eHealth

California Initial Open Enrollment Period for "Child Only" Plans: eHealthInsurance Offers Tips

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MOUNTAIN VIEW, CA, Jan 10, 2011 (MARKETWIRE via COMTEX) --

Today eHealthInsurance (NASDAQ: EHTH), the leading online source of health insurance for individuals and families, published six tips for consumers who wish to enroll their children in individually purchased "child-only" health insurance policies in the state of California during the state's initial open-enrollment period for children. The initial enrollment period begins on January 1, 2011 and runs through March 1, 2011.

According to the California Health Interview Survey (CHIS)(1) only 7.5 percent of California's children had private non-group insurance while one-in-five (21.4 percent) children in the state with parents who did not have access to job-based health coverage were uninsured in 2007.

According to a 2006 study published in the Journal of the American Medical Association (JAMA), among all children in the state, one-in-four (26.6 percent)(2) had pre-existing medical conditions like obesity, asthma and behavior/learning problems -- conditions that could have previously limited their access to private non-group health insurance. With federal health reform legislation requiring health insurers to offer health insurance coverage to children under the age of 18, regardless of their medical history and the California State Assembly Bill (AB) 2244 enforcing this law, children with pre-existing conditions that could have previously limited their access to private non-group health insurance now have access to coverage.

For families looking to find a "child-only" California health insurance plan, if their child is healthy or has a pre-existing medical condition, the non-group private insurance market can now provide important benefits at affordable prices. To help parents and guardians who may be shopping for their children for the first-time, eHealthInsurance has provided the following six tips for parents to utilize during California's new child-only annual enrollment period.

1. Get hip to health reform: The non-group, "individual" health insurance market has undergone some significant changes between 2010 and 2011. Many of these changes benefit you if you're shopping in the non-group insurance market for your child.

The new reforms include free coverage for specific preventive care services and the elimination of lifetime dollar limits on certain health benefits deemed to be essential by the Department of Health and Human Services, including regular well-baby and well-child visits, from birth to age 21(3).

2. Buy coverage that fits your child's specific needs: For healthy kids over the age of two, the National Institutes of Health(4) recommends annual physical exams (once per year) to check on your child's health. Under the new health care reform law, preventive care visits are covered with no out-of-pocket costs, which means you will not pay a co-pay or have to meet your deductible before the insurance company pays for the visit(3).

However, parents and guardians should be aware that any care prescribed by the physician as a result of the child's check-up will likely be subject to deductibles and/or co-pays. Non-group individual health insurance typically provides more flexibility than group coverage by offering lower monthly premiums and higher deductibles. This saves you money each month that your child doesn't receive medical care. But, if your child gets ill, your higher deductible plan will typically cost you more before you reach the plan's out of pocket maximum and the insurer begins to cover all of your costs.

It may make sense to put a healthy child on a higher deductible plan, but if you have a child that has been previously denied access to the private insurance market due to a pre-existing condition, they may have needs that warrant purchasing a plan with a higher premium and lower out-of-pocket costs.

3. Put physicians before prices (when possible): There are a number of criteria that a parent or guardian should evaluate when they're considering enrolling a child into a "child only' health insurance policy. The price of the plan is typically one of those criteria, and often the most important one. But, the network of physicians who accept this plan should not be overlooked. This is particularly true in states like California where it can be difficult to find physicians who are accepting new patients -- particularly in small, rural parts of the state.

And, as is the case with most health insurance plans, certain fixed costs like deductibles and co-pays may change when a patient visits a provider that is outside their plan's preferred provider network. The "Physician Finder" tool at eHealthInsurance.com can quickly point a parent to a physician in their area who accepts the type of coverage they're considering for their child.

It's also a good idea to use the tool to find the physician's phone number so that you can contact their office directly and see if they're accepting new patients.

4. Comparison shop for plans: The internet makes it incredibly easy to compare health insurance products for your child side-by-side. The initial open enrollment period runs for 60 days, from January 1, through March 1, 2011. Going forward, California will also have an annual enrollment period for these plans that coincides with the child's birthday month. Take advantage of that time and comparison shop for child-only health insurance plans.

Be sure to pay attention to monthly premiums, annual deductibles, co-pays, coinsurance rates, and prescription drug costs. Each of these elements may change, depending on the plan you enroll your child in so be certain that you understand what they mean and how they'll impact the plan you choose.

5. Talk to an expert for free: The price of California individual health insurance plans are fixed by law, so a licensed agent or broker cannot legally charge you more money to enroll your child in a plan. If you need additional help or guidance, take advantage of the assistance provided by a knowledgeable licensed health insurance agent who represents a number of different carriers.

An agent with an unbiased perspective can help you compare coverage options dispassionately and pick the best plan to fit your needs. eHealthInsurance.com is the leading online provider of individual health insurance plans available in the nation, and full-time eHealthInsurance employees who are licensed health insurance agents are available to answer questions 24 hours a day, seven days a week.

6. Mix and Match: Depending on health conditions, it may be less expensive for healthy children or other family members to be on health insurance plans other than an employer-sponsored plan. A November survey by the consulting firm Mercer(5) found that one-in-five (20%) small employers plan to drop their group health coverage due to new health care reform legislation(5). In some cases employers have already stopped offering group coverage, or stopped covering the cost of coverage for dependent adults and or children.

These types of changes underscore the importance of having no underwriting for children, and for parents and guardians to examine non-group coverage during the 2011 annual open enrollment period.

Sources (1) Data according to a policy brief from the UCLA Center for Health Policy Research based on data from the California Health Interview Survey (CHIS). See more: http://healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=437 (2) According to a study in the February 17 2006 issue of JAMA. Read more: http://www.disabled-world.com/health/pediatric/childhood-health.php#ixzz19XpqigVn

(3) Department of Health and Human Services' Preventive Care and Services Guidelines (http://www.healthcare.gov/law/provisions/preventive /index.html)

(4)The National Institutes of Health Recommendations: (http://www.nlm.nih.gov/medlineplus/ency/article/001928.htm) (5) Mercer Survey: Few employers planning to drop health plans after reform is in place, survey finds (http://www.mercer.com/press-releases/1399495)

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