

## WHAT TO LOOK FOR IN A PLAN

### DRUG FORMULARIES

Plans often list drugs in three price *tiers*.

**Generic drugs** are less expensive even though they are identical to the original drug (for example, the generic alendronate and the brand-name Fosamax).

**Discounted brand-name drugs** (or *brand formulary*) are drugs the insurer can buy (and sell) at a lower price than a pharmacy can.

**Brand-name drugs** (or *non-formulary*) that are not part of the formulary may cost as much as they would at a pharmacy.

### USING MORE THAN ONE PLAN

If some members of the household require more expensive treatments or drugs, you may be able to put them in a Gold or Platinum plan, and the rest in a plan with lower premiums. Or you might have a separate plan for a child under 26 in another county. The tax credit would be divided between the plans.

### COPAYS

These are not included in your deductible, but ACA plans do count them as part of your out-of-pocket maximum. Other plans may not.

The ACA (and many other sources) define copays as fixed amounts (\$15 for drug, say), but some plans list copays as percentages of whatever a charge may be (20% of the drug cost) or as *coinsurance after deductible* (which seems to mean that they treat copays as coinsurance). Ask the insurer.

### OUT-OF-POCKET MAXIMUMS

These cannot be higher than the ACA limit, but some plans do have lower ones. Your deductible is part of your out-of-pocket maximum.

### OUT-OF-STATE COVERAGE

Some insurers have facilities in other states and some may cover you in other countries. See *Other Covered Services* in the Summaries of Benefits and Coverage. If you need to be covered, you should be able to buy travel insurance through a travel agent.

### CHOOSING AN INSURER

**Insurance companies** Marketplace plans meet ACA standards, but insurers were largely unregulated in the past, and some of them did things that are no longer allowed. To learn about reputations, see their Wikipedia page's section on legal issues (it may have a different name). Also do searches to find out if they often lay off large numbers of providers.

Wikipedia list of U.S. insurers <http://goo.gl/6AO35j>

insurance plan rankings by state <http://goo.gl/XjeShw>

**Hospitals** Ratings by magazines and nonprofit groups are usually based on visits and statistics. Patients usually focus on the food and rooms. Hospitals that require the use of the WHO Surgical Checklist have more-successful surgeries.

Hospital Compare <http://goo.gl/jERGj>

Consumer Reports <http://goo.gl/9COe> (subscription required)

WHO Surgical Checklist Hospitals <http://goo.gl/lnqXBt>

**Insurance Co-ops** Many states offer plans from these non-profit insurers. They can charge less and provide good service because they don't spend huge amounts on monumental buildings and executive salaries.

### DEDUCTIBLES

Some plans require separate deductibles for each family member. Pharmaceuticals may also have separate deductibles.

The subsidies are included in the premium prices in these examples. The premiums plus the out-of-pocket maximum are the most your health insurance costs could come to during the plan year.

| one person <span style="float: right;">You can find this information in the <i>Summaries of Benefits and Coverage</i></span> |   |                             |                                 |   |   |  |
|--|---|-----------------------------|---------------------------------|---|---|--|
| name & plan type   | premium cost & o-o-p maximum  | deductible                  | copays                          | are services we need covered?           | are services we need excluded?                | limits that might affect us                                      |
| <i>Super Bronze Advantageous</i><br><br>PPO  | $\begin{array}{r} 261 \\ \times 12 \\ \hline 3132 \\ + 6350 \\ \hline 9482 \end{array}$   | \$2600                      | dr. 20%<br>drug 10%<br>ER \$500 | bariatric surgery                       | weight-loss program<br>adult routine eye care | rehabilitation and habilitation:<br>30 visits per benefit period |
| three people   |   |                             |                                 |   |   |  |
| name & plan type   | premium cost & o-o-p maximum  | deductible                  | copays                          | are services we need covered?           | are services we need excluded?                | limits that might affect us                                      |
| <i>Silver Beauty Super Saver</i><br><br>HMO  | $\begin{array}{r} 652 \\ \times 12 \\ \hline 7824 \\ + 12700 \\ \hline 20524 \end{array}$ | \$4500<br><br>\$950 (drugs) | dr. \$30<br>ER \$650            | medically necessary<br>cosmetic surgery | none  | none   |