

# STAY WELL AND SAVE MONEY

MAKE THE MOST OF YOUR  
HEALTH CARE BENEFITS  
TO CONSERVE YOUR  
HARD-EARNED CASH

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If you're battling strep throat, living with a chronic health issue or needing an emergency appendectomy, health insurance can be essential for your life. It's also a major expense. In 2016, annual premiums were an average of \$18,142 per family, according to the Kaiser Family Foundation/Health Research & Educational Trust's 2016 Employer Health Benefits Survey. Many employers help shoulder the financial burden, but often we still come out of pocket in pursuit of wellness.

We've got the prescription to help you maximize every aspect of your health insurance and get more bang for your buck.

## Health Insurance

# HEALTHY & HAPPY



# Out of Pocket

Most health insurance plans require you to pay for some of your health care via a low- or high-deductible plan. High-deductible health plans (HDHPs) have grown in popularity since the 2013 launch of the Health Insurance Marketplace (healthcare.gov), also known as Obamacare, according to *JAMA Internal Medicine*. More than 90 percent of people selected high-deductible plans from the market.

These plans can be a lifesaver for overstretched budgets. "These plans tend to feature monthly premiums that may be more affordable," explains Den Bishop, president of the employee benefit consulting firm Holmes Murphy. But if you have a chronic condition such as diabetes, asthma and heart disease, you could spend hundreds or thousands of your own dollars on treatment before your insurance kicks in to provide financial relief.

Rather than evaluating plans based on money coming out of your paycheck, Bishop suggests examining how you access such care. If you typically only see the doctor for an annual physical or a medical emergency, a high-deductible plan may be for you. You'll spend less every month without running into costly bills that satisfy a deductible.

Instead of focusing on the size of the payroll deduction, it's important to ascertain the potential maximum you'll pay in a year between premiums and deductibles, adds Matthew Owenby, senior vice-president and chief human resources officer at Aflac. "You have to crunch the numbers, because a plan that costs \$100 per month but has a \$5,000 deductible isn't necessarily cheaper than one that's \$200 a month but has a \$2,000 deductible if you visit the doctor for more than preventive care," says Owenby.



## INTERVIEW YOUR PLAN ADMINISTRATOR

Once you are clear on the type of health care plan you're shopping for, press your employer for answers to the following questions to make sure you're obtaining the best deal

### ► Are my doctors in network?

Not keen on switching primary care providers (PCPs) because your current physician isn't in a plan's network? You'll want to know if that's a reality before committing to a new plan.

### ► What are my options for reducing the paycheck contribution?

Completing a health risk assessment, getting a biometric screening and/or participating in wellness programs (disease or maternity management, for example) may help offset a portion of an employee's premium each paycheck. "Because wellness programs help employees and their families get healthy, employees may incur less [medical] costs. So employers may pass on the savings to employees who engage in these programs," says Laurie A. Brednich, owner and CEO of HR Company Store, LLC.

### ► How does the plan cover urgent versus emergency care?

Urgent and emergency care might sound like the same thing. Both can treat issues like an ear infection, a sprained wrist and the result of eating bad sushi. But long before you need to head to either facility, you want to know how urgent care and emergency care are covered by your health care plan, because, Bishop cautions, they're usually wildly different from an insurance and billing standpoint. "Going to the emergency room at a hospital can be much more expensive," he explains. "You could be facing a bill for \$1,000 from the ER or \$100 for urgent care for the same treatment of something like the flu."

### ► What if I've experienced a life event that impacts my coverage?

"Annual enrollment is the once-a-year opportunity to review any plans available via your employer or the marketplace," says Brednich. And it's smart to attend meetings held by your employer to go over changes and new options. You can also make adjustments within a certain time frame if you add to your household with a new baby or spouse, or divorce and want to drop spousal coverage. "When you have a life event or do an annual review, make sure to take a look at your beneficiary designations," adds Brednich. "I've often paid death benefits to ex-spouses, because the employee neglected to update her beneficiary designation. Needless to say the current spouse isn't happy when that happens."

