Organization (PPO).** With this, a network of providers gives medical services at a discount to its members. With a PPO, you can choose one or more providers from a list of those who participate with the health plan.
- **Point-of-Service (POS).** With this, you have the option to go to providers outside of the plan's network of providers. Some of the cost is still paid for by the plan.

Plans vary; so do costs and what is covered. With any plan, a basic premium is paid by you and/or your employer. After that, you pay extra costs (deductibles, co-pays, etc.). These costs vary. They depend on the plan. Compare costs and how each plan handles services. These include:

- Routine checkups, health screenings, and vaccines.
- Preventive services, such as programs for weight control.
- Maternity care. Care by specialists.
- Hospital care. Emergency and urgent care.
- Mental health care.
- Substance abuse services.
- Physical therapy and home health care.
- Alternative health care.



Find out if a health plan covers checkups and immunizations.

- Prescription drugs. Find out what the plan covers.
 - Check out the plan's formulary. This is a list of preferred generic and brand name drugs that the plan covers. In general, you have higher co-pays for brand name drugs than generic drugs.



In general, generic drugs cost less than brand name drugs.

- You pay even more for drugs not on the preferred list. Show your doctor your plan's formulary when he or she prescribes medications for you.
- Find out what mail order pharmacy and local pharmacies the plan uses.

More and more health plans are doing health risk assessments for their enrollees. People who have a higher risk for health problems may need to pay more. Find out if your plan has such a program. Reasons to pay more include being overweight, smoking, and having diabetes or high blood pressure.

Compare what different plans cover. Decide what is important to you and your family. Choose the plan that best meets your needs. Look at the quality of care, too.



Get more information from:

Agency for Healthcare Research and Quality
www.ahrq.gov