

DO YOU UNDERSTAND YOUR CURRENT COVERAGE?

KNOW HOW YOUR POLICY WORKS

It doesn't matter what kind of policy you have -make sure that you understand how it works before you need to use it.

Most every policy has a network. Make sure that you understand ahead of time, what providers are in your network and who you would want to use. Make sure that you stay "in network" because it will definitely save you money. Depending on your policy, you may not even have "out of network coverage", or if you do, it will definitely cost you more money because there is no contract between your insurance company and the provider.

The newer individual health policies are HMOs. You must pay attention to the rules of the HMO regarding having a primary care provider and getting the necessary referrals if you need to see a specialist.. You can always change your PCP (Primary Care Provider), but you must make the change ahead of time.

Get your "Summary of Benefits" for your plan and read it over. This will explain in detail how your policy works. Make sure you understand the rules and follow them. Your "EOB" (Explanation of Benefits) will explain how your claim was processed and how much money you owe a provider based on the discounted negotiated price that the insurance company has negotiated with the provider. Be careful not to overpay the provider! If you are out of network, the amount that may go toward your out of network deductible may be what the insurance company considers "reasonable and customary". Remember, there is no contract, so the insurance company is not going to pay \$10,000 to the doctor to treat you for a cold. Now it is up to you and the doctor to work out what you are really going to pay him. It is much easier to stay "in network" where there is a contracted price and you should not have to pay full retail.

If you got your coverage through www.healthcare.gov, you are likely getting a tax credit or subsidy. If you are not getting a tax credit or subsidy, you shouldn't be going through www.healthcare.gov. You should be getting your coverage directly from the carrier and keep the government out of the process (the government makes it much more complicated). If you are getting a letter from healthcare.gov, you need to pay attention to it. They are likely asking for documents to maintain your tax credit. The most common requests are proof of household

income, citizenship, or eligibility. You need to pay attention to what they are asking for or they could cancel your coverage. The best way to provide what they are asking for is to upload the documents. If you need assistance, please call our office.

MEDICARE SUPPLEMENT PLANS

Most people in the U.S. that have a Medicare Supplement, have Plan F, which is the most comprehensive of the Supplement coverages. People that have Plan G amount to 10% of the in force plans.

Beginning January 1, 2020, everyone who currently has a Plan F can keep their Plan F. Next year, Plan F will not be available for new enrollments. Plan G will be available instead. Plan G is basically the same as Plan F except now people will have to pay the Part B deductible which is currently \$183 per year. From what I have heard, the reason for the change is the government wants people to have more “skin in the game”.

Keep in mind, that when you have original Medicare and a Medicare Supplement, you have total freedom of choice to see any doctor or hospital in the U.S. as long as they accept Medicare patients. For anyone who has chosen a Medicare Advantage plan, Medicare is not taking care of them. Medicare is paying an insurance provider to take care of you and now you are subject to the terms and conditions of that contract. You will have a much narrower network of doctors and hospitals that you can see and now you will have out of pocket costs that could add up to \$6,000 - \$7,000 , depending on your contract. This is in contrast to \$0 maximum out of pocket on a Plan F.

If you are on original Medicare and a Medicare Supplement, you have great coverage as long as you stay in the U.S. If you travel outside of the U.S., you basically have no coverage and you need to get Travel Insurance. We have travel insurance on our website, www.filipinsurance.com. Go to Products / Services and scroll down until you see Travel Insurance. IMG (International Medicare Group) offers great coverage at a very affordable premium for your travels out of the country.

We represent a number of Medicare Supplement companies. The plans are all standardized so there is no difference between the plans, only the rates that the different companies charge for the same plan. You want to choose a financially strong company that is not going to change their rates all the time. We represent CIGNA, UNITED WORLD (subsidiary of Mutual of Omaha) and BLUE CROSS BLUE SHIELD OF TEXAS. BCBS continues to have the best history of rate stability of all the Medicare Supplement companies. They have had very small rate increases and decreases over the last 12 years and some years, the rates don't change at all.

UNITED HEALTH CARE / UNITED HEALTH ONE SHORT TERM PLANS - Short Term plans may be an option for healthy clients (under 65) that want a lower premium. Short Term plans are not ACA (Affordable Care Act) compliant. These plans require applications to pass medical underwriting, do not cover pre-existing conditions and can be issued for up to 360 days. Short Term plans offer a variety of deductibles to consider and have a “maximum out of pocket” which is very important.

BCBS SMALL GROUP POLICIES STILL OFFER PPO PLANS – There are only HMO plans available for BCBS Individual plans. For people that are part of a company, small group policies can include PPO plans. A minimum of two full time employees (over 30 hours per week) working for the same tax ID is all that is needed to enroll a small group. Texas Department of Insurance recently issued new guidelines that allow husband and wife to qualify as the only two employees. At least one would have to be a W-2 employee. Small group does have contribution and participation requirements. Call us and we can discuss your needs. Unlike individual policies, small group plans can be established any time during the year.

CHAMBER ASSOCIATION PLANS ARE HERE – If you are a member of the Rockwall Area Chamber of Commerce, there are Chamber Association Health Plans now available for you to consider. Several North Texas area chambers now offer association health plans (AHPs) to current members in collaboration with UnitedHealthcare. Through the North Texas Employer Health Plan Cooperative, small groups in the Dallas-Fort Worth area may take advantage of group plan designs and rates that are available to large employers, and can be better tailored to the needs of your employees. These plans are available to small employers that have 2-50 employees. Association plans allow the carriers to avoid some of the rules of the ACA (Affordable Care Act). Groups that consist of young people (especially young males) may be able to save 5-15% off current small group rates. Contribution and participation requirements still exist for these Chamber Association Plans. Give us a call and we can discuss these opportunities with you.

DENTAL / VISION PLANS – STAND ALONE

The following are stand alone dental / vision plans on our website, www.filipinsurance.com

- United Healthone
- Spirit Dental
- Dental Select
- Careington
- Delta Dental
- Humana
- Freshbennies Discount Plans

LIFE INSURANCE

When was the last time that you reviewed your life insurance policies?
Is the coverage adequate for your current family needs?
Are the primary and contingent beneficiaries correct for your current situation?
The following worksheet should help you determine your current life insurance needs

Call us at 972-771-6043 and we can help you.

Thank you,

_____ Date

HOW MUCH LIFE INSURANCE IS ENOUGH?*

Current Total Death Benefit (All Policies) _____
 (Do Not Include Accidental Death)

Current Total Liquid Assets _____
 (Savings, Pension, 401K, Stocks, etc.)

Subtotal: _____ (1)

CASH NEEDS

Final Expenses _____
 (Funeral, Medical, Legal Fees) \$ 10,000 (Low Estimate)

Debt Liquidation _____
 (Credit Cards, Bank, Auto Loans, etc.)

Mortgage _____
 (Do not list if included in Income Needs)

Other _____
 (Education Fund, Parents, Charity, etc.) _____ (A)

INCOME NEEDS

Desired Income to Family (Annual) _____

Subtract Income Available, if any _____
 (Spouse's Income, Interest, etc.)

Additional Income Needed _____

What does it take to generate this income _____ (B)

Subtotal (A+B): _____ (2)

Subtract Subtotal (1) from Subtotal (2) _____ *