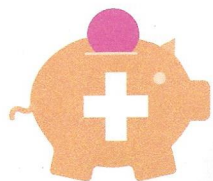
### ► Am I required to try generic prescriptions before using a name-brand prescription or a mail-order prescription program?

If the plan has a step therapy program and your doctor prescribes a name-brand medicine, Brednich says you could face an unexpected, higher-than-normal copay. However, a mail-order program generally lets you purchase three months of daily maintenance medication for conditions like blood pressure, cholesterol and diabetes for the price of a two-month supply.

### ► At what rate have premiums increased over the past three years?

"You want to understand how this plan might impact your financial picture beyond the current year," says Brittany King, senior recruiter and founder of The Career Collective, which helps women get unstuck in their careers.





## Honing in on HSAs

Health savings accounts, or HSAs, allow employees to contribute pretax wages into an account for tax-free use on future health costs. "You can use the money today, next year or in retirement," explains Bishop. Unlike flexible spending accounts (FSAs), money deposited into an HSA does not expire within a preset period (often a calendar year) and can be used at the consumer's discretion without the need to submit receipts or receive approval.

"It's your money. Once it's in there, it's yours to use when you need to," stresses Bishop. Along with trips to the doctor, you can use HSA funds to pay for the cost of braces, corrective lenses or crutches not covered by your insurance. You can also pay for dental and vision premiums that fall outside your health care plan with money in your HSA.

And while the tax benefit can help reduce the portion of your pay that is taxed, there's one downside to having an HSA. "By law, they're only available to those with a high-deductible plan," says Bishop, who says the test to determine if an HSA plan is for you is how you use your pharmacy.

Because the law also states a health care plan that's eligible for an HSA can't include copay coverage for

prescriptions, having an HSA-eligible plan means you'll pay into your deductible for any drug used to treat a medical condition not considered

***You could get a bill for \$1,000 from the ER or \$100 for urgent care for the same treatment.*** —DEN BISHOP

preventive (blood pressure, cholesterol or diabetes), rather than a \$5 or \$10 copay that comes with a non-HSA eligible plan. "All expenses, including prescriptions, other than preventive care, [are] subject to the plan's deductible and aren't eligible for a copay with an HSA," says Bishop. Once you fulfill your plan's deductible, copays may kick in.

### CHEW ON THIS

You can offset the cost of maintaining your smile with a dental savings plan obtained through your employer or on your own

After paying an annual membership fee of \$80 to \$180 a year (for an individual), you can enjoy savings of 10 to 60 percent on most services at a participating dentist, says Bill Chase, vice-president of marketing at dentalplans.com.

There are no annual limits or health restrictions, and most plans activate within three business days for major procedures like root canals and bridges. "Members can save on any treatments covered by their plan as soon as it is activated," says Chase.



## WASTE NOT, GET A LOT!

Chances are you've got a few gems hiding in your health care plan that you're not taking advantage of. And not tapping into these benefits means you're leaving a lot of dough on the table, since these goodies are already built into the cost of your plan

**Free wellness exams** Bishop says preventive care, which includes annual wellness exams, various vaccines and screenings for certain conditions (depending on a person's risk) is at no additional cost to you when delivered by a provider in your plan's network. So you can maintain your health as you use your plan to your best interest.

**Gym reimbursements** UnitedHealthcare, EmblemHealth and many employers offer fitness reimbursement programs that cover the expense of belonging to a gym, as long as you visit the fitness center a designated number of times.

**Money for healthy living** Fitbit teamed up with UnitedHealthcare and Qualcomm's UnitedHealthcare Motion wellness program, which allows Motion participants to use Fitbit Charge 2 to track against the program's activity metrics right on the wrist. Meet preset goals for the number of daily steps, and you can earn up to \$4 per day (up to a max of \$1,500 per year) in health savings account or health reimbursement account credits.

**Kicking butts** Nearly all health care plans are required to cover some level of treatments that help you quit smoking. "This is viewed as a smart investment in your health and well-being, as smokers cost, on average, more in health care each year than nonsmokers," Brednich says. You may be able to receive a few free counseling sessions, a 90-day supply of smoking-cessation prescriptions and more (depending on your plan).