

Buyers Guide

Introduction.

Have you ever wondered what you are really buying when you purchased a health insurance policy, or if your premium was too high, or if you were being cheated when you purchased insurance? These are common feelings when people start looking for coverage and are why we at Choice Plus Insurance decided to put together this Health Insurance Buyers Guide.

This guide is intended to take the mystery out of health insurance and give you the knowledge you need to make an informed choice. In reality health insurance is not that complicated and once you understand how it works you will be able to ask informed questions about your policy to ensure that you have the coverage you need.

This guide was written with two primary goals, first to give our clients all the information they need to make an informed decision about their health coverage, and secondly to show them simple ways to save money on their insurance costs. In our experience we find that most people are paying too much for their health coverage, and could possibly save hundreds of dollars a year simply by following the steps that are laid out in this guide. This information will let you take control of your coverage and let you feel confident that you are paying a fair price.

There are no secrets to finding a good value or how to find a reputable agent. When dealing with an agent, use your common sense. If they only gloss over your benefits or are “too busy” to meet with you face to face, is this someone you really want to do business with? What does your common sense tell you?

Once you have read this guide you should have all the information you need to select a quality health plan for you and your family. More importantly you will have the information you need to ask the right kind of questions when you do decide to sign up for coverage.

Thank you for the confidence you have placed in us,

The Choice Plus Insurance Team

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Insurance Nuts and Bolts.

What you need to know about Health Insurance.

Regulation:

Health Insurance is highly regulated by the State of Colorado. The Office of the Commissioner of Insurance oversees all activity of the insurance carriers in the state of Colorado. Please visit this site (<http://www.dora.state.co.us/Insurance/>) for more information.

Primary regulations for individual health insurance :

- 1) Premium prices are approved by the Commissioner. What that means is that no matter where you buy, from the internet, a civic group, or from an agent you always pay the same price. There is no “deal making” when it comes to health insurance. As brokers we specialize in finding what is best for our clients at no additional charge. Why not use our knowledge and experience?
- 2) It is illegal for insurance companies to terminate your coverage because you have become ill. The only two reasons your coverage can be terminated is 1) you fail to pay your premium or 2) you were not truthful on your application. As the client you can terminate your policy and move to another carrier at any time.
- 3) With Group Insurance your policy is issued without regard to health issues once you are qualified to obtain the insurance by your employer’s eligibility requirements. With individual health insurance your policy will be medically underwritten. In Colorado there is a state “safety net” policy called Cover Colorado for anyone whose health precludes them from getting an individual policy at all or a an individual policy that has a rider excluding a condition that the individual does not want excluded.



What is a deductible?

A deductible is the amount of money you must pay per calendar year before your policy will start paying all or part of your medical expenses. For individual and family plans the deductible can range from \$500 to \$10,000 or more.

What is the Out of Pocket Maximum (OPM)?

The out of pocket maximum is the total amount of your out of pocket exposure over the calendar year. Be careful because the OPM is often not the same as your deductible. On many plans once the deductible is met you start paying co-insurance until the OPM is met. For example your plan has a \$2,500 deductible, once this is met you pay co-insurance of 20% (the insurance company pays 80%) until you reach another \$2,500 out of your pocket. In this case your OPM is \$5,000 for the calendar year.

What does co-insurance mean?

Co-insurance starts after the deductible has been met. Co-insurance means that both you and the insurance company are splitting the cost of your expenses. 80/20 co-insurance means the insurance company pays 80% of the cost and you pay 20%. You continue to pay co-insurance until you reach the out of pocket maximum. (Note: Some plans do not have an out of pocket maximum which means there is no limit to how much you pay). It is best to avoid these plans.

What is a co-pay?

Co-pay refers to an amount that you pay for a doctor's office visit or other medical procedure before you have met your deductible. For example, when you visit your doctor you only pay \$20 for the visit and the insurance company pays for the remainder of the charges. Many plans have co-pays for prescription drugs as well. There are some plans which do not have co-pays and these plans usually have a considerably lower monthly bill.

How are prescription drugs covered?

There is a wide range of coverage when it comes to prescription drugs (Rx). It is usually broken into 3 categories: Generic, Brand Name and Non-formulary. Some plans offer co-payments on Rx, which is usually listed as \$15/\$20/\$30, meaning the co-pay

is \$10 for generic, \$20 for brand name and \$30 for non-formulary. This of course is an example.

