

Be smart. Choose the right plan for **YOU!** Not all health plans are the same.

CONSIDER

- What ongoing care do I need – is it covered?
- What are my out-of-pocket costs under the plan?
 - Deductible ◦ Copayment ◦ Coinsurance
- What is the annual out-of-pocket maximum?

BE AWARE

These are not the only questions you should ask – use this checklist to evaluate and compare important plan benefits and restrictions.

	PLAN A	PLAN B	PLAN C
Can I keep seeing my current doctor?			
Is my doctor in my plan's network?			
Do I need a referral to see a specialist (doctor with special training)?			
Can I see a doctor outside the plan network?			
Is there a specific hospital I must use?			
Do I need prior authorization for treatment?			
Are my current medicines covered (on formulary)?			
Are my drugs on a high \$ tier? How much will that cost?			
Is there a step therapy program, which may require a certain drug to be tried first, rather than a drug originally prescribed by my doctor?			
Does my plan have a copay accumulator adjustment program?			
Are there restrictions on the pharmacy I can use?			
What are the mental health and substance abuse benefits? Does my plan cover out-patient drug rehabilitation?			
Does my plan cover home health care?			
Does my plan cover durable medical equipment?			
Does my plan offer health education?			
MONTHLY PREMIUM	\$	\$	\$

**Medicare Open Enrollment is from October 15 to December 7th. You may make changes during that time for the plan year 2025. The changes include lowering the annual out of pocket cap to \$2000, eliminating the coverage gap known as the Donut Hole, changes to deductibles, and of course price changes.*

COINSURANCE

The money you have to pay for health services after you have paid the deductible.

COPAYMENT

A fee you pay each time you see a doctor or fill a prescription.

COPAY ACCUMULATOR ADJUSTMENT PROGRAM

When payments made from copay cards aren't counted toward your deductible.

DEDUCTIBLE

The amount you must pay for health services before your insurance starts to pay.

DURABLE MEDICAL EQUIPMENT (DME)

Examples are wheelchairs, hospital beds, canes, crutches, walkers, ventilators and oxygen.

FORMULARY

A list of drugs covered by your health plan.

HEALTH EDUCATION

Is done through programs and services dedicated to educating you on topics like staying fit, managing diseases, maintaining a healthy weight, eating healthy.

HIGH \$ TIER

Even though a drug may be covered by your health plan, there are often several levels, or tiers, (1-6) that drugs may fall into, with each level having an increasing copay amount. For drugs on the highest tier, you may have to pay as much as 20-30% of the total cost. Some health plans may also use tiered copays for medical coverage as well.

OUT-OF-POCKET MAXIMUM

The most you have to pay for health services. Once you have paid this amount, your insurance pays 100% of your health care costs.

PRIOR AUTHORIZATION

Your health plan's approval process before you receive services. This process lets a provider know if the health plan will cover a needed service.

STEP THERAPY

Requires "certain" drugs to be tried first, rather than the drug originally prescribed by your doctor.