

YOUR OPEN ENROLLMENT GUIDE

Navigating Open Enrollment can be challenging. This guide helps you review your current plan, evaluate your coverage needs, and learn what to consider when comparing available plan options to make an informed decision that's right for your needs and budget.

START HERE

PRE-WORK: Familiarize yourself with common <u>health care terms</u>, <u>plan types</u>, and <u>key plan documents</u>. Understanding these terms and the different options available to you is crucial for making informed decisions about your health care.

STEP 1

Review your current plan coverage & health care experience: To help you get started, here are *Five Things to Check* to determine if your health plan is still a good fit for you.



Take a quick moment to think about your experience with your current plan over the past year. Were your out-of-pocket costs reasonable? Could you access providers when you needed them? What's the customer service like?

Consider what you liked and didn't like and list your pros and cons below:

PROS:	CONS:

STEP 2



Identify any coverage gaps: Identify limitations or restrictions within the plan. Are your specialists and care team in-network? Were your prescription drugs covered? Were there any unexpected costs?

Use this area to list any coverage gaps you identify:

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Evaluate the health care needs of you and your family: Consider any potential life changes that may affect your care needs. Are there any upcoming medical procedures or treatments planned? Are there any new prescription medications needed?

List any considerations you need to account for here:

Once you think through these things, it may become clear that your current plan is a good fit – or that you may want to consider other options. Even if you're happy with your current plan, it's important to review your plan options annually as coverage and costs can change every year. There may be a better plan option to meet your needs/budget.

STEP 4



Research and compare your available plan options: When comparing different plans, we recommend focusing on three key areas: **quality**, **networks**, and **cost**. By considering these factors, you can make informed decisions and select a plan that suits you best.



Quality: Evaluate how well your medical group performs based on quality standards and how it supports your specific healthcare needs. Consider factors like diabetes management or pediatric care to ensure your chosen plan aligns with your requirements.



Networks: Check the availability and location of doctors and hospitals within the network. Understanding out-of-network benefits is crucial to avoid unexpected costs and ensure you have access to the care you need. Learn more about how to assess a plan's network.



Cost: Consider the overall cost of your healthcare coverage. Evaluate factors such as premiums, deductibles, and co-payments to determine how much you will spend when using the care you need. This will help you plan your budget effectively. Learn more about how to consider costs and keep your budget covered.

NOTES:





NEED GUIDANCE?

Consult with an expert: Your Benefits Administrator is a great resource to help you evaluate your plan options. The VEBA Advocacy Team offers dedicated support during Open Enrollment and year-round. Call 888-276-0250 or visit vebaonline.com/contact for assistance. For urgent requests, use the "Urgent" box on the contact form.



PRO TIP:

Be mindful of the Open Enrollment period: Know your employer's specific enrollment. Be sure to evaluate your plan options and make your selections in time.

