



Multiple sclerosis and health insurance: How to choose a plan that is right for you



What are the different types of health insurance?

Choosing a health insurance plan is important, especially if you have a disease like multiple sclerosis (MS). There are many options available, with different levels of coverage and costs. This guide can help you figure out which insurance plan might be best for you. It includes

- An overview of public and private insurance plan types
- Suggestions on what to look for in a policy
- A glossary of common health insurance terms ([click to page 10](#))

Open Enrollment

You may be able to obtain or change your health insurance coverage during a specific period of time called *open enrollment*. This usually starts in the late fall and ends in January of the next year. Use this guide as a reference before and during open enrollment.

Types of public health insurance

Public insurance plans are paid for (in full or in part) by the government and provide coverage for people who are older, have certain disabilities, or have limited financial resources. The most common types of public insurance are

- **Medicare:** A federal health insurance program if you are disabled or at least 65 years old. Medicare pays for many healthcare services but does not cover all costs. (For information about the costs covered by Medicare, you can visit www.medicare.gov/medicare-and-you/) Medicare coverage is divided into 4 parts:
 - **Part A:** Hospital Insurance. Covers care in a hospital, skilled nursing facility, and hospice. It also covers home healthcare.
 - **Part B:** Medical Insurance. Provides coverage for doctors' visits, outpatient care, physical and speech therapy, medical supplies, and preventive care.
 - **Part C:** Medicare Advantage. Plans offered by private insurers who work together with Medicare to provide you with Part A and Part B benefits.
 - **Part D:** Prescription Drug Coverage. Provides coverage for medications. Most Part D plans have a gap, known as the donut hole. This means there is a limit on what it will pay for drugs. If you have trouble paying for your medication, Medicare has a program that may help cover your additional drug costs.
- **Medicaid:** A combined federal and state program that provides coverage if you have a limited income. Medicaid plans offer benefits that are not normally covered by Medicare, including nursing home care and personal care services.
- **Health Insurance Marketplace (also known as state health exchanges):** A type of government program that helps you pay for health insurance if you're not eligible for Medicare or Medicaid. Benefits and coverage are similar in each state based on federal regulations.

Types of private health insurance

Private health plans are usually funded by employers, unions, trade organizations, or individuals and families.

- **Managed Care Plans** include Health Maintenance Organizations (HMOs), which coordinate care through a network of providers. Other types of managed care include Point-of-Service (POS) plans and Preferred Provider Organizations (PPOs). These plans have care networks like HMOs but offer more choices in providers.
- **Indemnity or Fee-for-Service Plans** offer you more providers, but cost more.
- **Individual Insurance** can be bought directly from an insurance company if you are self-employed or don't have other coverage. This can be expensive, but you may be able to get group coverage through a union or trade group. You may get more affordable coverage through the Health Insurance Marketplace.
- **Other types** of insurance plans offer you more control over your healthcare spending. Examples include Health Savings Accounts and Flexible Spending Arrangements. These allow you and your employer to set aside money for current and future care.

What do I need to know before selecting a health insurance plan?

Whether you're choosing from a public plan or a private plan, look for an option that covers the services and treatment you need, at an affordable price. To help you decide, ask these questions of your benefits manager, benefits administrator, or health plan:

- Will I have to change doctors?
- What if I need to see a new doctor or specialist?
- Will it cover all my doctor visits?
- What is the annual premium?
- Is there a deductible? How much?
- What is the copayment for doctor visits? For testing, such as MRIs?
- How will my medication be covered?
- How do I enroll?
- Do I qualify for the health plan I want to join?



Answers to questions like these can help you choose a plan that fits your unique needs. For example, some people would rather pay a low premium and high deductibles. Others prefer the opposite. Take time to consider what is best for you.

Finding a plan that is affordable starts with knowing the real cost of coverage

Figuring out the real cost of health insurance can be hard. Monthly premiums, deductibles, and medication costs all have to be considered. Sometimes the plan that seems the least expensive may actually cost you more. It may not provide enough coverage for your medical needs. This table shows some examples of coverage and costs.

Note: The following is for illustrative purposes only and not intended to reflect actual plan coverage and costs. Please consult your insurance plan for actual coverage and costs.

