



STEP-BY-STEP GUIDE FOR CHOOSING A HEALTH PLAN

Choosing the right insurance plan is a judgement call based on what is covered, how much flexibility you want and how you prefer to spread health care costs throughout the year. Your decision can impact your health and finances for the year. This NPAF step-by-step guide and accompanying work sheets will help you prioritize your needs and compare health plans on the Health Insurance Marketplace (also called “the Exchanges”). It features four steps to get you started on making the best choice for you.

For free personalized help, visit LocalHelp.Healthcare.gov to find a trained navigator in your area who can walk you through your options.

Four steps to get you started on making the best choice for you.

Gather the names of the doctors that are important to you now and all the prescription medications you are taking. This will be helpful to make sure that the plan you choose covers your preferred doctors and medications. This planning can also help you avoid unexpected costs. The worksheets provided will help you organize the information needed to compare plans.

STEP 1

STEP 2

Enter the requested information about you on the official Health Insurance Marketplace website by [clicking here to preview plans and estimated prices](#) that can be personalized to your needs. Enter your zip code to find plans in your area. You may be redirected to a different web page if your state runs its own exchanges.

**Pro Tip: Plans may be more affordable than what you first see in the estimates. Depending on your income level, you may be eligible for financial assistance that helps pay part of your premium. To find out more about this assistance (called "estimated savings"), enter your annual household income before comparing plans to see rates personalized for you.*

Use the filter feature to narrow down the plans to a manageable number for comparing. Some options you can filter by:

- **Monthly premium** – Select a reasonable range you can afford for this recurring fee.
- **Yearly deductible** – Consider the amount you can afford to pay up front for medical care before the insurance kicks in to cover costs.
- **Medical providers and prescription drugs** – See which plans cover your preferred doctors, pharmacies and the medications you take.

STEP 3

STEP 4

Pick a few plans you want to compare and use the worksheets provided below to help identify which ones meet your particular needs. To calculate your full expected costs and see more plan details on [healthcare.gov](https://www.healthcare.gov), select a plan, then click Plan Documents and you will find the following:

- **Summary of benefits and coverage** outlines what the plan covers and the costs you would be responsible for paying. [See a sample](#) here
- **Provider directory** is where you can check whether your preferred doctors, hospitals and other facilities (like labs for bloodwork) are included in your plan, and
- **List of covered drugs** (called a "formulary") provides information about prescription medications that are covered under the plan and the tier level, which determines how much you would have to pay out-of-pocket to get your prescription.



Doctor Considerations

Open enrollment is a good time to think about making changes to your health care in general.

You might consider picking a different doctor if you are not satisfied with your current one. It's important to your well-being and patient experience that you feel confident in the care provided by your doctors.

If you need help talking to your doctor about what matters to you, check out our resources for [yourself](#) as well as if you are a [caregiver](#).

The doctors covered by your plan (called “in-network”) may change each year, so this can also influence your decision.

If your doctor is not covered in-network:

- Would you be willing to see another doctor or visit another facility that is in-network?
- If no, does the plan pay anything towards the costs of seeing doctors or visiting hospitals that are out-of-network?
- You may still be able to see that doctor, but it is likely that you will pay a higher out-of-network cost or be responsible for 100% of the costs.
- You can also contact your doctor's office to ask about any special arrangements that may be offered if the practice is not participating as covered providers on the insurance plans that you are comparing.

Prescription Medicine Considerations

Do an annual medication review with your doctor to see if there are ways you can save money on prescriptions by finding lower co-pay options or stopping some medications that are no longer needed. Open enrollment is a good time to do this medication review as part of choosing your health plan. **You can:**

- Go through your list of prescriptions
- Think about the amount you are spending on each
- Talk about how these medications make you feel
- Discuss whether any changes are needed

This will help you get the best care possible and may also reduce your out-of-pocket spending on prescription medicines. For example you may be able to save money by switching from a brand drug to a generic drug.

If you want to learn about cost-saving options that may apply for your medications, review this PAF resource about [drug tiering](#).



WORKSHEET 1 Your Doctors

List the names of each doctor and specialist important to you now in the numbered boxes below. For example: List out your primary care doctor, OBGYN, oncologist, psychologist, etc.

Next to each name, write **yes** or **no** to indicate whether your doctors and specialists are included in the provider directory for each plan you are comparing.



