

10 QUESTIONS To Ask Before You Choose a Health Plan

Whether you are reviewing the different plans offered by your employer annually or looking for a supplemental Medicare plan or purchasing your own insurance on the marketplace, think of it like comparison shopping for a new car. You need an affordable plan that fits your budget. Warning: just because the sticker price is a great deal (low premiums) doesn't mean it is a good plan for you. What bells and whistles (coverage) do you need? Does the dealer (insurance broker) measure up?

Consider what is important to you and how you might have to make some concessions. For example is the priority to have coverage for your ostomy supplies or be able to go to your preferred doctor? In other words, depending on the plan you may have to decide to pay out-of-pocket for one service so that you get coverage of another more expensive service.

As you shop around ask questions like the following so that you can choose a plan confidently:

1. What type of plan is it?
2. Is your trusted medical provider that you want to keep visiting participate with the plan (i.e., are there limits on choosing your doctors or medical facilities; in-network vs. out-of-network)?
3. Does the plan have any restrictions on pre-existing conditions? (Be cautionary with new short-term plans.)
4. Does the plan provide coverage for all of your ostomy supply products (and not just ostomy supplies, what are all the benefits covered (e.g., vision, routine exams, ambulance etc.) and what is excluded?)?
5. Does the plan have a formulary for ostomy supply coverage (i.e., restrict you to use only certain manufacturer brands or a particular supplier)?
6. Does the plan provide coverage for specialized visits with a certified ostomy nurse or have limits to the number of visits for specialized care (e.g., physical therapy)?
7. Do you need referrals or prior authorizations?
8. If you are on any medications, is your prescription on your insurer's formulary/preferred drug list (or does the plan cover your prescription drugs?) Plans handle prescription costs differently.
9. How much will you pay out-of-pocket before your health plan starts covering your health care services (premium, deductible, coinsurance, copay)?
10. Does the plan offer any financial assistance to help offset out-of-pocket costs?