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2017/2018 HEALTH INSURANCE GUIDE



Step-by-Step Guide to Choosing the Best Plan for You

Picking a new health insurance plan may seem daunting, but it doesn't have to be. Here are 6 things to take into consideration before you start the shopping experience.

1

Make a list of the things that you feel are vital to your healthcare plan.

Be sure to consider your medical and financial needs.

2

Review the costs associated with health insurance plans

First, familiarize yourself with the terms:

- **Copay:** A fixed dollar amount that you pay out of pocket for a medical expense.
- **Premium:** What you pay each month in order to purchase insurance. This is, roughly, the “cost” of your plan.
- **Coinsurance:** The percentage of a medical expense that you are responsible for paying. The insurance company pays for the rest, hence “co-insurance.”
- **Deductible:** The amount you are responsible for paying towards medical expenses before your insurance coverage “kicks in” to pay the rest. This resets every year.
- **Maximum out-of-pocket:** The maximum amount you will be responsible for paying toward medical expenses covered on your plan.

The overall cost of your health insurance plan is typically a combination of the various pricing factors listed above.

For example, plans with higher premiums (monthly payments) will frequently have lower copays and deductibles.

If you expect to have a lot of medical appointments in the next year, you may want to sign up for a plan with a higher premium and lower copays.

3 Check prescription drugs coverage and cost

Each plan has a Prescription Drug List of covered medications. The medications are grouped into tiers based on cost. Some plans will have lower cost thresholds than others.

Check the Prescription Drug list associated with the plans you're considering to determine whether your medications are covered.

4 Access to doctors and care facilities

Every plan has a network of providers, which includes doctors and care facilities as well as labs, pharmacies, and imaging centers.

If your regular doctor is not in the network of your plan, it's likely to cost you more to visit. Be sure to call your doctor before switching plans to confirm that they will take your new insurance.

If you don't have a regular doctor, it's still important to evaluate the network based on travel times and location as well as peer reviews of the care providers within the network you're considering.

Don't be afraid to make a call to better understand the scope of your network!

5 Plan limitations and exclusions

It's important to know what your plan does not cover. Elective surgeries and alternative therapies are commonly excluded from most health care plans.

Many health plans do not cover care provided by someone who is not in their network.

Dental and vision services typically need to be purchased on separate insurance plans.

6

Health and wellness resources

Some plans offer rebates for various health clubs and facilities. It's a perk, but if you're deciding between two plans, it might make all the difference. Don't be afraid to make a call to better understand the wellness benefits included with your coverage.

When you buy health insurance through Freelancers Union, a portion of your purchase goes right back to the freelance workforce - at no additional cost to you.

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Some plans offer rebates for various health clubs and facilities OR COVER WELLNESS CARE LIKE ACUPUNCTURE.

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