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10 Things to Consider When Choosing an Insurance Company

We don't think of it too often; as a matter of fact, unless we are faced with a health crisis or need, we don't think about health insurance at all! It is no wonder that many of us are caught unawares when an emergency happens, and some of us suddenly realize that the insurance coverage we had ten years ago is woefully out of date for our current needs.

While purchasing insurance can be a daunting task in itself, please remember that any plan is only as good as the company that underwrites and stands behind it. To this end, here are ten things to consider before choosing your next insurance company:

1. Full Disclosure

When purchasing an individual health insurance policy, the underwriter will look at your medical history. Prior to comparing rates, be sure to write down all pertinent information, so you will be able to compare apples to apples. Additionally, it will give you a feel for what kind of information raises red flags for insurance companies. If you suddenly deal with a company that does not bat an eyelash at your skydiving accident that happened just last month, you will need to ask a few more questions to make sure the rates don't suddenly change after you sign on.

2. Pre-Existing Conditions

Most companies will not insure pre-existing conditions; others will do so after a sometimes lengthy waiting period. Still others are legally mandated to carry "guaranteed issue" policies. Prior to signing on with a company, get a detailed list of what is considered a pre-existing condition, the exclusionary period, and also what kind of coverage will be provided once the exclusion ends.

3. Interview An Agent

A licensed, independent insurance agent is a goldmine of information and industry gossip. Furthermore, the agent will be able to share feedback received from other clients about a given health insurance company, insurance products, and even customer service.

4. What Does The Future Hold?

When picking an insurance company it is imperative that its products and coverages can grow with you and your changing needs. Thus, a company that specializes in catastrophic coverage only will be of little use once you have children in the house.

5. Have It Your Way!

Since you will have to live with the health plan of your choosing, it is imperative that it will work

for and with you. Therefore, you should think through your wants and needs when it comes to coverage. For example, how important is it to you to pick your own doctors? If it does not really matter to do, then an HMO may be a cost-saving choice. On the other hand, if you have a favorite doctor and wish to continue consulting this physician rather than picking someone else, you may wish to consider the pricier PPO.

6. Add-Ons

Some companies will bundle their products with other coverages, such as short- and long-term disability, prescription drug coverage, dental and vision coverage. If these are important to you, you should make sure the insurance company you wish to do business with will offer them.

7. Out Of Pocket Expenses?

Take the time to look at the fine print. For example, how much are the co-pays? Is there an annual cap on the co-pays? Do these caps pertain to a calendar year or any 365-day period? In addition to co-pays, what is the percentage of coverage?

8. Accessibility

An insurance company should be easy to get a hold of, should have extended office hours, and naturally also a toll-free number. Give the company a call and get a feel for average hold times, times of operation, and also services offered via telephone.

9. Rating

Check out the insurance company's rating with the Better Business Bureau. A company that has too many unanswered complaints does not need your business!

10. Rate Increases

Talk to friends and neighbors who are insured with the company you are choosing, or if you are working with an agent, seek to find out how often the insurance companies has raised its rates in the last two years. This will be a fair measure of the possible rate changes that will await you once you sign on!

How to Apply for Health Insurance

You've done your research, compared prices based on comparable benefits and now you're wondering how to apply for health insurance. Whether you apply online or off will depend on your comfort level and also whether you're applying via a group plan.

Before applying, it's a good idea to have available information about your most recent insurance policy, and the names and addresses of your (and your family's) doctors and the dates of the most recent visits handy as you may need this information when filling out your application.

How to Apply for Health Insurance through Your Employer

If you're enrolling in a health insurance plan that is being provided by your employer, you typically will have to wait for the company's open enrollment period before you can begin the application process. However, if you're a new hire you most likely won't have to wait. The application process when enrolling in a group plan is quite simple, since most will enroll everybody, regardless of pre-existing conditions and current state of health.

You'll be given an enrollment form to fill out which requires all personal information including address, social security number, designation of the primary insured and all dependents (including the names, ages, dates of birth and social security numbers for all dependents), employment information including date of hire, and the type of health insurance coverage you desire.

You'll likely have to provide information about prior health insurance coverage including the insurance company name and policy number, but you won't need a medical examination. From there, the completed application goes back to the benefits coordinator who processes your form. That's really all there is to this process.

