Making the Best Insurance Choices

Keep your needs and the 2019 changes in mind before you decide

Whether you get insurance through Medicare, your employer, or on your own, your choices for next year's health coverage will probably change in significant ways. Now, during open enrollment, you have a chance to determine whether other plans might be a better fit. (Open enrollment for Medicare is Oct. 15 to Dec. 7. For those who have insurance through work or buy their own, it's often Nov. 1 to Dec. 15, but these dates vary in some states.)

The biggest change is that starting in 2019, you'll no longer be required to have health insurance that meets the requirements of the Affordable Care Act (ACA), and you won't have to pay a federal penalty for being uninsured. Here's what else is changing–and what it means for you.

IF YOU HAVE MEDICARE

› **Prices are going up for some.** Enrollees with an income of $500,000 or more will pay a larger share of premiums. But Part D premiums, which cover the prescription drug benefit, are set to decline slightly. (Other cost changes hadn't been announced at press time.)

› **Advantage enrollees can have a do-over.** Between Jan. 1 and March 31, 2019, you'll be allowed to switch to a different Medicare Advantage plan or to traditional Medicare and a stand-alone Part D plan.

› **The doughnut hole is shrinking.** The amount consumers have to pay for prescription drugs after reaching their deductible–but before fulfilling their out-of-pocket maximum–is going down. Beneficiaries in this so-called doughnut hole will now have to cover only 25 percent of their drug costs rather than 30 percent. This should provide more coverage, but it's important to compare plans to see how your particular prescriptions are covered, says Gretchen Jacobson, associate director of the program on Medicare policy at the Kaiser Family Foundation.

› **Advantage plans can cover nonmedical services** that improve health and quality of life. That might include shower handrails to prevent falls, air conditioners, even groceries. See whether your current plan will offer these options in 2019.

IF YOU BUY PRIVATE INSURANCE

› **Watch out for skimpier options.** In some states, insurers can now sell plans that offer up to 364 days of coverage. Those plans can be much cheaper than ACA-compliant plans, but they have fewer benefits. "They tend to have a lot of exclusions for different types of care, and significant limitations," says Linda Blumberg, an institute fellow in the Health Policy Center at the Urban Institute. Most exclude coverage for pre-existing conditions, and many place dollar limits on coverage, for instance.

A short-term plan may make sense to cover a brief coverage gap. But buyers "should still review their policy carefully to make sure they are getting meaningful coverage, and not rely on a short-term plan for longer-term coverage," says Tim Jost, a health policy expert and professor emeritus at the Washington and Lee University School of Law.

› **Geography may determine your costs.** Several states are developing programs to cut costs for insurers, which may mean lower rates for consumers. Others are passing laws to help stabilize local ACA markets and keep prices down. Your personal finances are also a factor, because they determine whether you're eligible for a subsidy, which can reduce your costs.

› **Less help may be available.** The federal government is cutting funding for navigators, who help people select and enroll in insurance via the ACA exchanges. If you think you'll need help, start early to avoid the backlog. Check out our Health Law Helper tool, at ConsumersUnion.org/insurance-complaint-tool. Or find navigators at healthcare.gov by entering your ZIP code into the "Find Local Help" page.

IF YOU HAVE COVERAGE AT WORK

› **Prices are rising.** The National Business Group on Health projects that employer plans will cost 5 percent more next year.

› **You're less likely to be forced into a high-deductible health plan.** The share of companies making those plans the only option is dropping from 39 percent to 30 percent. They might be a good choice if you're healthy and rarely go to a doctor, but they're risky if you have no savings cushion to cover the deductible–which averaged $2,300 in 2017–in the event of an expensive medical issue.

LEARN

For Consumer Reports' guide to health insurance, go to CR.org/healthinsure.

ILLUSTRATION: MITCH BLUNT