Choosing your HEALTH INSURANCE

Since the implementation of the Affordable Care Act (ACA), most Americans are required to have health insurance, with those who do not have coverage having 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 covered by your employer, you may have more choices of various plans and levels of coverage. 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 what best meets your family's needs:

1. Affordability (the total cost)

- Generally, when you pay less for insurance premiums, you will pay more in copayments, 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.
  - o 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.
  - o A plan might require you to pay a portion of each visit. This is called a copayment. (For example, you pay $30 for each office visit or $10 for each prescription)
  - o Some plans require you to pay a part of each service as a coinsurance. (For example, you pay 20 percent of the cost of a service.)

FAMILY VOICES of Alabama

This information is provided by Family Voices of Alabama and the Family-to-Family Health Information Center.

To learn more: www.familyvoicesal.org • 877-771-FVOA (3862)

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2. Benefits and coverage (what services are paid for and how completely)

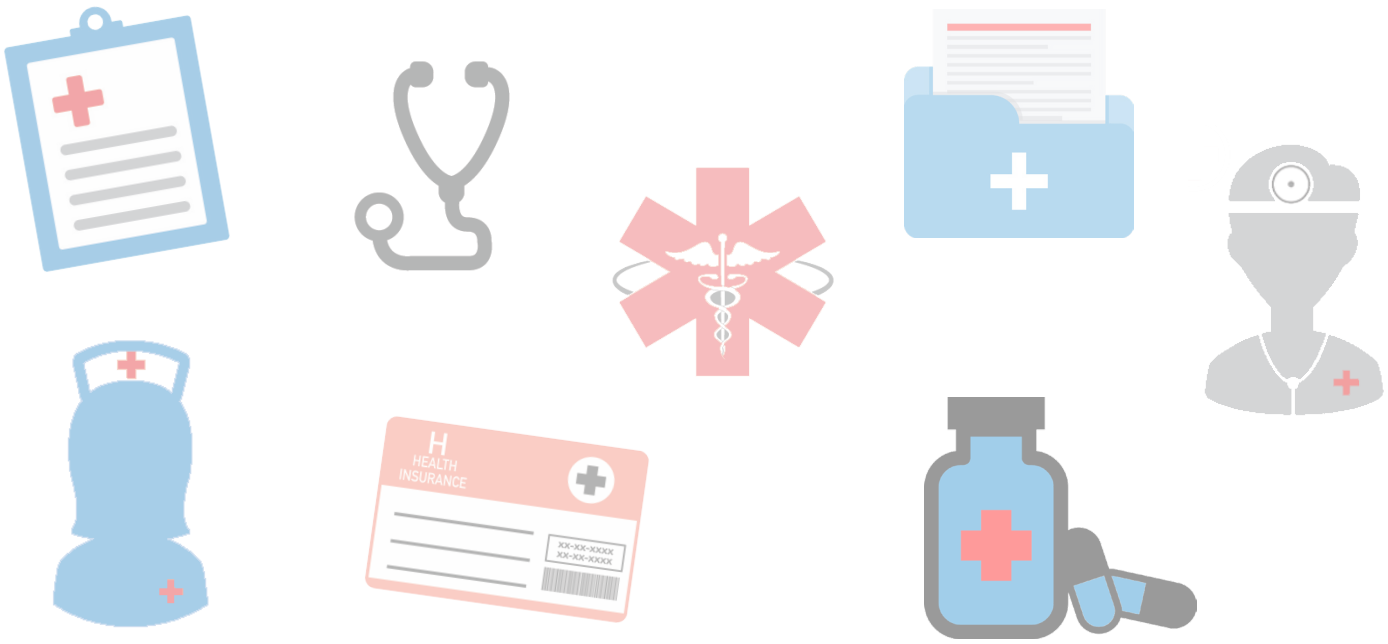
- Think about how the benefits listed for the plan will work for each member of the family. This includes children – most especially if one has special health care needs. Consider preventive care (well-child checkups) as well as specialty care.
- Look to see if any benefits are "carved out" of the plan (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 – such as cash, check, or credit card – will be accepted for your out-of-pocket expenses. Remember to always bring your insurance card with you to any visit.



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