You may be asking yourself what is “non-formulary.” A formulary is a list of common drugs that the insurance company has determined have the best efficacy at the best price. “Non-formulary” drugs are usually newer drugs that have higher advertising costs and higher prices. If you feel you must have the non-formulary drug you usually can get it but you will pay more.

What if I have a pre-existing condition?

A pre-existing condition is any ongoing medical condition that you have before you apply for a new individual or family plan. Depending on the severity of the condition and how long it has been since you had treatment there are several actions that the carriers might take on an individual policy in relation to your specific situation. 1) For many common or non serious conditions the carriers will accept you at a standard rate. 2) You may receive a rate-up. This means that your condition would be covered; however you would be paying a slightly higher monthly premium. 3) The carrier could issue an exclusionary rider on that specific condition, meaning they will insure you at a standard rate, but exclude a specific condition. 4) It could be a declinable condition which means that the carrier would not offer you a policy at any rate. There are some companies like [Anthem Blue Cross and Blue Shield](#) and [Aetna](#) that do not issue exclusionary riders and only do rate ups, and other like [HumanaOne](#) and [World](#) that do issue exclusionary riders. This is important to keep in mind as you are looking at which company is going to be the best for you and your family. Often a person will have no objection to a rider if it keeps their premium down and it is a condition they don't believe will cause them further problems. Often exclusionary riders can be review and removed after a period of time if there has not been a continuing problem. Your agent can help you with going through the process to request the removal of a rider.

If you are declined by a private insurance carrier there is the option of a state run plan “Cover Colorado” in the state of Colorado. Please see the [Government Plans](#) area of our [Available Plans](#) section for more information.

What a provider network?

Each insurance company has a network of doctors, hospitals, and diagnostic facilities that participate with that company and give them discounts. All of the major carriers have huge networks but not all doctors are in all networks so it is best to check to be sure that your doctor participates with the carrier you are considering. On most policies there are separate benefits for going to an “in-network” or “out-of-network” doctor. The benefits for “in-network” saves you money as the insurance companies negotiate rates on behalf of their members. These savings can be a substantial benefit to any health insurance plan.

Major Plan types on the market today

PPO or Co-payment style plan:

PPO means Preferred Provider Organization that specifies the network of doctors but it is also a term that is used to describe comprehensive rather than catastrophic insurance.

A co-pay plan is the traditional insurance you are probably used to. This kind of plan is called a PPO “preferred provider organization” plan and has 2 primary features.

- 1) It has a doctor’s office and sometimes Rx co-pays. Depending on the plan, you may only pay \$20 or \$30 for the visit. However, you do pay for the co-pay in your premium so the price of a PPO plan tends to be higher than that of a catastrophic or HSA style plan.

- 2) These plans usually have co-insurance, that starts after you meet your deductible. For example, if you plan is a PPO with a \$2,000 deductible. Once the deductible is met the co-insurance starts for example at 80/20, so you pay 20% of all bills until you reach another amount, for example \$2,000. On this plan although you have a \$2,000 deductible, your out-of-pocket-maximum is actually \$4,000 per calendar year.

HSA style plans (also known as QHDHP or Qualified High Deductible Health Plan)

HSA style plans have become incredibly popular over the last couple of years.

An HSA or “Health Savings Account” is a special type of savings account you can setup when you purchase a Qualified High Deductible Health Plan that is legally compatible with an HSA. You can purchase this style plan and you never have an obligation to open an HSA account as it is a privilege, not a necessity. For a list of HSA compatible plans please see our [Available Plans](#) section.

An HSA has 2 primary features.

- 1) Money from this account can be used on anything health related, above and beyond the scope of your health insurance. It can be used on dental visits, vision checkups, a chiropractor, acupuncture, homeopathy, even buying aspirin and cough syrup at the grocery store.

- 2) This money is tax deductible: any money that you deposit into this account can be written off when tax season comes around!

3) All the money that you put into your HSA account is yours forever. The money never goes away or has to be used in a specific time frame. An HSA account is literally a savings account, but it can only be used for health related expenses to retain the tax benefits.

HSA compatible plans vary from traditional health insurance plans in two major ways.

- 1) An HSA does not have co-pays. This means that if you go to the doctor's office you pay for the full visit, and not just \$20 or \$30.
- 2) With a conventional insurance plan, once you reach your deductible you still pay something like 20% or 30% until you spend another \$2000-\$3000. For example you have a conventional plan with a \$3000 deductible, you pay 100% until \$3000 and then 20% for another \$2500 which brings your total out of pocket expense to \$5500. With the most popular style HSA plan once you reach your deductible the insurance will pay 100% of all covered benefits.

