Commercial Insurance Quick Guide

This guide offers you basic information about health insurance terms and costs. It’s designed to help you understand your insurance, select a plan, and know when and how you can make changes to your coverage.

“Commercial insurance” is health insurance that you get through your employer, or that you purchase on your own. You can purchase commercial insurance through a particular insurance company or broker, or on the federal Health Insurance Marketplace.

Health insurance is expensive. Wouldn’t it be cheaper to pay for my health services on my own?

Health insurance ends up saving you money especially when you have unexpected health expenses, like a hospitalization, or when you regularly use health services, like frequent visits to your specialist and prescription refills.

While health insurance includes up-front costs (like a monthly premium), having health insurance is usually cheaper in the end than trying to get specialty care while you’re uninsured.

<table>
<thead>
<tr>
<th>Premium</th>
<th>This is the dollar amount you pay each month to maintain your health insurance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>This is the amount you must pay on your own before your insurance company starts to pay for covered health care services.</td>
</tr>
<tr>
<td>Copayment (or copay)</td>
<td>This is a set dollar amount you pay each time you have an appointment with your provider or fill your prescription medicine.</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Some plans have coinsurance. This means you pay a percentage of the cost of your health care and covered prescription medicines. Your insurance plan pays the rest.</td>
</tr>
</tbody>
</table>
| Annual Out-of-Pocket Maximum | This is a limit on how much you may have to spend on health care each year:  
• This is a total of your deductible, copays and coinsurance  
• This does not include your premiums  
Once you reach this limit, your insurance plan will pay for all covered health care costs for the rest of the year. |

What is Open Enrollment and when is it?

Open Enrollment is the time each year when you can enroll in a health insurance plan or switch your plan. Depending on how you get your health insurance, the time when you can make changes will vary.

If you get health insurance through your job, talk with your employer about the timing of your Open Enrollment period. You may not have a variety of plans to choose from, but Open Enrollment is always a good time for you to review your benefits and make sure that you understand your plan.
If you purchase health insurance through the Marketplace, your Open Enrollment happens every fall. For plans covering 2019, Marketplace Open Enrollment is Nov. 1, 2018 through Dec. 15, 2018. If you have previously purchased insurance on the Marketplace, you should update your information and application each year, as plan options change every year. Marketplace Open Enrollment is also the best time to find out whether you are eligible for subsidies (cost assistance) on available plans.

If you purchase a plan on your own directly through a broker or specific insurance company, your designated Open Enrollment period is also Nov 1, 2018 through December 15, 2018. Keep in mind you will not be eligible for subsidies if you are purchasing a plan that’s not on the Marketplace.

What is the difference between Bronze, Silver, Gold and Platinum plans?

If you purchase health insurance through the Marketplace, you will have options for Bronze, Silver, Gold and Platinum level plans. Keep in mind that plans with lower monthly premiums may not be the most affordable option when it comes to total costs to you. For people with a chronic illness like psoriasis or psoriatic arthritis, it is often worth paying a higher premium for better coverage. People with chronic illness tend to spend more on health services throughout the year, and therefore Silver, Gold and Platinum plans offer a better value.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Premium</th>
<th>Share of Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>This plan covers about 60 percent of your health care costs. You pay 40 percent.</td>
<td>Lower monthly premium</td>
</tr>
<tr>
<td>Silver</td>
<td>This plan covers about 70 percent of your health care costs. You pay 30 percent.</td>
<td>Higher monthly premium than Bronze</td>
</tr>
<tr>
<td>Gold</td>
<td>This plan covers about 80 percent of your health care costs. You pay 20 percent.</td>
<td>Higher monthly premium than Silver</td>
</tr>
<tr>
<td>Platinum</td>
<td>This plan covers about 90 percent of your health care costs. You pay 10 percent.</td>
<td>Highest monthly premium</td>
</tr>
</tbody>
</table>

Outside of the Marketplace, commercial insurance companies may use other systems to help you understand different levels of coverage.
What is a subsidy and will I qualify for one?

If you purchase health insurance through the Marketplace, depending on your income you may be eligible for a subsidy (cost assistance), which offers you savings on your health plan costs. There are two types of subsidies on the Marketplace: Premium Tax Credits and Cost Sharing Reductions.

A **Premium Tax Credit** is a credit you can use to lower the costs of your health insurance premium, the amount you pay each month to keep your health insurance. If you qualify for a premium tax credit, you can use it for any plan on the Marketplace — Bronze, Silver, Gold or Platinum.

A **Cost Sharing Reduction** is a credit that lowers what you have to pay for health costs, like the deductible, copayments or coinsurance. This is sometimes referred to as “extra savings.” It’s important to note that you can only qualify for Cost Sharing Reductions if you purchase a Silver level plan on the Marketplace.

Eligibility for subsidies is determined by income and the number of people in your household. You can find out which subsidies you qualify for by using this short questionnaire: [healthcare.gov/lower-costs/](http://healthcare.gov/lower-costs/). Contact your NPF Patient Navigator if you have any questions. You typically cannot get a subsidy if you have coverage offered through your work.

How do I pick a plan?

**Determine your insurance plan needs.**
- What was your deductible last year? Did you spend at least that amount?
- How many doctor’s visits, hospital visits and prescriptions did you have last year? Do you anticipate needing more or less care and services in the upcoming year?

**Look closely at plan options to make your selection.**
- Does this plan cover my prescriptions and services?
- Can I afford the monthly premium? Remember that if you miss a premium payment, you may lose your coverage and not be eligible to get coverage again until the next Open Enrollment.
- Will I need a referral to see a specialist?
- Are my doctors in-network?
- What is the deductible?
- What is the out-of-pocket maximum?
- What is the rating of this insurance company or plan?

Where can I get help enrolling in a plan?

If you get your insurance through your job, you can ask your employer any questions you may have about your plan options. You can also contact the insurance company to ask specific questions about coverage. If you are shopping on the Marketplace you can locate an enrollment counselor in your area at [localhelp.healthcare.gov](http://localhelp.healthcare.gov).

Contact your Patient Navigator to learn more about commercial insurance

Any question, big or small, we’re here for you.

**Phone:** 1-800-723-9166 (option 1)  
**Email:** education@psoriasis.org  
**Text:** 503-410-7766

Learn more about the Patient Navigation Center: [psoriasis.org/navigationcenter](http://psoriasis.org/navigationcenter).

Navigation Center services are always free and open to everyone.

Patient Navigators can also connect you to free in-person help enrolling or switching your health plan.