

Freelancers Union

2018/2019 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 some things to take into consideration before you commit to a plan for 2019.

1

Consider all options:

Check your eligibility for free or heavily subsidized plans before shopping on exchanges. There are several government programs that may offer free or extremely low-cost coverage. These include:

- **Veterans Health Administration (VA):** If you or your spouse is a veteran, you may be eligible for free [VA health care](#).
- **Medicare:** If you are 65 or older, have end stage renal disease, or qualify for social security disability payments, you are eligible for [Medicare](#).
- **Medicaid:** If your modified adjusted gross income is below 100 or 138 percent of the Federal Poverty Level (depending on your state of residence) for your size of household, you are eligible for [Medicaid](#) and ineligible for ACA subsidies.
- **Children's Health Insurance Program (CHIP):** If you do not qualify for Medicaid, your children may still be eligible for the low-cost [CHIP program](#). Prices and eligibility vary by state.
- **Premium Tax Credits (ACA Subsidies):** Before you shop for plans on exchanges, find out if you are eligible for subsidies in the form of [premium tax credits](#).

2

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

Be sure to consider your medical and financial needs. For example, if you are relatively young and healthy, you might want to select a high-deductible or catastrophic plan, whereas if you have a chronic medical condition, a plan with a more expensive premium but lower out-of-pocket costs might work better for you.

3

Review the costs associated with health insurance plans

There are several different types of cost associated with insurance plans:

- **Premium:** This is the monthly fee you pay to have insurance coverage.
- **Copay:** A copay is a fixed dollar amount that you pay out of pocket for a medical expense until you have reached your out-of-pocket maximum. Insurance companies normally charge either copays or co-insurance for most services other than specific preventive health ones.
- **Co-insurance:** Your co-insurance is a percentage of the cost of a medical expense for which you are responsible. For most services, you pay either co-insurance or a copay.
- **Deductible:** The annual amount you are responsible for paying towards medical expenses before your insurance coverage “kicks in” to pay the rest is your deductible. Although copays and co-insurance apply towards your deductible, you will still be charged copays and co-insurance after you have reached your deductible.
- **Maximum out-of-pocket:** This is the maximum amount you will be responsible for paying toward medical expenses covered on your plan. Once you have reached this amount, you will not be charged for additional eligible medical expenses.

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 high medical expenses in the next year, you may want to sign up for a plan with a higher premium and lower copays.

4

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. The amount you will pay for prescription drugs and whether specific brands or only generics will be covered varies from plan to plan. Not all plans cover all medications, and coverage of new or experimental treatments varies among plans.

5

Access to doctors and care facilities

Most plans have a network of providers, including doctors and care facilities as well as labs, pharmacies, and imaging centers. Some plans will not cover any out-of-network expenses, while others will only cover them at a higher rate or with prior approval. Evaluate plans carefully to ensure that your regular primary care provider (PCP) accepts your plan. If you are seeking a new PCP, make sure that there are in-network providers who are conveniently located and taking new patients.

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

6

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.

7

Health and wellness resources

Some plans offer extensive preventive care services without copays. Other plans offer rebates for various health clubs and facilities or rebates if you commit to certain healthy activities, such as smoking cessation, weight loss, or health monitoring. While certain plans may cover alternative health care, such as chiropractic or acupuncture, many do not. 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.

[Where you buy insurance matters.](#)
[Invest in your health and a better future.](#)