Department of Insurance

Consumer Alert

NEBRASKA
Good Life. Great Opportunity.

Group Health Insurance Open Enrollment

Choosing the Best Option for You and Your Family

What is Open Enrollment?

Open enrollment refers to the period of time during which all members of your group health insurance plan have the opportunity to enroll in certain benefit programs. During an open enrollment period, insurance carriers are required to accept all applicants of the group without underwriting or evidence of insurability. Open enrollment is generally only held once a year. If you miss your company's annual open enrollment, you likely will not be able to enroll in your employer-sponsored health insurance program until next year. Certain exceptions apply for new employees or employees with life changing events. Make sure to check with your human resources department to see when your company's open enrollment period begins and ends, and when your policy goes into effect.

Read and Understand the Materials

There are many different types of major medical plans typically offered by employers. For help understanding the fundamental differences between preferred provider organizations (PPO), health maintenance organizations (HMO), point of service plans (POS) or indemnity plans, go to www.InsureUonline.org and click on the life situation that most closely matches your own. The health section includes basic information about each type of program.

Plan materials will detail which medical providers (physicians, hospitals, labs, pharmacies, etc.) are considered in-network and out-of-network. They will also detail how much the insurance carrier will pay under each type of plan.

Before making a choice:

- Check to see if your current physicians and area hospitals are in the plan's network. Using network providers generally will save money on your health care.
- Check to see if spouses or dependents are covered. Some plans will cover spouses and other dependents, while other plans will not.
- Read all of the plan materials thoroughly. Doing so will tell you what your rights and your responsibilities are under each plan.
- Review prior authorization requirements in the plan materials.
- If you take prescription medications, check them against the list of approved drugs in each plan booklet.
- If any part of a plan is unclear to you, ask for help from your human resources department or the insurance carrier.
- If you are not satisfied with the answers to your questions, contact the Nebraska Department of Insurance toll-free at 1-877-564-7323 or locally at 402-471-2201.

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Compare the Costs and Coverages of the Plans Offered

In this uncertain market, it's important to carefully evaluate your healthcare costs when making your annual enrollment decisions. While one option might have high monthly premiums and a low deductible, and another might have a low premium but more out-of-pocket expenses, it could be misleading which plan is best for you until you do the figures.

To pick the best coverage, first calculate your healthcare costs from recent years and try to estimate what your costs might be for the coming year. Don't forget to include the cost of doctor visits, daily medications and any procedures you might be planning.

Next, make a list of the premiums, out-of-pocket expenses and benefits under each plan. Co-payments, deductibles and additional charges for wellness care or specialists (e.g. chiropractic care, cosmetic surgery, etc.) are examples of out-of-pocket expenses that you are responsible to pay. Remember, if you use a medical provider that is out-of-network, you will generally pay more out-of-pocket expenses. Include these fees in your calculations.

Finally, decide how much you can afford to pay. Other things to keep in mind:

- Check for any annual limits and prior authorization requirements.
- Some prescription medications have higher co-payments than others and they might vary from plan to plan. Mail-order options might be available for maintenance drugs at a lower cost to you.
- If your dependents have health insurance coverage through their employer, school or the Veteran's Administration, compare their costs and benefits to the family plans you are considering to ensure that you choose the best plan for every member of your family. Make the same type of comparisons for any dental or vision care plans that you are offered.

Double Check

Once enrolled in a health plan, you will not be able to make changes until the next open enrollment period, unless there is a life changing event such as a divorce, job change, marriage, birth of a baby or adoption of a child.

If you do not receive insurance cards and/or enrollment information, contact your HR administrator, or call the insurance company.

If you have questions about the insurance company or the information you should receive from them following your enrollment, contact the Nebraska Department of Insurance toll-free at 1-877-564-7323 or locally at 402-471-2201.

More information

If you have insurance-related questions, please contact the Nebraska Department of Insurance toll-free at 1-877-564-7323 or locally at 402-471-2201. Additional information is available on the Department's website at **doi.nebraska.gov.** Be sure to also visit Insure U from the Department's website at **www.insureuonline.org** to get helpful insurance information that can be used as your life or insurance needs change.