

# NEW EDUCATORS AND HEALTH PLAN SELECTION TIPS

## 1. What is your current health care coverage?

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- Parent's plan                       Spouse's plan                       Plan I buy separately  
 Medicaid                               Other \_\_\_\_\_                       I am uninsured

**\*\***The Affordable Care Act (ACA) requires group health plans that provide dependent coverage for children to continue making that coverage available until the child turns 26 years old. If you are still on your parent's plan or a spouse's plan, check the cost and coverage differences of switching to your new employer's plan.

If you, your spouse, and/or child (children) are currently covered under Medicaid or CHIP (Children's Health Insurance Program), wages from your new job may, at some point, disqualify you/them from these programs. Be sure to check the requirements of your current coverage.

## 2. As a new employee, will you be enrolling in the employer's plan?

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- Yes                                       No

**\*\*** If you decide not to accept the employer's health plan, talk to HR staff about how you and your covered dependents will obtain health care coverage. Some employers will ask to see proof of other coverage.

## 3. If you answered yes to #2 above, who will you enroll in the employer plan?

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- Just me                                       My spouse and me                       Spouse, child(ren), and me  
 Child/children and me

**\*\***If your employer's plan doesn't cover your spouse or child/children, ask HR staff to help you obtain coverage for him/her/them.

## 4. What coverage does the employer offer?

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- Medical                                       Prescription drugs                       Dental  
 Vision                                       All types of coverage provided together  
 Different combination of plan options: \_\_\_\_\_

**\*\***If you or a covered dependent wear corrective lenses or need dental services, you may save money by taking the vision and dental benefit if offered. There is usually an extra cost to take this coverage, so be sure to budget for the added expense.

## 5. What types of plans does your employer offer?

- Preferred provider organization (PPO).                       Health maintenance organization (HMO)  
 Exclusive provider organization (EPO)                       Other: \_\_\_\_\_

- A **PPO** includes a “preferred” network of health care providers. Generally, you are not required to select a primary care physician (PCP) or obtain a referral to see a specialist. If your provider is in the preferred network, your out-of-pocket costs will, usually, be much lower than if you use an out-of-network provider. Generally, PPOs offer greater flexibility than the other types of plans.
- An **HMO** requires you to select a PCP, within the HMO network. The PCP functions as a “gatekeeper” who coordinates your care and provides the required referrals for specialty, diagnostic, hospital, and other services. Out-of-network care is, generally, not covered by an HMO unless it is an emergency or if no other option is available.
- An **EPO** is a combination PPO and HMO. EPOs generally offer a little more flexibility than an HMO and tend to have a lower premium and other costs compared to a PPO. Like a PPO, you generally do not need to choose a PCP or obtain a referral to get care from a specialist. But, like an HMO, you will have a limited network of providers from which to choose. Also, you would be responsible for paying most, if not all, of the costs of non-emergency care provided outside the EPO network.

## 6. What is the enrollment deadline for your employer plan?

Must enroll by \_\_\_\_\_

Coverage officially begins \_\_\_\_\_

**\*\*Pay close attention to the enrollment deadline. If you miss the deadline, you may not be able to sign up for coverage until the next open enrollment period, unless you experience a life-changing event (e.g., marriage or birth of a child), which could result in a year or more waiting period.**

Clarify with HR the exact date that new employer health coverage begins. Allow sufficient time to transition out of any current coverage. Avoid a gap in coverage especially if you or a dependent are currently receiving services for acute or chronic medical conditions.

## 7. Which of the plans include your (and your dependent’s) current providers?

- Primary care doctor (also pediatrician and OB-GYN)  
 Specialty physicians/providers  
 Hospital: inpatient and outpatient  
 Pharmacy  
 Laboratory/Radiology/Imaging  
 Dentist  
 Others \_\_\_\_\_

**\*\*If not keeping your current providers is a deal-breaker for you, make sure your providers participate in the plan you select. Many people are especially concerned about keeping their PCP, pediatrician, OB-GYN, mental health provider, and dentist. If the plan you select requires that you find new providers, get assurance from the plan that these providers are accepting new patients.**

## 8. Cost comparison for each plan offered:

**Premium** (amount deducted each pay period to pay for coverage) \$ \_\_\_\_\_

<input type="checkbox"/> <b>Deductible</b> (amount you must pay before services are covered)	<b>In-Network</b>	<b>Out-of-Network</b>
General deductibles (annual, per person, family, etc.) _____		
Specific service(s) deductible(s) (e.g., prescription drugs) _____		
Hospital inpatient, outpatient, ER _____		

What is/are the **out-of-pocket limit(s)**  
 Per individual/family \_\_\_\_\_  
 In-network and out-of-network \_\_\_\_\_  
 Per specific service(s) (e.g. prescription drugs) \_\_\_\_\_

<input type="checkbox"/> <b>Copayments or coinsurance</b> per office visit/service	<b>In-Network \$ or %</b>	<b>Out-of-Network \$ or %</b>
Primary care provider _____		
Specialty provider _____		
Laboratory _____		
Radiology/Imaging _____		
Other _____		

**Prescription drug** copayments and/or coinsurance  
 Tier 1 \_\_\_\_\_ Tier 2 \_\_\_\_\_ Tier 3 \_\_\_\_\_ Tier 4 \_\_\_\_\_ Tier 5 \_\_\_\_\_

\*\*Prescription drug tier categories, in general (but not always), refer to the following: Tier 1 preferred generic drugs and the least expensive; Tier 2 generic drugs that cost more than the generic drugs in Tier 1; Tier 3 preferred brand name drugs that do not have a generic equivalent; Tier 4 non-preferred drugs that are higher-priced brand name and generic drugs that are not on a preferred list; Tier 5 drugs are the specialty drugs, the most expensive drugs, that treat complex conditions such as cancer, multiple sclerosis, and rheumatoid arthritis.

\*\*The ACA requires that plan sponsors provide employees with a side-by-side cost and benefit comparison of their plan offerings. This is called the Summary of Benefits and Coverage (SBC). Compare the premiums, deductibles, copayment, coinsurance, and prescription drug costs among the plans so you have the best estimates of your plan expenses during the plan year. Pay particular attention to the SBC's cost examples and the amount you and/or the plan would pay.