BlueCross BlueShield of Illinois

Health Insurance Buyers Guide

What You Need to Know to Get Started

Time to Enroll

The Affordable Care Act has changed the way that many people get health insurance. You may have more options and more ways to get health insurance. Explore your options and learn about the steps you need to take.

Step 1: Plan ahead

Just like making a major household purchase, like a car or a TV, there a few things you should do to **prepare** for buying health insurance.

- Make a list of questions you have before choosing a health plan.
- Think about how much coverage you need, whether you think you (and your family) will need a lot of care, or whether you might not need as much care. How often do you go to the doctor? Are you taking prescription drugs? Are you thinking about having a child?
- Set a budget. How much will you be able to spend every month? In 2013, American families spent about 6% of their annual income on health care.*

  TIP Some plans have a higher monthly premium and lower out-of-pocket costs when you visit a doctor or hospital.
- Do you need dental coverage?

  TIP Some plans include dental coverage, or you can buy a separate dental plan.
- Gather basic information about your household, like your Social Security number and your total household income.

* "Consumer Expenditures – 2013," Bureau of Labor Statistics. http://www.bls.gov/news.release/cesan.nr0.htm - Retrieved 9/17/2014.

Step 2: Decide where to shop

When you are **ready to purchase** health insurance, you have three options.

1. Blue Cross and Blue Shield of Illinois: **bcbsil.com** or **844-464-2227**
2. Get Covered Illinois℠, the Official Health Marketplace at getcoveredillinois.gov
3. A licensed insurance agent

Step 3: See if you can get help paying for coverage

The health care law helps many people pay for health insurance. Based on your income, family size and the health plan you choose, **you may qualify** for federal financial assistance. This could reduce – or even eliminate – your monthly premium.

WHO QUALIFIES FOR FINANCIAL ASSISTANCE?

$46,680	Individuals with an income under $46,680
$62,920	Couples with an income under $62,920
$95,400	Families of four with an income under $95,400
$111,640	Families of five with an income under $111,640

Text **QUALIFYIL** to **33633** to see if you qualify for federal financial assistance. You can find out how much you might receive.

Message and data rates may apply. Terms and conditions and privacy policy at www.bcbsil.com/important_info/.

KEY TERMS:

In-Network:

This means using the doctors and other health care providers that are in your plan's network.

Out-of-Pocket:

The amount you have to pay for expenses under your health plan. This includes your deductible, coinsurance and copays.

Premium:

The ongoing amount that must be paid for your health insurance or plan.

Copayment:

Also called a copay, this is a fixed amount you pay for a covered health care service at the time you receive care.

Coinsurance:

Your share of the costs for a covered health care service – usually a percentage of an eligible expense.

Deductible:

A fixed amount of expenses you are required to pay before your insurance starts paying.

Step 4: Find a plan that fits you

Choosing a health plan that **fits your lifestyle and budget** is an important part of taking care of your health. Not all plans are suited to everyone. Here are four different plan types – Bronze, Silver, Gold and Platinum.

BRONZE PLANS

Lowest monthly costs.

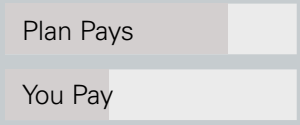
Higher out-of-pocket costs when you receive care.

60% Coverage
You pay 40%

SILVER PLANS

Higher monthly costs than Bronze plans.

Lower out-of-pocket costs than Bronze plans.



70% Coverage
You pay 30%

GOLD PLANS

Higher monthly costs than Silver plans.

Lower out-of-pocket costs than Silver plans.

80% Coverage
You pay 20%

PLATINUM PLANS

Higher monthly costs.

Lower out-of-pocket costs than Gold plans when you receive care.

90% Coverage
You pay 10%

Most insurance plans now cover certain benefits considered essential to good health, such as:

- Emergency services
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse
- Preventive/wellness services and chronic disease management
- Pediatric services

IMPORTANT DATES:

November 15, 2014

Open enrollment for individual and family coverage for 2015 begins.

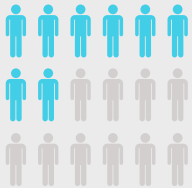
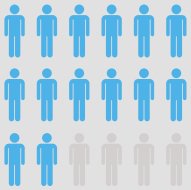
December 15, 2014

Last day to sign up for health insurance that starts January 1, 2015.

HMO or PPO?

A health plan network is made up of doctors, hospitals and other health care professionals. The two most common are HMOs and PPOs, but there are other networks as well. Here's an overview of some of our provider networks.

TIP Visit **bcbsil.com** and visit the online Provider Finder® tool to determine if your doctor or health care specialist is in the network for the plan you want.

Blue Precision HMO℠	Blue Choice PPO℠	PPO
Health Maintenance Organization	**Blue Choice PPO Network**	**Participating Provider Option**
• May have lower premium costs than PPO plans • Your selected primary care physician (PCP) coordinates your care within the network • Referral required to see a specialist	• May have lower premium costs than other PPO plans • Has a choice of doctors and hospitals similar to an HMO plan • Doesn't require you to pick a primary care physician (PCP)	• Greater freedom to choose doctors and hospitals • May have higher premium costs than HMO plans • Doesn't require you to pick a primary care physician (PCP)
Premium	Premium	Premium
Choice of Doctors	 Choice of Doctors	 Choice of Doctors

Networks vary and may not include every doctor or hospital, so it is important to research your plan's network. Blue Choice PPO is not available in all markets.

About the Law

Here are three things you should know:

1

You must get insurance.

The Affordable Care Act requires most Americans to have health insurance. You may be penalized on your income tax if you don't have health insurance.

2

You can get insurance.

You can enroll in some form of insurance coverage, regardless of your age or gender. And, you won't be turned down because of a pre-existing health condition, such as asthma, heart disease, or cancer.

3

You can get help paying for it.

Your income and family size may qualify you for cost assistance, including a tax credit that lowers your monthly premium and cost-sharing assistance to lower your out-of-pocket costs.

So, what's next?

If you've decided to buy a health care plan, great! We have plans to fit many needs and budgets. Here are a few examples of plans that may work for you.

Jeremy is 28 years old.

- Has no chronic health problems
- Wants a low monthly premium
- Visits the doctor once a year for a physical
- Does not take prescription drugs

Jeremy may want to buy a Bronze HMO plan. A Bronze HMO plan may have a lower monthly premium and offers predictable copayments and a primary care physician to coordinate health care.

Mike and Mary are 54 years old and semiretired.

- Mike has diabetes
- They want to make sure that their out-of-pocket costs are low
- Both take prescription drugs
- They earn $58,000, which means they could get a federal premium tax credit

They may want to pick a Silver PPO plan so that Mike can go directly to the specialists he sees for his diabetes. If they buy a Silver plan, they may also get cost-sharing assistance.

Sarah and Carlos have three daughters.

- Check-up visits are important
- Their daughter, Mia, has asthma
- They may have a fourth child soon

Sarah and Carlos may want to pick a Gold HMO plan. While both HMO and PPO plans include preventive services like well-child/well-woman visits and maternity coverage, with three children they may want a plan that pays more when they get care.

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