my Ig source

MyGuide to:
Choosing insurance

There are many reasons you might be choosing or changing insurance. The process can feel complicated. Breaking it down into a step-by-step plan can help. You've got this!

Where do you get private insurance?

Many Americans are offered employer-sponsored group health plans (or COBRA extensions for a limited time after leaving a job). Others get private insurance through agents, brokers, directly from the insurance company, or through the government's Health Insurance Marketplace®.

Types of Plans

Insurance companies offer a variety of managed care plans with different levels of choice and cost. It's important to choose a plan that includes your preferred provider. Look on the back page for tips that may help.

HMO	PPO	POS	EPO
Health maintenance organization	**Preferred provider organization**	**Point of service**	**Exclusive provider organization**
Coverage is limited to a network of doctors who contract with the HMO. Specialists may require a referral. Out-of-network care is likely covered only in emergency situations.	Out-of-pocket (OOP) costs are lower with medical providers in the network and higher out of network.	Very similar to a PPO, there are lower OOP costs when you use the plan's network of providers.	Covered services are limited to providers only in a specific network.

The Affordable Care Act: know your rights

Signed into law in March 2010, the Affordable Care Act (ACA) requires covered plans to provide:

- Protections for pre-existing conditions
- No annual or lifetime caps
- Annual OOP maximum limits
- Dependent coverage to age 26
- No OOP costs for preventive services, such as immunizations, and screenings for breast cancer, cholesterol, diabetes, and depression

Not all plans are covered under the ACA. Make sure to check.

Did you know...

Your insurance plan can change even if you keep the same plan as the year before. Be sure to reconfirm important details each year.

Some helpful places for additional insurance information: primaryimmune.org and healthcare.gov.

Four steps you can take to help you make insurance decisions

Step 1: Define your needs

Think about how you and your family use healthcare. Ask yourself, "How many times in the past year have I/we..."

- Visited our primary care physician?
- Visited a specialist?
- Visited an ER or urgent care facility?
- Needed lab work or imaging tests?
- Purchased prescriptions?

Step 2: Do your research

Review three key documents for each health plan you're considering and compare with your current plan.

Benefits summary: a brief summary of what the health plan covers

Drug formulary: a list of prescription drugs the health plan covers

Provider network: a list of the physicians, hospitals, pharmacies, and other providers who contract with the health plan

Step 3: Compare plans

Consider using a benefits comparison worksheet. Find one in the Insurance toolkit at PrimaryImmune.org.

- What is the premium cost (monthly and annually)?
- What is the deductible?
- What is the out-of-pocket (OOP) maximum?
- Do I have to pay coinsurance (% of cost of service) or a co-pay (flat amount per service)?
- Are my doctors in network?
- Is there out-of-network coverage? If yes, what are the costs?

Step 4: Confirm details

Know the plan's details specific to living with primary immunodeficiency (PI).

- Do I need a referral to see a specialist?
- What services require a prior authorization?

If you are on immune globulin (Ig):

- How is your Ig covered, under a medical benefit or pharmacy benefit, as the cost may be different?
- Is your brand of Ig covered, or is there a preferred drug list, which may limit your access to your Ig?
- Is manufacturer copay assistance restricted by this plan?

Please note, this is not a complete list of all considerations for choosing a plan. Check with your plan for specific questions.

MyGuides are part of an educational series from MyIgSource. For more information, please visit MyIgSource.com or contact a Patient Advocate at 855-250-5111.

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