How to Apply for Health Insurance on Your Own

In situations where those who need to apply for health insurance are not participating in group coverage, the steps are very similar, the only difference being that there might not be anyone else to handle processing the paperwork.

Some insurance companies will send an insurance agent to discuss the application process and in these cases, the agent will typically work with applicants to gather all required documentation, coordinate in-home medical examinations, and collect pre-payment. Again, once you've made sense out of the different policies and what each does and does not cover, the application process is straightforward.

It's so simple really, that some people opt to apply for health insurance online. Just visit the health insurance company's web site where you'll find an online application form and a secure environment. You'll be required to provide the same type of personal and employment information, and you'll simply enter all of it onto an online application form.

When you're finished, click on the submit button and the system takes over. Applying for health insurance online really is simple, once you've selected the appropriate coverage.

However, some people simply are not comfortable providing that amount of personal information over the Internet, and for these individuals, it's probably a good idea to apply for health insurance offline. For the rest, however, applying online is painless, reliable and fast.

Things to Consider in Choosing a Good Health Insurance Plan

Do you know what things to consider in choosing a good health insurance plan? With so many different options, it's difficult to know just what to look for. But the number one thing to remember when you're choosing a good health insurance plan is that your decision should never be based solely on the cost of the monthly premium.

You've got to read the details of the health insurance plan including what it does and does not cover, the in-network versus the out-of-network coverage and costs, the co-payment amounts, the deductible amount (per family member, if applicable), and the coverage caps.

The first step in understanding what to look for is to get an understanding of your particular needs. Are you looking for coverage for just yourself, yourself and your spouse, yourself and one child, or do you need a family plan?

This is a fairly straight-forward issue. Next try to assess the health needs for all those you intend to include on your health insurance plan. This is a bit trickier. Are you and the others basically in good health? Are there any pre-existing conditions to consider? Is there a particular need to have access to certain medical specialists or medical institutions?

Knowing the answers to the above questions will give you a good starting point when deciding what to look for when choosing a good health insurance plan. Next, you need to know about your options.

If you're getting group insurance through your employer, your options will be limited to what the company is offering, which may or may not make this decision easier. At a minimum, you've got to understand the difference between an Indemnity Plan and a Managed Care Plan and its variants, which are the two basic types of health insurance plans offered today.

Basically, an Indemnity Plan offers participants the freedom to choose when and where they will seek medical assistance. Along with this freedom usually comes higher out-of-pocket costs, but for many it is a fair trade-off. Managed Care Plans are more restrictive, and require participants to utilize the medical professionals and institutions that are part of the plan's 'network.'

Participants often need pre-approval for medical services that are beyond basic preventative care. The costs are usually lower than Indemnity Plans and for those who are basically healthy, don't particularly care who provides their medical services, and who need to keep an eye on medical costs, Managed Care Plans are usually the better choice. This is a very basic comparison of the types of health insurance plans, and further investigation into the details is advised.

Once you think you've got it all figured out, do you know how to choose the right health insurance company? Many companies today offer health insurance, from the well-known corporate giants that have been in the business for years to the small, independent outlets. As with any major purchase, you've got to research these companies before making a final decision. Ask around, use the Internet, and try to understand their claims filing procedures. This will give you the information you need to help you choose the right health insurance company.

Choosing a Health Insurance Company Online

Purchasing health insurance used to be a tedious process. Usually, one had to make appointments with agents, visit their offices, fill out reams of paperwork, and then submit to a physical exam. Fortunately, times have changed, and consumers are now able to preview and choose a health insurance company from the comfort of home, at any time of day or night they may find convenient.

All this can be accomplished by the use of the Internet; however, the convenience comes at a price, and buying health insurance online is only an enjoyable experience if done correctly. To this end, here are a few tips to keep in mind:

1. Don't Call Me, I'll Call You

Many of us receive SPAM e-mails on a regular basis. Aside from the prescriptions and get-rich-quick schemes these e-mails offer in staggering numbers, some of them have now ventured into the health insurance coverage domain. If you have received a SPAM e-mail that advertises insurance, health plans, or even prescription drug coverage, stay away! If any company will stoop so low as to send unsolicited e-mails to prospective customers, they will probably not be too picky about their other business ethics either.

2. Protect Your Privacy

When taking advantage of the many insurance companies and agents that offer to give a free online quote, a prospective client will almost always be asked to give out personal information and also an e-mail address. Unless you are certain that you want to do business with a particular company, take a very close look at the privacy policy that should be posted.

