



Tips for Choosing a Medical Plan

1. Look beyond the premium.

Sure, the monthly premium is predictable and will remain unchanged for the plan year, but the full cost of the plan to you will depend on a number of factors. This is true whether you're considering the lower premium plan or the highest-premium plan. Think about how the plan you select will work for you, your access to doctors, the range of benefits and what you and your family pay when you use the services.

2. Identify Your Needs.

Think about what's important to you.

- Do you want to keep your costs for medical services as low as possible?
- Are you satisfied with being restricted to a specific group of doctors and having your services referred and authorized by a primary-care doctor and medical group? Or are you willing to pay a higher premium in order to access specialists directly, without authorizations?
- Do you or a family member want to see specific doctors, and are those doctors available under the health plan you are considering?

3. Understand the basics of how plans work.

Westmont offers two types of plans and they work very differently.

- **An HMO** (Health Maintenance Organization) limits covered services to specific doctors and hospitals, and some services, including consultations with specialists, must be authorized in advance by your primary-care doctor or medical. With an HMO, you pay set co-pays for most services. HMOs generally are more restrictive in access than PPO plans, but they help keep your costs for covered services lower.
- **A High Deductible PPO (OAP) with HSA** (PPO with Health Savings Account) plan provides in-network and out-of-network coverage, giving you more freedom in selecting your providers. Until you meet the deductible however you pay the full cost for services and prescription drugs; there are no copayments or co-insurance. After the deductible is met, you pay a co-insurance—just like in a traditional PPO plan. You may see any provider you choose, but choosing a plan-contracted provider helps keep your costs much lower.

4. Consider out-of-pocket costs.

Your out-of-pocket costs are the amounts you should expect to pay for services under your plan. In general, with an HMO you pay set co-payments, and with PPOs (OAP) you are subject to annual

deductibles and co-insurance amounts for most services. There may be services for which you must pay a coinsurance under an HMO (for example, durable medical equipment). As a result of health care reform legislation, many preventive care services are provided at no charge. You should review a plan's schedule of benefits to learn what your share of the cost will be for specific services. Plans also have annual maximum out-of-pocket amounts, which are often overlooked. A plan's out-of-pocket maximum protects you from paying an unlimited amount for services. Once you reach the maximum out-of-pocket, the plan pays 100 percent of most medical services for the remainder of the calendar year.

5. Think about happens when you travel, or if your son or daughter is in college.

If you travel or have a family member who lives out of the area, you may want to select a plan that provides services out of the area. For example, HMO plans cover only emergency services when you are outside of your plan's service area and outside of the U.S., unless you are enrolled in a Guest Membership (see Benefits Website for more details).

6. Consider whether you expect any life changes in the new year.

If you are anticipating changes to your family, or if you are planning to retire, you should consider what your needs may be after your circumstances change. For example, a new family member may result in premium increases and a change in the plan services you and your family will be using. Retirement and coordination with Medicare may affect your plan benefits.

7. Consider your prescription drugs.

Co-pays and coinsurance for prescription drugs vary among plans. Most plans have lists of preferred drugs. If your drug is listed on the plan's lower tiers, your co-pays for the drug are lower than if the drug is listed on a higher tier. You may want review prescription tier list with your doctor to discuss alternative medication, if it is available.

8. Know what behavioral health benefits are being offered.

Westmont offers behavioral health benefits through Aetna in addition to the counseling benefits available on your medical plan. Aetna's EAP offers the first eight counseling visits/per person/per issue without charge. The EAP also provides many helpful online resources. Visit www.mylifevalues.com (username: Westmont College password: eap) to find resources to help you and your family with some of life's challenges, such as legal consultation, debt and credit management, child care, parenting and elder care resources and much more. Instructions on how to access the benefits and the list of available Aetna providers is available on Westmont's benefits website.

Congratulations! You're on the road to finding the "best" plan for you and your family.

The Westmont plans differ and neither can be said to be the best one overall. If you review the plan benefits and costs, and consider your personal circumstances, you will be in the best position to select the best plan for *you and your family*.