Open enrollment looms for many of us again, and if you’re like most, you are looking forward to it about as much as a trip to the dentist. Make no bones about it – choosing health insurance is no easy task!

Here’s a reminder of some key things consumers should consider on the way to making the best choice for them.

Consider Your Likely Costs – Most people should focus on their “Likely Cost” under each plan – in other words, what you would pay for your premium plus care you expect to receive throughout the year. On the CBA’s Smart Choices™ platform, we’ve done the math to provide an estimate (using what you’ve told us about your likely healthcare use) of how much each plan might cost you out-of-pocket for care, based on how it pays benefits. In addition, if you think you will use particular services (e.g., chiropractic care), make sure you know how each plan covers these services.

Consider Your Unexpected Costs – You should also look at the “Maximum Potential Cost” for any plan(s) you are considering. This is basically the cost of premium plus the plan’s out-of-pocket maximum. Most people won’t hit this number unless something serious happens, but you should consider whether and how you would handle it if you did.

Is Your Doctor In-Network? – If keeping your current doctors is important to you, check the Provider Network for any plan(s) you are considering. Going out of network for care is usually more expensive than staying in-network. If you aren’t wedded to your current doctors, however, you may be able to save money on your insurance by choosing a lower-cost plan with a different network.

And if you are still unsure of your decision, keep in mind that there are offline sources of help, too. We have a dedicated Call Center staff that is well qualified to help our members navigate the decision-making process and answer specific questions about plan options. Log on today at www.cbalaw.org.

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