

CONSIDERATIONS WHEN REVIEWING HEALTH CARE PLANS

If you can choose a healthcare plan from your post-transition employment or through another option, consider the following questions when choosing your plan.

- Estimate your yearly medical needs.
 - How often do you visit the doctor? Is there a medical condition requiring regular visits, young children needing well-baby checks, pregnancy, and new baby?
 - For reoccurring or existing medical conditions, consider the number of doctor office visits, procedures, and/or hospitalizations in the past year to determine total possible out-of-pocket expense as well as the number of covered beneficiaries.
- Decide which plan type best meets your needs.
 - Consider all types of plans— PPO, HMO, EPO, POS, catastrophic — and determine which will fit you and your family's needs.
- Size up the cost.
 - Compare the total cost, not just the monthly payment or deductible – also consider the cost of hospitalization and prescriptions, and balance this with your overall health and expected medical needs.
- Don't get lured by freebies.
 - Do your research to be sure that what is being touted as free isn't something that is already covered by the plan.
- Check the quality of the plan.
 - The National Committee for Quality Assurance ranks healthcare plans across the country based on their clinical performance, member satisfaction, and surveys.
- Consider a healthcare savings or flexible spending account.
 - Save money by setting aside pre-tax money into a healthcare savings account (HSA) or a flexible spending account (FSA). These accounts can be used to pay for prescriptions, contacts, and other out-of-pocket medical expenses, but generally not the premium.
 - Review your yearly medical needs when considering this option.

- Check out the prescription coverage.
 - Not all plans include prescription coverage, and not all drugs are covered. If you have medications you take on a regular basis, be sure your prescription is included in the coverage or check with your physician or pharmacist for options that are covered.
- Ask about dental and eye coverage.
 - Not all plans include coverage for dental or eye exams; be sure to ask, especially if you or a member of your family wears glasses and will need yearly eye exams
- Family coverage vs Individual coverage.
 - Some plans charge premiums based per persons covered versus a family (multiple person coverage) plan. Premiums can add up quickly. Be sure to understand who and what is covered and at what cost.
 - Special consideration/additional research might be needed if you have a young adult in college or an adult dependent with special needs.

If you don't know or aren't sure, **ASK!** Healthcare is complicated. Call the member services department of the health plan you are considering or the Human Resources (HR) department at your future employer.

ESTIMATING HEALTHCARE COSTS

When estimating the cost of healthcare, assume that you will be paying the entire premium and associated costs, like deductibles, for you and your family. If you obtain employment where your employer pays a portion of your insurance, your healthcare costs will be less than estimated.

There are many different websites available to assist in comparing plans and estimating the cost of healthcare insurance.

One example is the Healthcare Marketplace. This website will estimate the out-of-pocket expense of different plans with varying levels of coverage. While this will not provide the exact cost, it will provide a good estimation of the cost of individual health insurance.

Go to <https://www.healthcare.gov/see-plans/>; answer a few questions to for different health insurance plans and costs.