Low cost coverage.

There are few low cost insurance plans that are not HSA qualified that provide adequate coverage if you become seriously ill. The [Humana Value Plan](#) is not HSA qualified but is one to consider if you need a really low premium and can handle a high deductible. This plan has a \$7,500 deductible and a separate \$1,000 deductible for prescription drugs. This plan is still insurance and has good coverage once your deductibles are met. We do not encourage discount plans that give a false sense of security but can leave you with massive bills if you have a catastrophic medical expense.

Catastrophic Coverage:

This is a term that means different things to different people. In general it is a plan with a deductible and out of pocket expense that is higher than what you are used to. Plans that are advertised as Catastrophic often have "holes" in them so it is important to discuss with an agent what you might not be getting. The reason that people look at these sorts of plans is that the rate is usually lower than most other plans. However there are very good plans that you can find on this site that most people would consider Catastrophic. A Catastrophic plan could have either an HSA or PPO plan design.

What is the best plan for me?

My situation:



The first thing to think about is yourself and what your personal situation is. Each person and family is unique and we make sure to tailor plans to the specific needs of our clients.

Situation 1: Living the American dream. We are a family with 2 children and a dog in the back yard.

A) Neither my employer nor my spouse's employer offers health insurance.

Having children at home often means that there are frequent trips to the doctor for any imaginable number of reasons. In this case having a co-pay plan might feel more comfortable because you would only pay \$20 to see the doctor instead of the usual \$100 to \$150. Keeping the deductible lower could be advantageous because all the small things could add up quickly. However, the premium for this comprehensive type of insurance will be higher so it's best to weigh the coverage against the premium to come to the best choice. When there are children in the house, accidents will happen. If you add a low cost accident plan with a \$100 deductible it could significantly decrease your out-of-pocket exposure.

There is no rule that says children and parents must be on the same policy. It may be a better value to place the children on a co-pay plan and have a more catastrophic style plan for the parents. Call one of our [experts](#) today and we would be happy to discuss all the details.

B) My or my spouse's employer does offer health coverage.

It is a common misconception that insurance provided by an employer is cheaper than individual and family insurance. Sometimes it seems less expensive because the employer is paying part or in rare cases, all of the bill. It's a good idea to get a breakdown of how much of the premium coming out of the paycheck is for the employee and how much of the premium is for the dependents. The employer is required to pay part of the employee premium, but often pays nothing or a small amount for the spouse or the dependents. You can compare prices for dependents on an individual policy and usually save quite a bit of money unless the employer pays for a good portion of the employees' dependents. The trend is for employers to pay less for dependents than they have in the past. One of our [experts](#) would be happy to review the company benefits package and see how the benefits and price compare to an individual and family policy.

Situation 2: My children are in college.

Most universities require their students to be insured and more specifically they require them to have the plan sponsored by the University. Be sure to look at these policies carefully because they usually have large gaps in coverage and have limits on the amount the plan will pay. Looking for alternative and supplemental coverage for your student is a wise precaution.

Situation 3: I am a young person just out of college or I have been working for several years.

In this case your budget for health insurance is probably not very high. You are young and healthy so you are looking for catastrophic coverage. A HSA style plan or a higher deductible co-pay plan would often make the most sense. This plan design will result in an affordable premium and ensure that if you have any big bills your out-of-pocket amount will be limited. An accident plan would be a good adjunct to this insurance scenario. Putting the higher deductible insurance and accident plans together limits your out-of-pocket exposure while at the same time keeping your monthly payments low.

Obviously there are too many different possibilities to list them all. Here are some general tips and advice to think about when deciding what kind of policy you are looking for?

- 1) Make sure that the plan limits your annual out of pocket expenses, not the amount the insurance company will pay. All the plans sold on this site limit your expenses while the amount the insurance company is insuring is in the millions of dollars.

- 2) Make sure the plan covers brand name prescription drugs as well as generic. Brand name drugs can be one of the biggest medical expenses, should you develop a serious illness.

- 3) What is your budget? Monthly premiums can range from as little as \$60-\$100 for one person to as much as \$1,000 for a family. Set your price range so you can narrow down the list of plans.

- 4) How often do I go to the doctor? If you only go to the doctor once a year for a physical, then getting an HSA style plan could really save you money! Many carriers cover physicals prior to meeting the deductible on an HSA plan.

