HealthPlan Comparison Guide

Determining which health plan is most appropriate for your needs can often be a difficult process, regardless of whether it is an individual or family policy you buy on your own or a plan offered through your employer (a group health plan). There are many things to consider when reviewing your options. These considerations fall under two categories: cost and benefit design. Most people first consider the cost of a plan when making a decision. Our goal is to provide you with a tool to help you evaluate the cost of the plan so that you can select plans with comparable benefits.

Questions typically asked by people when choosing a plan include:

1. What is the monthly/annual premium for the plan?
2. What is the total of my out-of-pocket costs, including medical and prescription co- pays, deductibles and coinsurance?
3. Does it cover all the services I need?
4. Are all my physicians in network?
5. Are there annual limits on the number of visits for any particular service? (For example, physical therapy is often limited to a certain number of visits per year)
6. Are out-of-network benefits available? What percentage of the cost am I responsible for if I receive out-of-network care?
7. Am I covered if I get sick/need treatment out of state?

For those affected by a bleeding disorder, there are often additional, more specific, questions we must ask that relate to what benefits are covered and how, such as:

1. Is clotting factor covered? If so, is it a major medical or a pharmacy benefit?
2. Do I have a choice of more than one specialty pharmacy provider?
3. Is my hemophilia treatment center (HTC) in network?
4. Do manufacturer copay cards count towards my deductible/out-of-pocket?
5. Does the plan accept third (3rd) party premium assistance?
6. Is durable medical equipment (DME) covered?
7. Do I need a referral to see a specialist (i.e., a hematologist)?
8. What services require prior authorization?
9. Are physical therapy services covered? Home nursing?

Answers to many of these questions, relative to cost and covered benefits, can be found by reviewing a plan's summary of benefits, drug formulary list and provider network directory. While this is often considered a tedious process, it is one of the most important steps you can take to ensure that a plan meets your needs. It is important to remember that ONCE YOU CHOOSE A PLAN, YOU CANNOT CHANGE UNTIL THE NEXT OPEN ENROLLMENT PERIOD unless you experience a qualifying life event.

You may find that you have the option to choose between multiple plan types and designs such as HDHP, HMO, PPO, POS or EPO. The National Hemophilia Foundation's Personal Health Insurance Toolkit was developed to assist you in evaluating your plan options. The Health Plan Comparison Chart was designed to help in performing a side-by-side comparison of your plan options by helping to identify covered benefits and out-of-pocket costs associated with each. The chart can be used in two ways: to make general comparisons between health plans or highlight the costs and benefits specific to your individual needs.

To begin a personalized evaluation of your health plan options, follow the steps on page 10.