

## **Out-of-Pocket Healthcare Costs: The Big Picture**

The paragraph below is straight from Healthcare.gov, the official Obamacare website.

### ***Out-of-pocket maximum/limit***

*The most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits. This limit must include deductibles, coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This limit does not have to count premiums, balance billing amounts for non-network providers and other out-of-network cost-sharing, or spending for non-essential health benefits.*

*The maximum out-of-pocket cost limit for any individual Marketplace plan for 2014 can be no more than \$6,350 for an individual plan and \$12,700 for a family plan.*

Now let's put all of this in plain English. For any individual with only themselves covered, the out of pocket maximum in 2014 is \$6,350. For a family plan, the maximum out of pocket is \$12,700. Both of these amounts (individual or family) is in addition to the premium paid on a monthly basis. So it's one thing to pay for health insurance and quite another to access it when you need it.

### **What Causes Such High Out-of-Pocket Costs?**

Based on the Obamacare plan you choose, your deductible, coinsurance and copayments make up your out-of-pocket amount. Many Americans are now finding out that they are paying more for health insurance and getting less healthcare services for their dollar. Even if you are receiving a government subsidy to help pay the premium, the cost of accessing your benefits after deductibles, coinsurance and copays has many people wondering whether the economics of having health insurance makes sense.

### **What is the Solution?**

In order to define the solution, we must first explain why the problem exists. The problem is the cost of health insurance due to mandated benefits in all Obamacare plans, the rising cost of healthcare, frivolous and excessive lawsuits and onerous administrative regulations. In addition, the concept of insurance has changed from "insuring against unknown events" to "managed entitlements". There are mathematical models that calculate reasonable premiums for insurance because they're based on a predictable risk. It is extremely difficult to price and/or predict financial losses when paying for managed entitlements so premiums must continue to escalate in anticipation of over-utilization of benefits.

One very affordable solution is to access healthcare **outside** of insurance. There are benefits available that allow access to healthcare services and products through national provider networks that are not part of an insurance plan. This allows immediate benefits without deductibles, coinsurance or copayments associated with an insurance plan. These benefits are not health insurance – they are healthcare benefits accessed directly at pre-negotiated savings – which saves you substantially on out-of-pocket costs.

24/7 Doctor “visits” by telephone consultation (with prescriptions called in to your local pharmacy);  
Dental Benefits; Vision; Chiropractic Services; Laboratory Services; MRI, CAT Scans, Ultrasounds;  
Prescription Drug Benefits; and many more.....

It just makes sense to access healthcare that is real and meaningful before you have to spend thousands of dollars out of your pocket. For less than a dollar a day, you can access healthcare for your entire household and save yourself thousands of dollars. Common sense has never been so needed. We have the solution.

Call us at 817-953-3155 or go to [www.ControlMyCare.com](http://www.ControlMyCare.com).