- 5) Check the provider network for each company to make sure your physician or specialist participates with the insurance company that you are considering.

- 6) If you have a pre-existing condition, be sure to consult with an agent. An experienced agent can give you guidance as to which company is more likely to accept your condition. Different companies have different standards when looking at applications. An agent's experience can be a valuable tool before you apply.

How do I apply?

Once you have decided on which plan is right for you, all that is left is to apply for your coverage!

There are 3 easy ways you can apply.

- 1) Phone applications: (Humana only)

We highly recommend this option because it is both fast and easy. Once you have decided on the Humana plan you want you simply call them up and an underwriter will go through and ask you each question on the application. This method is by far the most hassle free and ensures that you will get your policy in a timely manner.

Note: be sure to give them our agent number, they will not ask. **Our Number is 1289017**. Why is this important? Because, when you give them our number this gives us the right to represent you when you are dealing with the insurance company. As we mentioned earlier there is no price difference between getting your policy through Choice Plus Insurance or directly from the insurance company. It is clearly in your best interest to let our experience and knowledge work for you, and at no additional cost!

Our Humana Agent Number: **1289017**

Call Humana to apply at 800-211-4561

It is best to have a conversation with one of our agents before you talk with an underwriter. Our first piece of advice is to be perfectly honest but it is also important to know what not to say.

2) Apply on-line:

Every company offers a simple on-line application that you can complete at home. Click here (link to Apply Now page) to apply with the company you have selected.

On-line applications can also be accessed through our [quoting system](#).

Things to keep in mind about an on-line application.

- a) You will need to know the name of the plan and which deductible amount you are selecting before you apply.
- b) Because these are all secure sites, it is possible to time out of the application. Be sure to set aside some time where you can concentrate and finish the application in one sitting.
- c) There will be specific medical history questions on the application. If there is any medical information that you think is important be sure that have that ready as you are applying.
- d) The application will ask for specific dates, you will need to put a date or the system will not accept it.
- e) If you feel you are not very computer savvy, perhaps one of the other options would be better for you.
- f) If you decide to apply on line and have any difficulty completing the application please call [our office](#) and we will get you the necessary help to complete your application.

3) Paper Applications: Click here to get the paper application for your selected company

[Paper application](#) can be convenient but can be problematic if not filled out accurately and legibly.

- a) Confusion can arise if the underwriter is unable to read the application.
- b) Quality of the application degrades each time it is faxed. Please use black ink. If you make an error put one line through it, initial the error and put in the correct answer.
- c) Make sure you fill out the entire application. Call us if you have any questions.
- d) A plus with a paper application is that if you need to take a break while filling it out you can return to it easily without worrying about timing out as you can with an online application.

Being accurate, neat, and answering questions completely can decrease the time it takes to get your coverage.

If you do choose to fill out a paper application, please fax it to (970) 267-8767. We will be happy to receive it and make sure it is processed correctly.

Things to know about the application process.

- 1) All carriers will ask for payment information before they begin the underwriting process. Ask the carrier you are working with when they will first draft your account or credit card as there is no uniformity in when the money comes out.
- 2) There is a 10 day “free look” on any health insurance policy. If you don’t like the policy once you receive it you can return it for a full refund.
- 3) We recommend that you never cancel your current coverage before you receive an offer that you like from a new carrier.
- 4) There are ways that you can assure you will never have overlapping coverage or gaps in coverage. Call us to discuss your specific situation.
- 5) Things I should know about my premium.

With most carriers your premium is locked in for 1 year from the date of purchase.

With most carriers you can pay with a check, have the amount drafted electronically from your checking account or pay with a credit card.

- 6) When do I make my first payment?



All of the carriers require you to include payment information on your application. When your policy is approved this amount is atomically debited. Humana is the exception to this rule. When your policy is approved you are made an offer which you can accept or reject. Only when you have accepted this offer is any payment debited.

I want to lower my premium.

Here are some insider tips that will help you lower your costs and navigate your way through the insurance industry.

Look at all of your options: When you are looking for coverage be sure to look at all the companies that offer coverage in the state. Depending on where you live, the same company can have lower or higher rates depending on the zip code. Different companies offer basically identical plans, but the rates can vary widely between the different companies.

