

3 questions patients should ask before choosing a health plan

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Now that open enrollment for health insurance exchanges is underway, patients may be overwhelmed with messages from health insurance companies vying for their attention. Whether patients are seeking new plans or renewing existing plans, they should thoroughly review all aspects of plans to prevent interruptions in care and higher out-of-pocket costs. These three questions are crucial for patients to ask before choosing a health plan.

There are many factors patients should take into account when reviewing health plans, including deductibles, co-pays and formulary costs. Having answers to the following questions up-front can help patients ensure they're making the most informed health care decisions for themselves and their families.

1. Are your family's doctors in the plan? If they're not, check how much you'll have to pay out-of-pocket for office visits or other services your family's doctors prescribe. Ask the plan if their provider directory of participating physicians is up-to-date and accurate, and whether physicians on the list are accepting new patients.

2. What does the plan cover? It's important to know what percentage of your health care costs you'll have to cover—how much can you afford? What will out-of-pocket costs be for the medicines your family needs? Check to see whether you'll be able to use hospitals, labs and other facilities that are convenient to where you live or work, and make sure the plan gives access to a sufficient number of specialists.

3. Does your primary care physician have to receive permission from the insurance company to refer you to a specialist? If yes, check to see if the rule includes specialists you see regularly for chronic conditions. See if the insurer uses penalties or incentives to induce physicians in the plan to limit referrals in any way.

“We want to make sure Americans choose a plan that is right for them and their families in terms of cost and coverage,” said AMA President Robert M. Wah, MD. “It is very important that patients look beyond the big print of color and price of insurance plans and check the small print details before making their selections. Patients deserve to know what coverage they’re buying when they choose a health insurance plan, including the physicians they will have access to.”

The AMA is also working to make sure patients have access to the care and physicians they need. New [policy passed](#) by physicians at the 2014 AMA Interim Meeting calls for health insurers to implement any provider network reductions before the open enrollment period begins each year, to help prevent patients from being stuck with plans that drop their physicians after they already have enrolled. This new policy builds on advocacy efforts to ensure provider directories are accurate, complete and up-to-date.

In addition, the AMA, the Children’s Hospital Association and more than 100 other stakeholder groups are urging the National Association of Insurance Commissioners to [adopt model legislation](#) that would give patients access to the care and physicians they need.