



**Things to Consider When Evaluating a Health Insurance Plan**

With the implementation of the Affordable Care Act (ACA) most Americans will be required to have health insurance. Many people who have not previously had coverage will have the opportunity to purchase insurance through the Health Insurance Marketplace. Some people who may have previously had coverage through an employer may now be eligible for premium assistance when purchasing through the Marketplace. Even if you are still covered by your employer, you may start to see more choices of various plans and levels of coverage open to you. If you are in a position to decide about the health insurance coverage available for your family, it is important to understand the benefits you will receive in exchange for the premiums you will pay. Here are some key points to consider when deciding on what is best for your family's needs:

**1. Affordability (the total cost)**

- Generally, when you pay less for insurance premiums, you will pay more in co-payments, deductibles, etc. You may also have more limited choices of doctors and services available to you.
- Understand that all health insurance requires consumers to pay some of the cost of covered health care services. This is called “cost sharing” or “out of pocket” costs. Cost sharing will vary with different types of health plans, but most include copayment, coinsurance or deductible amounts.
  - A plan might require you to pay before the plan begins to pay. This is called a **deductible**. Some plans charge a deductible for certain services, such as hospital stays.

- A plan might require you to pay a portion of each visit. This is called a **copayment**. (you pay \$30 for each office visit or \$10 for each prescription)
- Some plans require you to pay a part of each service as a **coinsurance**. (you pay 20% of the cost of a service)

## 2. **Benefits and Coverage (what services are paid for, and how completely)**

- Think about how the benefits listed for the plan will work for each member of the family, including children, and especially if one has special health care needs. Consider preventive care (well-child checkups) as well as specialty care.
- Look to see if any benefits are carved-out of the plan (contracted separately through an agreement with a group of providers), such as mental health or vision services, and learn how you will be able to obtain these services through the plan.
- Review your plan annually, even if you have been covered on this plan for many years. It is not uncommon for health plans to make changes to coverage levels, so you should not assume it will remain the same year after year.

## 3. **Appeals Process (how you can ask that a denial of coverage be reconsidered)**

- Most denials go unchallenged because people do not understand their rights to appeal, or do not follow the appeals process outlined by their plan.

## 4. **Methods of Payment**

- Look into what methods of payment will be accepted for your out-of-pocket expenses, such as cash, check, or credit card. Remember to always bring your insurance card with you to any visit.