Consider raising your deductible: In our experience most people who come into our office are paying too much for their health insurance. Look back to last year and think about how many times you made a visit to your doctor. Once, twice? Even with a \$500 deductible you will not have reached that amount in 2 visits. In this situation you are over paying for a plan that is not giving you much benefit. Raising your deductible can considerably lower your monthly payment and in reality not impact your benefits. Those savings can be used to pay for any unexpected health expenses that might occur, or can be saved and used for a car payment, a vacation or anything else you would like.

Go with an HSA style plan.

HSA plans can add saving to your annual health costs in two ways:

- 1) In many cases an HSA can considerably lower the monthly cost of coverage. In traditional plans you might have 3 or 4 office visit co-pays. However, you are paying for those co-pays in your monthly premium, so the price is usually higher than a comparable HSA plan. If you only go to the doctor once a year for a physical, what is the point of paying for co-pays that are never

used? When going to an in-network provider there is a discount for the office visit so a \$30 office co-pay is probably only saving you \$30-\$40 for a one time visit. An HSA can often bring back that kind of savings in each month's payment.

Because an HSA style plan doesn't pay for the small expenses, just like home owners insurance doesn't pay for a leaky pipe or a broken window, these plans can deliver savings in your monthly payment.

- 2) By opening a Health Savings Account, which is not possible with a tradition plan, you can save money specifically for health expenses, and the bonus is that this money is tax free and is yours forever.

Look into adding and Accident Plan: [A low cost Accident Plan](#) starting at \$22/month for a \$5,000 benefit can help "close the gap." If you have a \$5,000 accident plan it will cover accidents up to \$5,000 dollars (after a small deductible of usually \$100) and you will be reimbursed for any covered accident. Since accidents are more likely than a critical illness an accident plan can lower your out of pocket exposure at a very small expense to you. Read the exclusions and benefits so you have valid expectations about what will be covered.

Review the market every year:

The insurance landscape is constantly changing. Companies are experiencing mergers, plan designs are changing, and rates are usually increasing. It is our experience that too many people are paying too much for their health coverage. In general, shopping for insurance is considered a bother, or something that "I don't have time for." Because of this view, once a policy is purchased people tend to stay on that plan much too long and as a result pay too much for their coverage.

We recommend that all of our clients review their options whenever they have a rate increase.

As a brokerage house our office has the advantage of working with all of the major health insurance companies in the state of Colorado who we feel are reputable. We have the flexibility to look at all the available options, not just the offerings of a single company. It may happen that last year one carrier had the best rates for you, but this year a different company may be better for you. There is no rule that you must stay with a particular company or that the company you are with will give you better rates because you have been a good client. [Our #1 concern is that our clients are getting the best coverage at the best price.](#)

By reviewing your options each year you can save on your health costs.

If you chose to have your coverage through Choice Plus Insurance, one of our experts will review, analyze and compare your coverage to everything else in the market right now, when and if your rates increase.

Act quickly:

Too often people will drag their heels when it comes to buying a health plan and end up paying more than they should have. Although once you purchase a plan the rates are usually locked in for a year, those rates are not set until you buy. Rates can and do change on a monthly basis. Companies often will change how they determine their rates or their underwriting guidelines, thus changing how much you pay per month. It is most likely that the rates you see now on our quoting service are the best rates out there, if you wait too long they will probably change. It doesn't take long to get all the information you need about the coverage. Our experts are ready to meet with you any time, either in person or over the phone. If you act quickly you could save yourself quite a bit of money on your health insurance costs.

Do I really need a Personal Broker?

How you buy health insurance is just as important as what you buy.

Many people these days feel most comfortable doing things online and never talking to a real person (which may be the reason that you are reading this right now). However, as you can see by just reading this report, health insurance is a rather complicated item. Following the internet trend, insurance companies now offer their plans direct to consumers and anyone can apply directly with a company from their website, without ever talking to a person. Often when people buy this way they are surprised when bills come along as they didn't have all the details on the coverage and they owe more than they thought they would. Going direct to the carrier may seem easier when you sign up, but down the road when you have a question or a problem and keep dialing 1-800... it may cause you more headache than sitting down with an experienced broker who can be there for you if there is a problem.

If you actually want to talk to a real person there are a plethora or "free quote" websites where you put in your name and phone number, and within a couple of hours you are being called every five minutes by someone peddling the "best new plan available, or "we have the best rates guaranteed." It can often be an over whelming experience. Another possibility is calling your local multiple lines insurance agent, who sells auto, life, homeowners etc... In this case your agent is limited only to the plans



that their company provides, and given the wide range of products they sell usually has only a rudimentary understanding of health insurance. At Choice Plus Insurance, we are the experts!

