Choosing the Right Health Plan

Choosing the right health plan for you and your family is a big decision.

Anthem Blue Cross and Blue Shield encourages you to think carefully about your health care needs, and choose the plan that best fits your benefit requirements.

To help you decide which plan best fits your needs, here are some helpful tips to consider before making a decision:

Know the features of the plans

BlueCare Direct is a HMO/Health Maintenance Organization that gives you access to a wide range of benefits when you use physicians and hospitals in the health plan network. You do not need to select a primary care physician (PCP), however, we recommend that you choose one to help you coordinate care and make good health decisions. Benefits are not available when you use providers outside the network.

Century Preferred Direct is a PPO/Preferred Provider Organization that gives you unlimited flexibility over which physicians you use. When you use network providers, your out-of-pocket costs are lower. You can visit non-network providers, however, your out-of-pocket costs will be higher than when you see providers within the network. You do not need to select a primary care physician (PCP). No referral is necessary to see a medical specialist.

Century Preferred Direct HSA is a preferred provider (PPO) health plan that, when combined with a tax-favored Health Savings Account (HSA), gives you more control over your health care spending decisions, while helping you prepare for future medical expenses. The health plan provides medical benefits. The HSA helps you to pay for qualified medical expenses not covered by the health plan, including the deductible and coinsurance. The funds in the HSA account are invested on your behalf by a financial custodian and may earn interest to help you pay for qualified medical expenses now or in the future.

Understanding the terminology

Anthem Blue Cross and Blue Shield pays the majority of your health care expenses. The amount that you pay depends on the plan you select and the deductible you choose. Your total out-of-pocket expenses include:

Deductible: The amount that you pay each calendar year for covered services before your health benefit plan begins paying for covered expenses. Choose a higher deductible and your monthly premiums will be lower. If you prefer, choose a lower deductible with higher monthly premiums. For details on family deductibles see page 7.

Coinsurance: The percentage of covered expenses that you pay once you have met the deductible.

Copayment (copay): A fixed dollar amount you pay to the medical office when a covered service is provided.