



USA FRANCE
FINANCIALS GROUP



How to optimize your company plan's healthcare coverage

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Optimizing your company's health coverage is essential to ensure adequate protection for employees while keeping costs under control. In the United States, the health insurance market offers a wide variety of plans, each with specific advantages in terms of flexibility, rates and benefits.

There are several types of health insurance plans in the United States, each with its own benefits and limitations:

- **The PPO (Preferred Provider Organization)** offers great flexibility to consult specialists and choose your healthcare providers, even out-of-network, at higher costs due to higher deductibles and coinsurance payments. In the U.S., PPO plans are the most popular.
- **The HMO (Health Maintenance Organization)** offers less flexibility, as you have to choose an in-network doctor (PCP) and obtain a referral to consult specialists.
- **POS (Point of Service)** combines elements of PPO and HMO, with the option of consulting out-of-network specialists at higher cost.
- **With an EPO (Exclusive Provider Organization)**, you don't need to go through a GP, but this doesn't usually cover out-of-network care.

Health insurance glossary :

- **Deductible:** This is the amount you have to pay before the insurance begins to cover treatment.
- **Out-of-pocket maximum:** This is the maximum amount you pay annually before the insurance covers health expenses.
- **HSA (Health Savings Account):** Your savings account to cover health expenses with tax advantages. It can be advantageous in combination with a high-deductible health plan.
- **Copayment and coinsurance:** The fixed amount or percentage that the insured must pay for each benefit.
- **Primary Care Physician (PCP):** A PCP is your general practitioner. Some health plans in the U.S. require you to see a PCP before being referred to other specialists (HMO plans).

We also recommend that you take out two supplementary insurance policies. Dental Insurance, to cover certain dental treatments such as scaling, examinations and sometimes more complex procedures (orthodontics, implants, etc.); and Vision Insurance, to cover certain eye examinations, glasses and contact lenses. Company health insurance often offers lower premiums than private health insurance. You can also obtain coverage without a medical examination or proof of insurability.

Health insurance taxation

No taxation is involved when an individual benefits from group health cover, and the insured person(s) use it to pay for healthcare (tax-free). When the group insurance policy covers the actual cost of medical care, the insured does not have to declare the benefits received as income.

Health insurance portability?

COBRA (Consolidated Omnibus Budget Reconciliation Act) is a law in the United States that allows employees and their families to retain their group health insurance coverage after certain events that would result in the loss of that coverage, such as resignation, termination, or other changes in status. COBRA is a useful option for people who lose their health insurance coverage but wish to maintain it temporarily. However, it can be expensive compared to the options available through the Marketplace under the Affordable Care Act (ACA). So it's important to compare costs and benefits before making a decision.

In short, choosing the best health cover for you and your family depends on a thorough understanding of the different types of plans and the associated tax advantages. That's why it's important not only to compare the costs and flexibility of each option, but also to consider your specific needs.



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