

What to Ask when Shopping for Health Coverage

Getting the right information can help you choose the right health plan for you and your family. Here are some questions to ask yourself before you start looking for a plan—and some questions to ask anyone who offers you coverage. Particularly when you get insurance information online or over the phone, it’s important to ask the right questions to keep safe from a scam. Check out [Phone and Online Solicitations](#) below to help avoid being the victim of fraud.

We all know health insurance can be complicated. If you need help understanding health insurance, you can visit with a licensed insurance agent or a navigator. Your [state Department of Insurance](#) may also have helpful information on its website. You can find definitions of health insurance terms on [healthcare.gov](#). If you are a senior, you can also contact your state’s [SHIP program](#) or call 1-800-MEDICARE to talk to someone about health insurance for seniors.

Questions to ask yourself	Why it’s important
Why do you need health coverage?	Life is full of surprises. Insurance helps you prepare for the unexpected like an accident or unexpected illness. A single trip to an emergency department can lead to a bill of thousands of dollars.
Is the plan with the lowest premium really the most affordable?	Plans with lower premiums often have more limits on their benefits. You should consider not just the cost of premiums, but how much you’ll pay out-of-pocket when you need health care services.
Who are you buying health coverage for?	You might need coverage just for yourself, just for a family member, or for the whole family.
How long do you need health coverage – a full year or for a few months?	Some plans might be limited to a few months, others will extend to the end of the year and can be renewed each year.
Does anyone have a known health condition?	Even if you look and feel healthy, you may not be getting the routine care necessary to identify the unexpected. Thinking about your family health history, your current health conditions, prescription drugs you may need, and the health services you need will help you understand the coverage you want. But remember, accidents and unexpected illnesses happen, so you might need services you don’t expect. Many plans cover pre-existing conditions, but some don’t.
What prescription drugs do you need?	
Do you have any chronic health conditions? Do you know if you are going to need any health care services or treatment?	
Do you have a family doctor or hospital?	You will pay less to see providers that accept your health insurance. The terms to know are “in-network”, “tiered network” and “out of network.” Many plans provide better coverage for services you get from doctors or facilities in the plan’s network.
Are you ready to pay the full cost for services until a deductible is reached?	The deductible is the amount you pay before your insurance company starts paying their share of the

	cost of care. Even with coverage, you pay the full cost of services until you meet your plan's deductible.
Are you able to pay the full costs for services if the plan has a limit to what it will pay?	Some plans only pay up to a certain dollar amount; you may have to pay for services beyond that limit.

Phone and Online Solicitations

Whether you are shopping to find health insurance coverage online, you receive a phone call from a telemarketer, or you get an email selling health insurance, there are several important tips you should follow.

- No matter what - don't make a decision or purchase a health policy after a single phone call or website visit. There is no such thing as a limited time offer or a "special" in health insurance.
- Research the insurance company BEFORE you buy anything.
 - Check your state Department of Insurance website to make sure the insurance company (and agent if you are talking to someone) is licensed.
 - Check with your state Department of Insurance to see if there are any complaints against the insurance company or the agent. You can also check the National Association of Insurance Commissioners (NAIC) [Consumer Information Search](#) to see information about complaints against the insurance company.
- Never give out any personal information such as your social security number, bank account number or credit card numbers until you decide what health plan to purchase. You don't need to give out this information to get a quote.
- Avoid clicking on any advertisement links that pop up on websites.
- Avoid any websites that require you to create an account before you can see any information about health insurance plans.

Additional questions to ask if you receive a phone call about health insurance	Why it's important
How did you get my information?	Some companies have used telephone calls to contact consumers about health coverage. They sometimes provide incomplete or misleading information, or seek to gather personal information to use for other purposes. So it's best to get as much information as possible so you can verify important information with the Department of Insurance before buying.
May I have your full name and contact information, please?	
What is the exact name of your company and where are you located?	
Is your company licensed? Are you a licensed insurance agent? If so, what is your license number for (state)?	
What is the exact name of the insurance company on the policy and the name/type of policy I would be purchasing?	
What is your company's phone number?	
Will I need to pay a fee to join this group?	All fees should be disclosed upfront. Sometimes, agents sell for associations that charge a separate membership fee in addition to the premium. Asking upfront allows you to know your total costs.

Please send a copy of the information to me through the mail.	Obtaining a paper copy allows you to ensure the product is as described and allows you to share with your Department of Insurance to ensure it is a legal product.
Can I call you back after I have read your plan information?	Real insurance companies shouldn't rush you in making the decision. There are no "limited time offers" or "specials" on health insurance.

Questions to ask about a plan you're considering

Question	Why it's important
Is this a marketplace plan?	Plans sold through your state's marketplace or Healthcare.gov cover a standard set of benefits and include certain consumer protections. Federal premium tax credits can only be used to help pay for marketplace plans.
Does this plan cover the same benefits as a marketplace plan?	If a plan is not sold on the marketplace, it may not have the same benefits. It is important to ask questions such as "Can I get insurance even if I have a pre-existing condition?" Or is there mandatory coverage for Essential Health Benefits? Are prescription drug benefits required? Are preventive services required to be covered at no cost to me?
Does the plan cover pre-existing conditions?	Remember that many plans cover pre-existing conditions, but some don't.
What benefits are excluded by this plan?	Some plans may limit or exclude coverage for services that may be important to you.
What benefits have limits?	
Where can I find out whether my prescription drugs are covered by this plan?	If you need a specific prescription, you can check if the drug is covered by reviewing the plan's formulary.
Where can I find the list of health care providers in this plan's network?	An insurance company's provider directory should be available to you while you shop for health insurance and you can check that directory to find out if your existing providers are part of the network.
What is the monthly premium I would pay for this plan?	The premium is the amount you'll pay each month to have coverage. You need to pay your premium each month or your health insurance policy will be terminated.
What out-of-pocket costs are required when I need services?	Depending on your insurance plan your insurance company may pay for most of the cost of your care, but you are responsible for premiums and out-of-pocket costs such as copays, deductibles and coinsurance.
What is the deductible?	The deductible is the amount you pay before your insurance company starts paying their share of the costs. Most plans with lower premiums have higher deductibles.
Is there a maximum I would have to pay out-of-pocket?	A maximum out-of-pocket amount protects you by limiting what you pay out-of-pocket. The plan pays

	the cost of covered services over this maximum. Some plans do not have out of pocket cost limits for you.
Is there a limit on what the plan pays, per day, per year, or over my lifetime?	A limit on what the plan pays means you may have to pay the cost of services over this limit.
How long does this plan last?	Some plans last throughout the year and can be renewed, others may have a shorter length and could consider your health conditions before allowing renewal.
Am I guaranteed the right to renew this plan?	