

How to shop for health insurance

By Sylvia Bittner

The cardinal rule of health insurance is you get what you pay for. Generally speaking, the lower the premium cost, the less coverage you'll receive. So don't automatically buy the lowest priced health plan without checking to make sure it covers the benefits and services you need. No plan covers everything. You need to decide what benefits and services are important to you. Take a careful look at the benefits the plan offers to make sure it will meet your needs and protect your financial assets in the event of a major injury or illness.

Some plans focus more on treating health problems rather than preventing them, and so they don't cover annual physicals, office visits or "well" visits. Some plans may limit the number of days you can stay in the hospital and still receive coverage. Extra benefits like chiropractic care will not be covered by all plans. Some plans will include coverage for maternity care and some will charge you extra premium for that coverage. Prescription drug coverage may or may not be an option on all plans and the coverage may be limited. Be sure to check if physical therapy and skilled nursing facility care are benefits of your health plan in the event of a major surgery or accident.

Make a shopping list

Start by making a list of the health care benefits that are important to you. Then shop for a plan that covers those benefits at a reasonable cost. Be sure and ask if there are limitations on the benefits that are important to you, like the number of covered days in the hospital. Some examples of important benefits may be:

- Office visits (how many visits are allowed?)
- Annual physical & gynecological exams
- Well baby and well child care visits
- Childhood immunizations
- Emergency room visits
- Urgent care center visits
- Ambulance
- Hospitalization (how many days are covered?)
- Maternity care, including pre-natal and post-natal care, delivery and nursery care
- Laboratory and pathology tests and x-rays
- Radiation and chemotherapy
- Skilled nursing care
- Hospice care
- Surgery, including all related surgical services and anesthesia
- Human organ transplants
- Mental health care and substance abuse treatment
- Allergy testing and therapy
- Chiropractic spinal manipulation
- Durable medical equipment (e.g. crutches, wheelchairs, oxygen)
- Physical, speech and occupational therapy
- Prescription drugs

Ask about "extra" benefits

Many health plans offer valuable "extra" benefits too. But you may have to ask your agent or dig through the company website to find these gems. Extra benefits can include a nurse hotline to call for medical advice, smoking cessation programs, health club memberships, massage therapy, weight loss programs, discounts on vitamins, discounts on safety products and more. Do your research and you could end up saving a lot of money on services and supplies you already use.

Remember to “network”

Most plans will require you to use doctors and facilities in their “network” of providers. Make sure your doctors participate with the plan you choose – or that you’re willing to switch to a network doctor. If you don’t use providers who participate with the health insurance plan, you may have to pay a higher portion of the costs – or all costs – billed by those providers. And if your doctor charges more than the “usual and customary” fee for a particular service, you’ll generally have to pay the difference between the amount the insurance company will pay and the amount the doctor charges, in addition to your deductible, coinsurance or copayments.

Life stages recommendations

If you’re young and healthy...

Since you rarely see a doctor, your best bet may be to choose a plan with a low monthly premium and a higher deductible and copayment. Opting out of some extra benefits like maternity coverage and prescription drugs will save you some money in premium costs. And that may let you afford good coverage in the areas that are important to you, like routine physicals and emergency care.

If you have a young family...

If you’re a family of four and your oldest is about to start kindergarten, you’ll want a plan with low office visit copayments. Plan on seeing your pediatrician more than you see some friends! Make sure immunizations, check-ups and prescriptions are covered expenses. And if you like your pediatrician, choose a plan he/she participates with. You’ll also want to make sure a participating urgent care center and hospital are nearby.

If you want to start a family ...

If you’re married and starting a family, look for a health plan with good maternity and well child care. Maternity coverage should include prenatal and postnatal office visits for mom, delivery and nursery care that begins at the moment of birth. You’ll want well child care to monitor the progress of your healthy child until at least age 2. Routine check-ups and immunizations should also be included. Look for a plan with a low office visit copayment since you’ll be seeing your doctor a lot.

If you’re middle-aged and experiencing health problems ...

If you’re 40-50 years old and you’ve just been diagnosed with a health condition, you’ll need a health plan that lets you see specialists as often as you want to. You’ll probably be taking prescriptions, so make sure those are included. If your income is modest, low copayments are important. You may pay a higher premium for the coverage you want, but the advantages are well worth it.

Sylvia Bittner is the Health Services Coordinator for Michigan Farm Bureau. Michigan Farm Bureau is a membership based association and the largest general farming organization in Michigan. For over 65 years, Michigan Farm Bureau has partnered with Blue Cross® Blue Shield® of Michigan to offer unique health insurance plans specifically for our members. For more information about Farm Bureau’s health insurance plans and other member benefits, contact your local Farm Bureau Insurance agent or call 1-888-294-4335.