



Tips for Choosing the Right Health Insurance Plan

Between November 1, 2017 and December 15, 2017, you may have the opportunity to renew your existing health insurance plan or buy a new plan through the insurance marketplaces. If you are living with cancer or are a survivor it is especially important to choose a health insurance plan that best meets your needs. This tip sheet provides you with some of the key information about choosing the right coverage for you and your family, including factors you may want to consider when making your decisions.

Step 1 – Already have a health insurance plan?

If you or your family member signed up for health insurance through a marketplace last year, you still should review all of your health plan options to make sure you select the best available coverage for you. By November 1st your health insurance company should send you information on what changes the plan will make to your coverage for next year. Things to consider:

- Will my prescription drugs be covered under the plan? Will I have to pay more for my prescription drugs? Will my doctors (primary care, oncologist and other specialists), hospitals, and clinics be covered under the plan? What will I have to pay each time I see a doctor or go to the hospital?
- What is my deductible?
- What will my monthly premium be for 2018?

If you have any questions about what changes your plan may make to your coverage in 2018 contact your insurer directly. Once you have taken the time to review any changes to your insurance plan, if you decide you want to keep the same plan, and your household income has not changed, you don't need to do anything. Your plan will be automatically renewed. However, you may want to spend some time looking at plan choices to see if there is a better plan to meet the needs of you and your family.

If you qualified for reduced premiums last year, we recommend you log into www.healthcare.gov to update and double-check your income information, as that will ensure you receive the correct tax credit amounts. You should also check with your plan to see if your plan will accept the reduced premiums.

Step 2 – Factors to consider when shopping for an insurance plan

When shopping for an insurance plan, you should do an honest assessment of the kind of health insurance coverage you need. Think about how often you use your insurance coverage, whether you need access to certain specialists, what prescription drugs you take, whether you use specific therapy services, and what hospitals or clinics you use most often. When you begin comparing specific plans consider the following factors:

1. What are the **TOTAL** costs associated with the plan? Don't just look at the cost of the premium. Consider the combined costs of copayments, coinsurance, deductibles, and premiums. While the premium is an important consideration, you should think about the overall cost of the plan. For someone living with cancer, selecting a plan with more

comprehensive coverage (such as a gold or platinum plan) may be a better choice. These plans may have a higher monthly premium, but the overall amount of money you spend to see your doctors, fill your prescription drugs, and visit a hospital or clinic may be lower than in other plans (such as a bronze or silver plan). Some people qualify for reduced premiums due to their annual income. If you think you may qualify, go to www.healthcare.gov to apply.

2. Does the plan cover the prescription drugs you take? Check the plan to find out whether it covers the prescription drugs you take, and if so, how much will you have to pay each time you fill a prescription. For some expensive medications, your plan may impose some limits (either in the number of drugs you can take in a given month) or may require additional approval (like prior authorization) before it will cover your drugs.
3. Does the plan cover your doctors, hospitals, and clinics? Find out if the doctors (primary care, oncologist, other specialists) you visit are included in the plan. Plans can change the doctors, hospitals, and clinics they cover from year to year, so you should verify the information you receive from the plan with your preferred doctor, hospital, and/or clinic to confirm they will be participating in the plan.
4. What are your options if your doctors are **not** in the plan? If your doctors, hospitals, or clinics are not covered under the plan next year, you will likely have to pay more to see them. Some plans will not cover any of the costs of doctors not in the plan's network. Others will cover a portion of the cost. Does the plan pay any of the costs if your provider is out-of-network?

Step 3 – Enrolling in a plan

Where to get information: To find out more about plans available in your area, here are some helpful resources to consider:

- www.healthcare.gov – This site includes all the information you will need in order to enroll in a health insurance plan. You can access the information online or call the toll-free number 1-800-318-2596.
- www.localhealth.healthcare.gov – This site will direct you to people in your community who can help answer your questions and assist you with the enrollment process.

Information you will need in order to enroll in a health plan: Once you are ready to enroll in a new health plan, you will need the following information:

- Your Social Security Number and the numbers for each family member who will be enrolling in a plan. Legal immigrants should use their document numbers. Remember to guard your Social Security Number and do not share it with someone who calls you uninvited.
- Your employer and income information for every individual in your household who needs coverage. This information will help you determine if you are eligible for reductions on your premiums based on your income.

Step 4 – Key dates

If you want to sign up or change your health insurance coverage you must do so between November 1, 2017 and December 15, 2017, for coverage beginning on January 1, 2018.

For more information and additional tip sheets, please visit www.acscan.org/healthcare/learn.