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## Marc A. Hebert's 'Money \$ense': Health care considerations

Oct 31, 2020

HEALTH CARE is expensive. Choosing the right health insurance and using it wisely will go a long way to controlling costs.

One option many people have for health insurance is their employer provided plan. This can be especially valuable if the employer pays all or part of the premium. If this is not the case, you might want to consider other options.

The Affordable Care Act (ACA) may offer these to you via an insurance marketplace. It doesn't hurt to see what is available through these plans.

Another option to you if you leave your company is COBRA, which allows you to continue coverage through your employer plan for a limited amount of time. Check with human resources to see if COBRA is available. Be sure to review the cost as you will pay all of the premium yourself by using COBRA.

In reviewing the plans under the ACA, be aware that essential medical care is covered. This includes preventative care, mental health and pregnancy. It is important to keep in mind your use of medical services when picking a plan. If you are healthy and rarely require a doctor visit, picking a high deductible health plan could work well. These plans cover fewer services before you have met the deductible but generally have a lower premium.

With these plans, you will want to build up your emergency savings to pay for costs involved in meeting the deductible. Using a high deductible health plan along with a Health Savings Account could be a tax-advantaged way to save money for health care. On the other hand, if you have an illness that requires significant medical services, then a plan with co-pays and a lower deductible may work better for you.

If you have reviewed the ACA plans and decided that they are just too expensive, there are some alternatives. These usually take the form of short-term health plans or Christian cost-sharing plans. There are drawbacks to these. Most importantly, essential benefits and pre-existing conditions are often not covered. There is often medical underwriting required. Also, since some of these plans are a form of cost sharing and not "real" insurance, you may have no recourse if the plan does not pay your costs. Keep in mind that if you choose this route and decide the plan does not work for you, you can switch to an ACA plan during open enrollment.



With any of these insurance plans, the most important question to ask when using the coverage is whether a desired provider is in the plan's network. Be sure to check this before making an appointment or choosing a location to have lab tests done. If you call the provider to check whether a facility is in-network, make sure you get the name of the person answering this question as well as the date you asked. The reason to be insistent on getting in-network care is that these providers have contracted with the insurance carrier, which usually translates into lower costs.

The question is a bit different for prescription drugs. Here you want to ask if a specific drug is covered under the plan. The next question to ask is if there are any less expensive alternatives. Make sure you take your medicines as directed. Not doing so can lead to further issues down the road and more money spent to address them.

The same is for receiving routine health screenings. Catching issues early can yield better treatment results. There may be other plan benefits that can help you take care of your health. One example is gym memberships.

It may be difficult to remember this when an emergency strikes, but always try to arrange for in-network care. If you can communicate, ask that all your care be provided by in-network personnel. Also, make sure to keep copies of important health documents for your records.

One last point: if you meet your deductible in a given plan year, consider having elective procedures done during this period. This will help you make the most of your health plan.

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