Examples of health plan coverage and costs

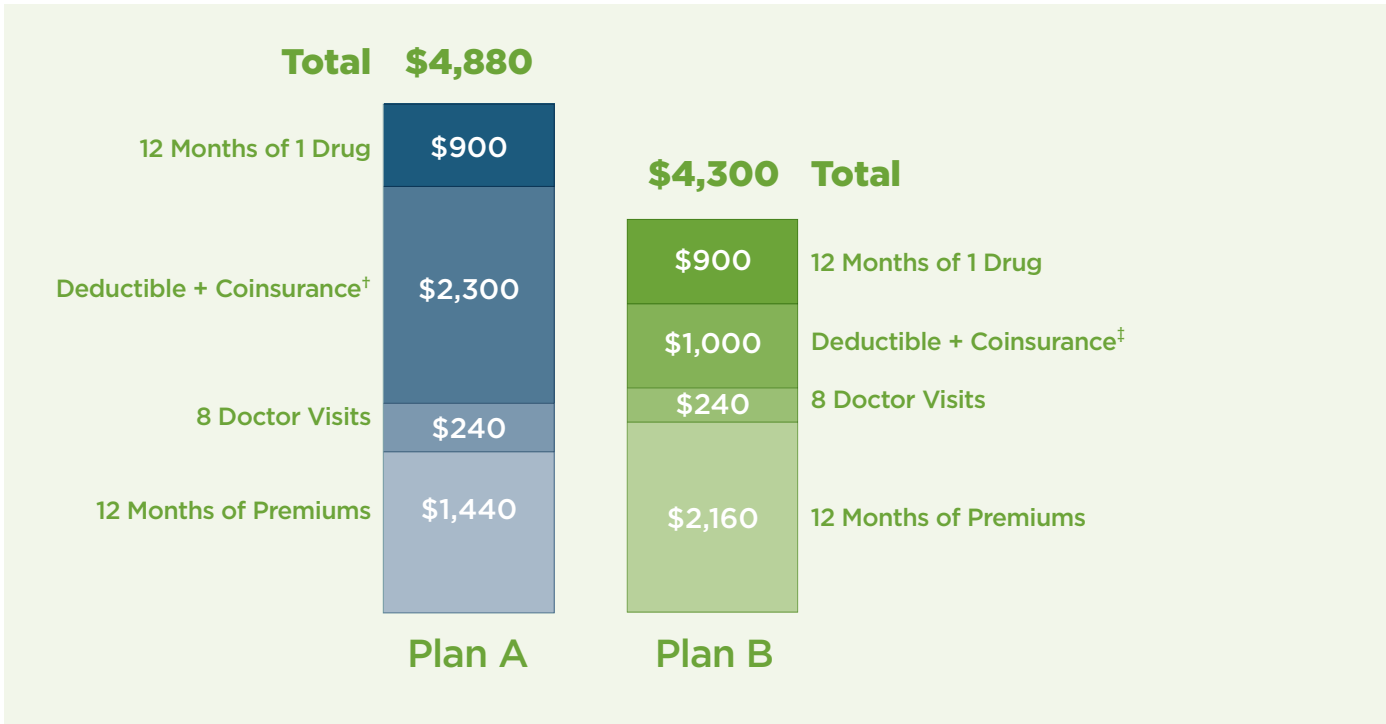
Plan	Monthly Premium (Individual)	Patient Copay for 1 Doctor Visit	Deductible/ Coinsurance/ Out-of-Pocket Maximum*	Medication Copay for 1 Drug
Plan A (High deductible/ low premium)	\$120	\$30	\$2,000/30%/\$5,000	\$75
Plan B (Low deductible/ high premium)	\$180	\$30	\$500/20%/\$2,000	\$75

*It is important to consider the out-of-pocket maximum when selecting a plan. This is the amount you will pay before your insurance plan covers all of the costs.

To understand the difference in total costs between these 2 types of plans, look at what you would pay if you had:

- 12 months of premiums
- 8 doctor visits in 12 months
- \$3,000 for testing and other medical treatment during the year that counts toward your deductible
- 12 months of 1 drug

Sample healthcare costs for Plan A and Plan B



[†]You pay a \$2,000 deductible, then the plan covers 70% of the remaining \$1,000, so you pay \$300 in coinsurance.

[‡]You pay a \$500 deductible, then the plan covers 80% of the remaining \$2,500, so you pay \$500 in coinsurance.

So, a high-deductible health plan with a lower premium would **cost you \$580 more** than a plan with a lower deductible and a higher premium. That is why it is important to estimate the yearly calculations for all of your health costs before selecting a plan that is right for you.

What to ask your benefits provider

Also, it's very important to find a plan that has enough coverage for your treatment. You may want to ask your benefits provider or health plan these questions:

- Will there be coverage for my current treatment?
- Will there be a copay or a deductible? How much?
- What happens if my doctor changes my prescription before the year is over? Will that affect my coverage?

What do I need to know about my treatment coverage?

Medications are generally covered under the pharmacy benefits portion of your insurance. Pharmacy coverage can vary widely among insurers. Even the way you take your medication—oral, injection, or infusion—can affect coverage. Some treatments may be covered under the medical benefit. These are usually office-infused treatments.

