

Choosing a health plan is an important decision. Take a look at each plan and get to know the costs, deductibles, copayments, coinsurance and overall benefits. You'll also want to think through your own health care needs for the year.

What should you consider when choosing a health plan?

There are a lot of factors to think about. This checklist is a good place to start.

What to consider	What it means	How to decide
Deductible	The amount you pay each year before your health plan begins to share in the cost of your covered services.	If you're likely to have surgery or a lot of medical care expenses, you may want a lower deductible. With a lower yearly deductible, you don't have to pay as much for eligible services before your health plan helps to cover costs.
Network	A group of health care providers and facilities that your health plan contracts with to provide services at a discounted cost.	Determine if your doctors are in the plan's network.
Providers	Health care professionals including doctors (both primary care and specialists), hospitals and other facilities.	You may want to choose a plan where your provider is in-network to avoid extra costs.
Prescriptions	Medications you take that have been prescribed by your doctor. These do not include over-the-counter drugs prescribed by your doctor that can be bought without a prescription.	Different plans may have different copays or coinsurance for covered prescriptions. Review the plan to understand how your prescriptions are covered.
Value-added benefits	Any additional resources your health plan provides for you – such as apps, services or discounts – usually at no added cost to you.	While you may not choose a plan for the additional benefits, it's nice to know if your plan includes 24/7 telehealth options or discount programs.

Together, all the way.



Questions to ask yourself before you choose a health plan.



How often do you or your family need medical care?

Many medical costs are covered by you until you reach your deductible. If you anticipate a lot of medical care, you may want a lower deductible. But, plans with lower deductibles generally have a higher monthly premium/plan contribution.



Do you have any planned surgeries?

These large expenses are something that you should consider when you are choosing your plan. You may want a lower-deductible plan so the amount you pay before your health plan starts to share in costs is lower.



Do you have a health care provider you regularly see?

If you do, make sure that provider is in-network for the plan you choose. Know the difference between in-network and out-of-network care to help save on health care expenses.

What's the difference between in-network and out-of-network?

Most health plans have a group, or "network," of doctors, hospitals, labs and other health care providers that they contract with to provide services at a discounted rate. These providers are considered "in-network." Providers or facilities that are not part of this group are considered "out-of-network." You typically pay less when you see in-network providers.

How do I decide what deductible amount to choose?

If you're mostly healthy and don't expect to need costly medical services during the year, a plan that has a *higher deductible* and *lower premium/plan contribution* may be a good choice for you.

On the other hand, let's say you know you have a medical condition that will need care. Or you have an active family with children who play sports. A plan with a *lower deductible* and *higher premium/plan contribution* that pays for a greater portion of your medical costs may be better for you.

Be aware of what's not covered.

Every plan has exclusions and limitations, which are important to know before you choose. For example, elective, cosmetic or alternative therapies are not generally covered by health plans when they are not considered medically necessary. Vision and dental services are covered under some plans, or you may need to enroll in a separate plan to have coverage for these services. Check to be sure before you choose a plan.



This information is for educational purposes only. Your employer's specific medical plans may vary. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.

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