

Open Enrollment Season ~ Tips to help you make the right choice.



Open enrollment is your chance to compare the different health insurance plans offered to you by your employer, or switch plans, if you so choose. It's generally only held once a year, so if you miss your company's annual open enrollment, you likely will not be able to enroll in your employer-sponsored health insurance program until next year. Check with your human resources department to see when the open enrollment period begins and ends, and when your policy goes into effect.

Before you Make the Switch:

Changing insurance plans is a decision that should not be taken lightly, so here are a few things to consider:

- Read and understand your options and make as close to an "apple to apple" comparison as possible.
- Check to see if your current doctors and area hospitals participate in the new plan you are considering.
- Be sure your spouse and/or dependents will be covered under the new plan.
- Review any pre-existing condition exclusions and prior authorization requirements in the plan materials.
- If you take prescription medications, check them against the list of approved drugs in each plan booklet.
- Compare the costs - one option might have a low monthly premium and higher out-of-pocket expenses and another could have a higher monthly premium and lower out-of-pocket expenses. Run the numbers, so to speak, and truly determine which plan best fits your needs and budget.
- If you can't afford the standard PPO or HMO being offered by your company, you may want to consider a high-deductible plan, which means you'll pay less in premiums but a higher deductible. You could potentially end up paying big time in out-of-pocket costs if you fall ill, but at least a major illness won't likely bankrupt you.

Insurance Lingo:

Here are a few commonly used terms you might come across as you research your health insurance coverage options:

- **Copay:** The flat fee you pay every time you get medical care, such as a visit to your primary care physician or lab services.
- **Deductible:** The amount you're responsible for paying to your doctor or for hospital visits before insurance coverage kicks in.
- **Coinsurance:** The percentage of the medical care you're responsible for paying that the insurance company does not. For example, your coinsurance for a hospital stay may be 20 percent of the total cost, while the insurance company pays 80 percent.
- **Maximum out-of-pocket:** No matter how much medical care you get during the year, there is a maximum amount annually that you will have to pay for up front. Once you hit that number, insurance typically covers all the remaining medical expenses.