

Health Insurance Open Enrollment

Choosing the best option for you and your family

Consumers 1-800-686-1526 | **Medicare** 1-800-686-1578 | **Fraud & Enforcement** 1-800-686-1527

Fall is the time of year when many U.S. employers hold open enrollment periods for their employees to select health insurance coverage. The Ohio Department of Insurance provides these tips to help you make the best choice of the options available for you and your family.

What is open enrollment?

Open enrollment refers to the period of time during which all members of an employers group health insurance plan have the opportunity to enroll in certain benefit programs. During an open enrollment period, insurance carriers the employer chooses to use are required to accept all applicants of the group without underwriting or evidence of insurability. Open enrollment is generally only held once a year. If you miss your company's annual open enrollment, you likely will not be able to enroll in your employersponsored health insurance program until next year. Certain exceptions apply for new employees or employees with life changing events.

Make sure to check with your Human Resources department to see when your company's open enrollment period begins and ends, and when your policy goes into effect.

Read and understand the materials

There are many different types of major medical plans typically offered by employers. For help understanding the basic differences between preferred provider organizations (PPO), health maintenance organizations (HMO), point of service plans (POS) or indemnity plans, visit www.InsureUonline.org — the educational website of the National Association of Insurance Commissioners. Click on the life situation that most closely matches your own. The health section includes basic information about each type of program.

Plan materials will detail which medical providers (physicians, hospitals, labs, pharmacies, etc.) are considered in-network and out-of-network. They will also detail how much the insurance carrier will pay under each type of plan.

Before making a choice

- Check to see if your current physicians and area hospitals are in the plan's network. Using network providers generally will save money on your health care.
- Check to see if spouses or dependents are covered. Some plans will cover spouses and other dependents, while other plans will not.
- Read all of the plan materials thoroughly. Doing so will tell you what your rights and responsibilities are under each plan.

- Review any pre-existing condition exclusions and prior authorization requirements in the plan materials.
- If you take prescription medications, check them against the list of approved drugs in each plan booklet.
- If any part of a plan is unclear to you, ask for help from your human resources department or the insurance carrier.
- If you are not satisfied with the answers to your questions, call the Ohio Department of Insurance consumer hotline at 1-800-686-1526.

Compare the costs and coverages of the plans offered

In this uncertain market, it's important to carefully evaluate your healthcare costs when making your annual enrollment decisions. While one option might have high monthly premiums and a low deductible, and another might have a low premium but more out-of-pocket expenses, it could be misleading which plan is best until add things up.

First, calculate your healthcare costs from recent years and try to estimate costs for the coming year. Include the cost of doctor's visits, medications and planned procedures.

Next, list the premiums, out-of-pocket expenses and benefits under each plan. Your copayments, deductibles and charges for wellness care or specialists (e.g. chiropractic care, cosmetic surgery, etc.) are examples of out-of-pocket expenses. If you use a nonnetwork provider, you will generally pay more. Include these fees in your calculations. Finally, decide how much you can afford to pay.

Other things to keep in mind

Check for any annual limits and prior authorization requirements.

Some prescription medications have higher co-payments than others and they might vary from plan to plan. Mail-order options might be available for maintenance drugs at a lower cost to you.

If your dependents have health insurance coverage through their employer, school or the Veteran's Administration, compare their costs and benefits to the family plans you are considering to ensure that you choose the best plan for every member of your family. Make the same type of comparisons for any dental or vision care plans that you are offered.

Double check

Once enrolled in a health plan, you will not be able to make changes until the next open enrollment period, unless there is a life changing event such as a divorce, job change, marriage, birth of a baby or adoption of a child.

If you do not receive insurance cards and/or enrollment information, contact your HR administrator, or call the insurance company. If you have questions about the insurance company or the information you should receive from them following your enrollment, call the Ohio Department of Insurance consumer hotline at **1-800-686-1526**.

For more information about your changing insurance needs and tips for choosing the coverage that's best for you and your family, visit www.InsureUOnline.org and www.insurance.ohio.gov.