

Chapter 11: Health, Disability, and Long-Term Care Insurance

High health care costs, rapid increase in medical expenditures

- 11% administrative costs, compared to Canada's 1% (socialized system)
- Expensive technology, duplication of tests, unnecessary tests/frequency of treatments, regulations causing cost shifting, limited competition, increasing labor costs, inflation, fraud and stuff

What's being done about it?

- Programs carefully reviewing health care fees and charges and use of services
- Incentives for preventative care
- Community health planning

What can you do?

- Participate in flexible spending account if your employer offers it
- High deductible health plan, tax free opportunity
- Ask for less expensive generic drugs
- Mail-order or online pharmacy
- State pharmacy assistance program: if there is financial need
- Ask if you can follow up by phone
- Research suggested treatment on Web MD and Health Care Blue Book costs for nonurgent procedures
- Appeal unfair decisions by your health plan
- Preventative care

Group health insurance (by employer) comprise about 90% foall health insurance issued by health and life insurance companies. Employer may pay part or all of it.

- Must consider supplementing it with individual health insurance if it does not cover all of your needs
- COB: coordination of benefits provision to integrate benefits payable under more than one health insurance plan

Tac Cuts and Jobs Act of 2017 require employers with more than 50 employees to provide health insurance to all employees.

A GOOD health insurance plan should:

- Basic coverage for hospital and doctor bills
- Provide at least 120 days hospital room and board in full
- At least \$1 million lifetime maximum for each family member
- Pay at least 80% for out of hospital expenses after a yearly deductible of \$1k per person or \$2k per family
- No unreasonable exclusions
- Limits out of pocket expenses to no more than \$4,000-\$6,000 a year excluding dental, optical, and prescription costs

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Anthem



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