

A medical stethoscope with a black tube and a silver chest piece is positioned diagonally across the right side of the image. In the center, there is a bright red, glossy heart. The background is a solid light blue color.

Choosing a Health Insurance Plan

A practical way to compare costs, coverage, providers, prescriptions, and plan features.

The lowest premium is not always the least expensive plan overall. The goal is to find the option that fits the care you expect to use, the providers and prescriptions that matter to you, and the amount of financial risk you can manage.

Before you start, gather:

- The Summary of Benefits and Coverage (SBC) or plan summary for each option
- Your payroll premium sheet
- Names of providers you want to keep
- Names and doses of regular prescriptions

1. Start with the healthcare you actually use

Think about the next plan year, including anyone you will cover. Check the items that apply and star the ones that are must-haves.

- ☐ Routine primary care or pediatric visits
- ☐ Therapy or other mental health care
- ☐ Specialists or ongoing treatment for a health condition
- ☐ Regular prescriptions or specialty medications
- ☐ Planned surgery, procedure, imaging, or physical therapy
- ☐ Pregnancy or maternity care
- ☐ Frequent urgent care or other recurring needs
- ☐ Healthcare needs for a spouse, child, or other dependent



2. Know the plan type, then check access to care

HMO

Usually uses a tighter network and may require a primary care provider or referrals.

PPO

Usually offers more provider choice; out-of-network care may be covered at a higher cost.

EPO

Usually covers only in-network care except emergencies; referral rules vary.

HDHP

Describes the cost structure, not the network. It may also be an HMO, PPO, or EPO and may be HSA-eligible.

Providers

Use the insurer's provider directory and select the exact plan/network. Search your doctor, specialist, hospital, or clinic. If keeping a provider is important, confirm with the provider or insurer before enrolling.

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Prescriptions

Find the plan's drug list or "formulary." Search each medication and note whether it is covered, its tier, and your expected copay/coinsurance. Also look for prior authorization or step-therapy rules.

Referrals

A referral is when your plan requires you to go through a primary care provider before seeing certain specialists. Check the plan summary/SBC, insurer website, or call the insurer to ask whether referrals are required.

3. Understand HSA, FSA, and HRA Accounts

These accounts can change what a plan really costs you. Not every plan offers one, and employer rules vary.

HSA | Health Savings Account

Available only when you are HSA-eligible and enrolled in a qualifying high-deductible plan. You, your employer, or both may contribute. The money is yours and can roll over year to year.

Example: Your employer adds \$500 and you add money from each paycheck. You can use the account for eligible healthcare expenses.

FSA | Flexible Spending Account

An employer benefit that lets you set aside pre-tax money for eligible healthcare expenses. Your employer may also contribute. Unused money may be forfeited, although some plans allow a limited carryover or grace period.

Example: You elect \$1,200 for the year. That amount is deducted across your paychecks and used for eligible expenses during the plan year.

HRA | Health Reimbursement Arrangement

Funded by your employer, not by employee salary reductions. It reimburses eligible expenses according to your employer's plan rules. Carryover rules depend on the HRA design.

Example: Your employer provides a \$1,000 HRA that reimburses eligible medical expenses under the plan rules.

4. Compare the money in a way that matches real life

What you will definitely pay **ANNUAL PREMIUM**

Monthly premium $\times$ 12, or premium per paycheck $\times$ number of paychecks in the year (for example, 26 if paid every two weeks).

What a typical year might cost **ANNUAL PREMIUM + EXPECTED CARE**

Add the care you reasonably expect: copays, prescription costs, and any deductible/coinsurance you expect to use. This is only an estimate.

What a very expensive year could look like **ANNUAL PREMIUM + OUT OF POCKET MAXIMUM**

This gives a rough high-cost comparison for covered, in-network care. Premiums generally do not count toward the out-of-pocket maximum.

Tip: Keep any employer HSA, FSA, or HRA contribution visible in your comparison. Employer-funded dollars can change how much of the healthcare cost you personally need to cover.



Before you enroll

- ☐ Make your election before the deadline
- ☐ Save or print your enrollment confirmation
- ☐ Confirm the exact date your new coverage begins
- ☐ Confirm when any current coverage ends
- ☐ If you expect a gap in coverage, connect with a WorkLife Navigator before the gap begins. We may be able to help explore short-term or gap coverage resources.
- ☐ Keep your plan materials and SBC for reference

Want a second set of eyes?

Bring your plan summaries, provider names, and prescriptions to a WorkLife Navigator. We can help you organize the differences, identify questions that still need answers, and think through what matters most for your situation.

888.219.8993 | askthenavigator.org

