

Free Report: THE FIVE MYTHS OF INDIVIDUAL HEALTH INSURANCE

MYTH #1: I DON'T HAVE A LOT OF CHOICES

The Truth: There are several major companies that offer individual health insurance and each one has, on average, six different plans. That's over 42 plans to choose from.

MYTH #2: IT'S IMPOSSIBLE TO LOWER MY RATE WITHOUT REDUCING MY COVERAGE

The Truth: Most people think that in order to lower their rate they have to give up benefits or choose a higher deductible. This is not true. You can choose a new plan on the market with the same benefits and save a significant amount of money.

MYTH #3: I NEED A CO-PAY WHEN I GO TO THE DOCTOR

The Truth: Most people think that having a Co-pay is really important when you go to see your Doctor. The reality is that there is only a small difference (\$15-20 per visit) between having Health insurance without a Co-Pay and with the Co-pay. Co-pays add \$1,000's to your Health insurance premiums, and you would have to go to the Doctor weekly to even come close to justifying it. Make sure you ask for a comparison quote of health plans when shopping to see the difference.

MYTH #4: IF I CHANGE PLANS I'LL HAVE TO CHANGE DOCTORS

The Truth: This is not correct. Most major carriers use two or three networks and most doctors participate in all major networks.

MYTH #5: CHANGING PLANS IS JUST TOO TIME-CONSUMING

The Truth: This used to be the case but now we're in the internet age. You can review plans in minutes and applications can be filled out online in five to ten minutes. There are no physicals needed to apply. Approvals used to take weeks and now take between 1 to 3 days. The truth is you could choose a new plan, lower your rate and be saving money within days.

BONUS MYTH: THERE IS ALWAYS A LOWER RATE OUT THERE IF I KEEP SHOPPING

The Truth: All Health Insurance rates are **STANDARD**, it is the design of the plan and your Health and Age that determines the final rate. Instead of shopping, work with a professional agent who represents all the companies and will take the time to explain the differences among all the different plans and help find the best plan for your needs and budget.

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1-800-359-0980

2 FREE REPORTS:

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FIVE EASY WAYS TO SAVE 30% OR MORE ON YOUR HEALTH PLAN

#1: SWITCH TO AN HSA-QUALIFIED HEALTH PLAN

HSAs are sweeping the nation and becoming the most popular individual plan. The concept is simple; you pay for expenses below the deductible at a discounted rate and the carrier pays for everything after the deductible. Savings are significant - typically 50% less expensive than traditional plans. How much could you save?

Family Tradition Plan - \$150

HSA - \$275

Savings - \$2,820!

#2: DITCH THE CO-PAYS

Yes, you only pay \$25 when you see a doctor but the question is how much are those co-pays actually costing? There are many plans now on the market with no co-pays, however all doctor visits are still covered. You simply pay the network discounted rate, which is usually only \$15-25 more than the co-pay. How much can you save? Here's an example:

Family Plan with co-pays - \$425

Family Plan without co-pays - \$290

Savings - \$1,620 a year!

#3: CHOOSE A HIGHER DEDUCTIBLE

Most people when choosing a plan opt for the lowest deductible possible, however, you are paying for that low deductible in the way of higher premiums and not coming out ahead in the end. Choosing a plan with a higher deductible can save the average family \$1,500 or more. How much can you save?

Family Plan with a \$500 - \$680

Family Plan with a \$2,500 deductible - \$315

Savings - \$4,380!

#4: PURCHASE A NEW PLAN

Every year many carriers come out with new plans with low rates. When you choose a new plan you are typically getting the lowest rates in the market and can save 30% to 60% off your current premiums.

#5: SHOP AND COMPARE

Rates vary widely depending on the carrier and plan. It is a mistake to think that similar plans have similar pricing. One carrier could charge \$600 per month for a PPO plan with a \$1,000 deductible. Another carrier could charge \$400 for the same plan.

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