What services should I look for from a specialty pharmacy?

Some drugs are handled by a specialty pharmacy. These pharmacies do more than just fill prescriptions. These services can include

- Dosing and scheduling assistance
- Help with refills and ordering
- Help with injection site reactions
- Help with adherence
- Help managing side effects
- Help with insurance and paperwork
- A team or care coordinator dedicated to your unique needs

See if the specialty pharmacy in your plan offers services and benefits to help you manage your treatment.

How do I choose a health plan?

Carefully look at the levels of coverage and benefits. Then see which plan gives you the highest amount of coverage for your needs at the most affordable price. For more information, contact the benefits manager at your job. If you are on Medicare or Medicaid, contact your benefits administrator or the health plan directly. You can also talk to your doctor. In addition, many drug companies offer patient assistance programs for treatments if you cannot afford them. Check with the companies to see if you are eligible for assistance. If you are on a Biogen™ treatment, you can contact Above MS™ at www.abovems.com or 1-800-456-2255 for more information, Monday through Friday, from 8:30 AM until 8:00 PM ET.

Resources

To learn more about health insurance, you can visit the following government websites:

- Agency for Health Care Research and Quality: <http://archive.ahrq.gov/consumer/insuranceqa/insuranceqa2.htm>
- Centers for Medicare & Medicaid Services: www.Medicare.gov
- Health Insurance Marketplace: www.Healthcare.gov

For additional information about living with MS, you can talk to your doctor and visit the following patient advocacy group websites:

- Can Do Multiple Sclerosis: mscando.org
- MSAA: The Multiple Sclerosis Association of America: www.mymsaa.org
- Multiple Sclerosis Coalition: www.ms-coalition.org
- Multiple Sclerosis Foundation: www.msfocus.org
- National Multiple Sclerosis Society: www.nationalmssociety.org



Glossary of common health insurance terms

Coinsurance. A percentage of the overall cost of care. Typically, a plan will require you to pay about 20% of total costs.

Copay or Copayment. A fixed amount, such as \$15 or \$20, you pay when you receive medical care or get a medication. Your plan pays the remaining costs.

Deductible. A specific dollar amount you must pay each year before your plan will provide coverage.

Fee-for-Service. A method in which you and your health plan pay a portion of your health care costs at each visit or service. These plans often offer more flexibility in choice of providers or hospitals, but tend to cost more. Fee-for-Service is also known as Indemnity Insurance.

Flexible Spending Arrangements (FSA). An account that you can set up through your employer to help pay for medical expenses. You don't have to pay taxes on this money. But if you don't spend all of your FSA money by the end of year, you lose the money that is left.

Formulary. A list of prescription drugs covered by an insurance company.

Health Insurance Marketplace. A government-sponsored resource where you can choose a health plan. It also provides information on programs that provide financial help for insurance coverage.

Health Maintenance Organization (HMO). A type of plan where you receive care from a network of providers, coordinated by your primary care physician.

Health Savings Account (HSA). A type of account you set up with your employer to save money for medical expenses. Like an FSA, you don't have to pay taxes on this money. Unlike the FSA, HSA money can be carried over to the next year if you have a remaining balance.

Indemnity Insurance. Also known as Fee-for-Service. These plans require you to pay part of the costs for each healthcare service, but it offers more choices for providers and medical services.

Managed Care. Plans that feature a network of physicians, hospitals, and other providers to coordinate care.

Open Enrollment. A set period of time when individuals can choose to make changes in their insurance coverage for the coming year.

Out-of-Pocket (OOP) and Out-of-Pocket Maximum. The money paid for your health costs—out of your own pocket—and not paid back by your insurance company. The OOP maximum is the most you will have to pay during your policy period (usually 1 year) before your insurance plan covers all the costs.

Point-of-Service (POS) Plan. A plan that coordinates care with a primary care physician, but allows for more flexibility in choice of other doctors and hospitals.

Preferred Provider Organization (PPO). A plan that contracts doctors and hospitals to create a network of providers. You can get care outside of the network, but you'll pay less if you use participating providers.

Premium. The amount paid, often in monthly or quarterly installments, for insurance coverage.

Public Insurance Types. Government-funded programs that provide coverage for people who are older, have certain kinds of disabilities, and/or have limited financial resources. Includes Medicare, Medicaid, and the Health Insurance Marketplace.

Private Insurance Types. Plans usually funded by employers, but also by unions, trade organizations, or individuals and families. Includes HMOs, POS plans, PPOs, individual insurance, and consumer savings plans.

Specialty Pharmacy. A type of pharmacy that coordinates medication delivery and offers support services for drugs that treat complex conditions, such as MS.

