

## Confused About Your Family's Health Insurance Options?



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## 2018 – Difficult Choices for those Enrolling in Individual Health Insurance

BY CYDNI KLAUSS, HEALTHY, WEALTHY & WISE

Choosing or keeping an individual health plan for 2018 is more challenging than it's ever been. Many insurance companies (carriers) have narrowed their networks so your doctors, clinics and hospitals (providers) may not be covered in your 2018 plan. Additionally, carriers may not offer out-of-network coverage, except for emergencies. If you select a plan that offers both in and out-of-network coverage, the cost of being seen by an out-of-network provider is often four times (or more) the cost to see an in-network provider. Before you renew or choose your health insurance carrier, consider the following:

- Which carrier has a network of providers that covers your doctors and preferred medical facilities? And, how important is it to keep that particular provider.

- Once you've determined the preferred carrier, you can then review the cost of insurance. If your providers are covered in-network by a more expensive carriers, think about how much are you willing to pay to continue seeing that specific provider? What is the additional premium you are willing to pay so you can continue to see your providers at in-network prices? And be sure to annualize the additional premium – even an additional \$10 per month is \$120 per year. Also, you should note that just because you chose to pay more to keep your providers there is no guarantee that your doctor will remain in-network or be available to you for the full year. You cannot change your plan because your doctor left your network.

- Now that you've chosen your carrier, you can determine what level of plan will work best for you. Be sure to look at the cost of the annual premium plus your anticipated medical expenses when you compare the plans.

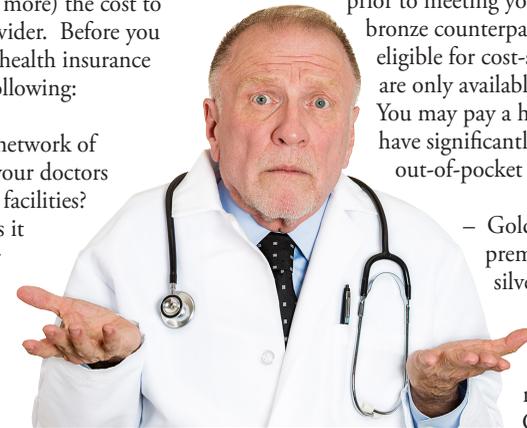
- Bronze level plans have lower premiums but higher cost of service. In some bronze plans, you will need to meet your deductible of \$5,000 or more before your plan pays anything toward your cost of service. Most carriers offer a bronze level plan that provides for primary care doctor visits and possibly generic prescriptions for a co-pay prior to meeting the deductible.

- Silver level plans have higher premiums but lower deductibles and may cover more services prior to meeting your deductible than their bronze counterpart. Also, if you are eligible for cost-sharing reductions these are only available in the silver level plans. You may pay a higher premium but could have significantly lower deductibles and out-of-pocket maximums.

- Gold level plans have higher premiums than the bronze and silver plans but generally have lower cost of service, including deductibles, out-of-pocket maximums and co-pays. Cost sharing reductions for those eligible are

not available on gold level plan but, with the reductions, silver plans often have lower costs for services than the gold plans.

Finding insurance that is affordable and meets your needs is more challenging than ever. Due to the 2018 changes, the demand for help understanding and choosing coverage is high. Don't wait until the last minute to decide to get help to change/enroll in your coverage.



Cydni Klaus is owner of Healthy, Wealthy & Wise and a 25 year Tualatin resident. Please visit her website at [SelectWisely.net](http://SelectWisely.net) or you can reach Cydni at 503-704-0926 or [cydni@selectwisely.net](mailto:cydni@selectwisely.net).