Doctor's Name	Plan #1	Plan #2
1.		
2.		
3.		
4.		
5.		

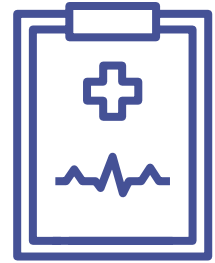
WORKSHEET 2 Your Medications

List all the medications you take in the numbered boxes below. For each prescription, check the list of covered drugs (called the “formulary”) and write yes or no to indicate whether your medication is included in the formulary. You may also want to note which cost tier the medication is listed under to compare that information across the plan options.



Medications <i>(Be specific: Include dosing, frequency and quantity because coverage may vary)</i>	Plan #1	Plan #2
1.		
2.		
3.		
4.		
5.		

WORKSHEET 3 Your Costs



To estimate the total costs associated with the various plan options and how they relate to your particular financial circumstances, list below the fixed costs each year that you would be responsible to pay in monthly premiums, annual deductible and annual out-of-pocket limit (or maximum). Along with your out-of-pocket costs, these are the numbers that matter when determining what you can expect to pay in total for the year.

This information can be found in the plan's Summary of Benefits and Coverage document ([sample here from the Centers for Medicare and Medicaid Services](#)). It's difficult to know exactly what costs may occur ahead of time, especially if you receive an unexpected diagnosis. But based on what you know about your finances and circumstances, it helps to try to estimate what you feel you can afford, so you select the best coverage option for your needs.

	Plan #1	Plan #2
1. Monthly premium (\$ per month) Account for any estimated financial assistance you may be eligible for to help offset your costs. You can estimate this here . Actual financial assistance is determined when you apply for coverage.		
2. Annual deductible (\$ per year) The amount you pay up front before the insurance starts to pay for care. Check if there are separate deductibles for specific services or medications.		
3. Out-of-pocket limit or maximum (\$ per year) This is the maximum amount you would have to pay in total each year. It does not include premiums or money spent on non-covered services.		

WORKSHEET 3 Your Costs (continued)



In addition to these fixed costs, once you have reached the deductible, you will have to pay a portion of medical expenses when you get care (called “cost sharing” or “out-of-pocket costs”) through either the copayment (a flat \$ dollar fee) or coinsurance (% percentage of cost). Before this point, you will be responsible for whatever the doctor or hospital charges you on your own.

Below are some of the services you may need, but review the Summary of Benefits and Coverage to see how much you would pay for various other services.

4. Doctors (\$ or %) Primary care provider who you see for annual checkups.		
5. Specialists (\$ or %) Specialty doctors like dermatologists, rheumatologists, or oncologists.		
6. Hospital stay (%) Emergency room care and facility fee if you must stay overnight.		
7. Prescription medicines per fill (\$ or %) This depends on a few things like the plan’s formulary and what tier the medicine is placed on. Learn about the tiering options and how to request an exception at this PAF resource.		



Bringing It All Together and Choosing Your Plan

Evaluate each plan against what you have determined are important doctors, medical services and prescription medicines to be covered, and your budget. Consider whether you can afford the fixed costs (monthly premiums and deductibles) but also the cost-sharing (coinsurance and copayments) when you receive care. While you typically won't pay more than the maximum out-of-pocket limit, consider whether you can afford to shoulder the upfront costs and pay the deductible over a short period of time if an emergency arises.

****Pro Tip:** Look at the plan's monthly premium, annual deductible and cost-sharing as three equally important components affecting your total costs. For example, if a plan's monthly premiums are very low, then the deductible or copayments may be higher. Weigh these three components carefully aiming to strike the right balance for you before selecting a plan.*

As part of care planning, it's important and appropriate to ask for help if the costs of everything related to your medical care and the household consequences of those costs is worrying for you. Refer to <Can We Talk About My Costs of Care?> if you need help navigating these conversations with your care team.

If you have been diagnosed with a complex or chronic condition, Patient Advocate Foundation's (PAF) case managers can help guide your plan choice process.

The worksheets provided below can help you prepare for your conversation with your doctor's office or with PAF case managers.

For personalized help, go to www.patientadvocate.org or [click here](#) to fill out the PAF request for assistance form.

You can also visit the [PAF National Financial Resource Directory](#) to find nationwide financial assistance support for medications, other health care needs and non-medical daily living expenses.