Health insurance is probably one of the most important purchases you will make. In the short term it will give you piece of mind, and in the long term it can have a major impact on your life. **Buying Health Insurance is an important decision** and having an expert, who you can trust, can make this a more secure and easier decision for you and your family.

Here are a few things you should consider when you are trying to choose a broker.

1) Does the broker have an office?

It is good to know there is a physical place you can go to meet your broker rather than some 1-800 number where you never know who is going to be on the other side. Having an office is a sign of permanence.

2) Make sure they are an established agency.

Having a track record is important when it comes to health insurance. It is not hard to get started in the insurance business, it is however hard to last given the ever changing environment. Knowing that your broker is going to be here tomorrow and that they have the knowledge to help you is just as important as the plan you choose. Choice Plus Insurance has been doing business over ten years.

3) Do some research.

Check and make sure the Brokerage belongs to some business groups like [the Better Business Bureau](#) or the local [Chamber of Commerce](#). Also see if they are registered with the State Department of Insurance or if they belong to NAHU (National Association of Health Underwriters). NAHU is the professional organization for Health Insurance Brokers. The more groups a company belongs to the more it shows that it is invested in its business and its community. This is no guarantee that the company is legitimate, but it is a great place to start. Some agents are “captive” and only represent one insurance carrier. Make sure you work with a broker who has your welfare as their top interest, not the carrier.

4) Buy on knowledge not price.

Because the prices for health insurance are regulated by the State of Colorado we as brokers cannot change those prices in anyway, there is no deal making. The rates between companies may vary, but the price of one plan will be the same no matter whom or where you try to buy it. When dealing with a salesman, if they say “we have the best rates guaranteed” they are technically not lying, but what they are not telling you is that everyone has “the best rates” which are “guaranteed” by the Colorado State Department of Insurance.

What is important then, is how well the broker understands the plans, and the underwriting for the carrier. It is important that they can find the most appropriate plan that will save you the most money when looking over a variety of plans and companies.

5) Will the agent meet with you face to face?

If you are speaking to a broker and if their schedule is too full for them to meet with you face to face, how much help do you think they will be if you have a problem with underwriting, or if you have a claims problem? Would you do business with a realtor who was too busy to sit down with you, or a car dealer who will only tell you about the cars over the phone? Because insurance deals directly with your health, it is important to know that there is a professional who is willing to take the time to listen to you, meet with you, and help you find the exact coverage you are looking for.

Meeting with an experienced broker who specializes in Health Insurance can not only save you money, it can also get you more comprehensive coverage so that you know if something does go wrong you will have security of knowing the details of your coverage.

There are many agents who will only speak with you over the phone and many of them will be out of state. This is just a business tactic to make sure they never have to spend too much time with a particular person, so they can sell more policies and so they don't have to deal with “nuisance” customers. At Choice Plus Insurance we are willing to take however much time it takes to find the best policy for our clients.

6) Service after the sale.

Is your agent in contact with you if there are any problems in underwriting?

Does your agent offer an annual review?

Does your agent help you with billing or claims problems?

These are all services that your agent should provide.

Now I am ready to get Health Insurance!

I hope you have found this guide to be both useful and informative. You should now be familiar with the different plan designs, what to watch out for, and how to choose the broker you want to work with.

As we discussed in the last section we always recommend a face to face meeting before you apply for your policy. However, we understand that many people have full schedules and cannot take the time out of their day for a face to face meeting. We are always more than happy to set up a phone appointment where we can discuss any questions you might have.

If you have made a decision about the plan you want, the easiest way to apply is either by going through our [quoting system](#) or by going to the [Apply Now page](#) and choosing the plan you have selected. Once you have applied for your coverage we will be in touch to let you know about the underwriting process and any other processing details that may come up. If you have selected a Humana Health plan, we strongly recommend the phone application that was discussed in the “How to Apply” section of this guide.

If you have any questions or concerns please call us at any time to set up a face to face meeting. Our office number is 970-226-3416. For those of you more comfortable with e-mail please see our [Contact Us](#) section and e-mail one of our experts today.

The staff at Choice Plus Insurance are ready to serve you with all of your insurance needs. This guide was specifically designed to answer questions about Individual and Family Health Plans, however our offices offers a wide range of coverage including Group Health, Life, Accidental, Vision, Dental, Medicare Supplements and much more.



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