

Six Steps on the Way to Your Own Health Plan

1. PLAN

Various plans include HMO's, Point of Service, Network Plans, Major Medical, Fee for Service and plans which include Medical Savings Accounts. Determine the best type of plan for you and your family. The attached exercise may be helpful in this decision. If you have a personal physician, select a network and plan which accommodates your doctor.

2. COMPARE

We recommend that you compare the benefits and rates of more than one company offering the type of plan you prefer. Ask about the financial ratings of the company; we recommend A or better. Call the Office of the Insurance Commissioner to learn of any complaints against the company.

3. DETAILS

Look at the description of what is covered by office co-pays and ask about out of pocket limits-the maximum you can expect to spend in a year. Be sure to understand whether or not there is coverage for preventive or routine or wellness care. Be aware of the company's pre-certification process. Always read the exclusion section of the policy as listed in the marketing materials and do the same when you receive the policy.

4. APPLICATION

When you are ready to apply for coverage, consider your medical history and have doctors' names, addresses and phone numbers for all members of your family. Prepare a list of medications and dosage. Even better, include a copy of recent medical reports. Ideally, maintain copies of your complete medical records. Ask for them each time you visit your doctor. We recommend that you apply at least one month prior to the expiration of your current plan.

5. UNDERWRITING

This is the insurance company's opportunity to check you out. Some underwriters are nurses trained in underwriting. This may involve a phone call for a personal interview. The company needs to know about any pre-existing conditions. Some companies will waive their pre-existing clause on revealed conditions. Expect this process to take between two and six weeks. Often, delays are due to the availability of medical records.

6. OFFER

After reviewing your information, a company has several options when making an offer to provide you with coverage. First, they may offer exactly what you requested. Second, they may discount your coverage by 10 or 15% because of your preferred health status. Third, a company may add a waiver to your plan, which means they will cover everything but the condition listed in the waiver. Fourth, they may add a rider which will increase your premium by 25 to 75% due to a condition you have or a medication you are taking. The rider or waiver may be permanent or for a specified amount of time such as one year. Finally, the company may decline coverage altogether. In this case, the company must inform you of your option to obtain coverage through the Wisconsin Health Insurance Risk Sharing Plan-HIRSP.

We recommend you contact The Dillett Company, Inc. to assist you with any or all of the steps in this process.