



Open Enrollment Season: eHealthInsurance Releases Consumer Checklist

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MOUNTAIN VIEW, CA, Nov 04, 2010 (MARKETWIRE via COMTEX) --

Today eHealthInsurance (NASDAQ: EHTH), the leading online source of health insurance for individuals and families, released a ten-point checklist designed to help consumers make smart health insurance decisions during open enrollment season. Open enrollment is the annual election period when enrollees in employer-based health insurance plans are asked to make new health insurance selections for themselves and their dependents for the coming year.

eHealthInsurance recommends that consumers pay special attention to possible changes in their covered benefits, monthly premiums and other out-of-pocket costs during the 2010 open enrollment period. In a survey of large companies, the National Business Group on Health recently reported that 63% of employers plan to increase the percentage of health insurance premiums paid by employees in 2011. Additionally, 46% intend to increase out-of-pocket maximums, and 44% will increase in-network deductibles(1).

While employer-based health insurance is still the best option for most consumers, eHealthInsurance recommends that consumers inform themselves of their options in the individually-purchased, non-group health insurance market as well. Provisions of the health reform law have recently broadened non-group coverage options for dependent and adult children, encouraged access to preventive care services, and made it harder for insurers to cancel an enrollee's coverage after he or she becomes ill.

The eHealthInsurance Open Enrollment Checklist

Enrollees in employer-based health insurance plans should consider the following when making their 2011 benefit elections during this year's open enrollment season:

1. Spouses and Dependents - If your spouse or dependents are currently covered through your employer-sponsored plan, make sure that your employer is still extending coverage to these beneficiaries. See if your employer has changed the amount they'll contribute toward dependents' monthly insurance premiums too.

- If your employer has lowered or stopped their contribution towards your family's premium, shop around to find out if you can find a more cost-effective way to cover your family.
- If you have an adult child under the age of 26 that would like to join your plan, talk with your employer and ask if they will contribute toward his or her premium. They may be legally obligated to put them on the plan but not to cover a portion of their monthly premiums.
- Check your spouse's plan to see if the employee share of the premium is more or less than that under your own plan. It may be more cost-effective to insure you or your family under your spouse's plan instead.

2. Carrier and Network - Has your employer switched insurance companies or plans? If yes, check to see if your current doctors and hospitals are still participating providers under the new plan.

3. Prescription Drugs, other Benefits and Limitations - Check to see if you still have the same level of coverage as last year for prescription drugs and other benefits. Also look for changes to your co-payments, deductible amounts and out-of-pocket limits. Employers often re-negotiate terms during open enrollment which may result in changed benefits. Find out if you're still covered for the same services or if your coverage levels have changed.

4. Health Care Needs - Have the health care needs of you and/or your family changed over the last year? If yes, it may be time to consider a health insurance plan with a different balance of benefits.

5. Health Savings Accounts (HSAs) - Find out whether your employer offers an HSA-eligible health insurance plan. Paired with a Health Savings Account, HSA-eligible plans can provide special tax advantages. If you have a Health Savings Account from a previous employer, ask your employer if they will contribute to your account.

6. Flexible Spending Accounts (FSAs) - If your employer offers one, make sure you take advantage of the tax benefits of a Flexible Spending Account (FSA). These employer-established accounts allow employees to set aside a certain amount of pre-tax dollars (check with your employer on caps) to pay for out-of-pocket medical expenses not covered by insurance, such as co-payments, eye glasses or dental care. By law, employees must spend the money they set aside in each year; any unspent balances revert back to the employer. A couple FSA changes this year due to Health Care Reform:

- Starting in 2011, you will no longer be able to use FSA (or HSA) money for non-prescription drugs, except insulin.
- Ask your employer if they are allowing FSA money in 2011 to be put toward any child in your family who is younger than 26, even if they aren't claimed as a dependent.

7. Premium Increases - Check to see if your monthly premium for employer-based health insurance is increasing. If saving on your monthly share of the premium is a priority, you may want to consider a less expensive option on offer from your employer.

8. Benefits Reduced or Discontinued - If coverage under your health insurance plan from 2010 has been reduced or discontinued, find out if your company offers any other options -- especially if you or a dependent have a pre-existing medical condition.

9. Layoff Concerns - If you still have a job but are concerned that you may be laid off in the coming year, start reviewing every plan available from your employer now. You may be able to choose a plan during this open enrollment period that would cost less if you were later required to pay the entire premium through COBRA - which allows you to temporarily keep your employer-based coverage after a lay off. Always make sure that the plan you choose will cover the health care benefits you need for the coming year.

10. Know Your Options - If your employer is no longer offering health insurance or the coverage they offer is no longer affordable, work with a licensed agent to make sure you are aware of the individual or family health insurance options in your area. But remember that persons with pre-existing medical conditions may be declined for individually-purchased coverage in most states.

Download a printable version of eHealthInsurance's Open enrollment Checklist.

(1) National Business Group on Health, Large Employers 2011 Health Plan Design Changes: <http://www.businessgrouphealth.org/pdfs/Plan%20Design%20Survey%20Report%20Public.pdf>

About eHealth eHealth, Inc. (NASDAQ: EHTH) is the parent company of eHealthInsurance, the nation's leading online source of health insurance for individuals, families and small businesses. Through the company's website, www.eHealthInsurance.com, consumers can get quotes from leading health insurance carriers, compare plans side by side, and apply for and purchase health insurance. eHealthInsurance offers thousands of health plans underwritten by more than 180 of the nation's leading health insurance companies. eHealthInsurance is licensed to sell health insurance in all 50 states and the District of Columbia, making it the ideal model of a successful, high-functioning health insurance exchange. Through its eCommerce On-Demand solution (www.eHealth.com/eOD), eHealth is also a leading provider of on-demand e-commerce software. eHealth's eOD platform provides a suite of hosted solutions that enable health plan providers and resellers to market and distribute products online. eHealth, Inc. also provides powerful online and pharmacy-based tools to help seniors navigate Medicare health insurance options and choose the right plan through its wholly-owned subsidiary, PlanPrescriber.com (<http://www.planprescriber.com>).

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