These privacy policies will spell out what the company promises to do and refrain from doing with the data you provide to them. It is safer to do business with a company who will not share or sell your information to anyone else than to have your sensitive data go to a variety of companies and individuals.

3. By All Means, Call!

While the Internet will most likely supply you with any and all of the information you may need, it is wise to check out an insurance company's telephone support prior to actually needing it. Having to read through long pages of fine print in order to glean a number is a bad sign.

Additionally, if the company does not offer a toll free number, but expects you to pay for a long distance call out of your own pocket, you may wish to consider if you are willing to spend your money while holding for an agent or supervisor, etc. Last but not least, call the telephone number and get a feel for average hold times, times of operation, and also services offered via telephone.

4. Hire An Agent

Unless you have already decided which insurance company you wish to do business with, it is

wise to contact a licensed health insurance agent who will be able to access, compare, and discuss health insurance plans from any given number of insurance companies. In addition to comparing prices and products, an agent will be able to give you personalized service, such as feedback received from other consumers about a company, their support, services, and also rates.

Naturally, an agent will also be able to give you some suggestions about needed coverage and ideas about foreseeable changes to your situation that will necessitate a health plan update of possibly and overhaul.

5. Compare Apples To Apples

With so many different health plans to choose from, it is easy to get side-tracked. In addition to the foregoing, some insurance companies will showcase a full range of their products online, while others may only highlight their most popular plan choices. When relying on a website for complete information, it is wise to choose one that will allow you to have access to a broad range of plan information.

In closing, buying health insurance online is a welcome convenience for any consumer who does not wish to be inconvenienced by banker's hours, weekend restrictions, or the faxing of lengthy documents to and from an office fax. Yet, since health insurance is such a critical component to anyone's quality of life, let the buyer beware!

Family Health Insurance Quotes

Family health insurance quotes are just a few clicks away when you are online. You can find all types of family health information so you can get the coverage each of your family members needs for quality care, and good health for the future.

What is health insurance?

Health insurance is medical coverage. Every type of health insurance is different, just as you car insurance might be a little bit different, some covering everything you need, while other medical insurance may cover prescriptions, doctors visits or emergency hospital visit. Based on your particular needs you can get the help you need, in case major medical problems arise with your family so you have your choice of where you can have treatments competed, and how you will tackle a medical problem.

Who needs health insurance?

Just about anyone who does not have unlimited funds needs some type of health insurance. Medical bills can rise quickly if you are fighting a disease, if you have an accident or if you are suffering with a broken bone. Using health insurance even for preventative care medical visits can be a great help to catch problems before they get to be too far advanced to handle or cure.

Preventative medical coverage also includes such things as baby shots, and doctor visits for booster shots and physicals for yearly checkups. If you haven't had the opportunity for a regular checkup by your medical doctor because you don't want to spend the money, you should check into health insurance for a better alternative.

Family health insurance quotes are easy to obtain

If you are looking for health insurance you can find quotes through this site. What happens is you are asked about your ages, problems, other medical history, and medical situations that have happened within the family.

In providing the information that is correct, you can be given information about quotes, and coverage that gives your family just what it needs for protection during medical crises. Find your real medical protection using the health quote forms available online without worrying about pushy salesman or people calling you without your real interest being at the center of attention.

What will you do if you become sick?

If you are sick, what will you do? If you find that you are unable to get to the doctors or get the medical help you, need because it is too expensive you have to work with the local government to get some type of medical help? If you don't want to be in this situation later on in life, when you need medical help the most, you need to find health insurance that will fit your long-term goals and needs.

Free Health Insurance Quote

In this day and age, it is wise to safeguard your future. You never know what will happen to you even in the next few minutes. You might bump into a car and be disabled. Or discover that the reason why you have been feeling extremely thirsty and you have been urinating quite frequently is because of diabetes.

Or that the weight loss you noticed in the past months is actually symptom of the early stages of cancer. No one wants to get sick but it may happen. It is best that when a disease or illness does strike, you are prepared for it. Companies that offer free health insurance quotes are out there to find and will get you on the road to choosing a good health insurance.

Free health insurance quotes makes it easy to choose from plans and policies that will best suit your needs. Admit it, you may be earning money right now, money that is probably enough for your household needs plus a little extra but imagine if you get sick and suddenly you need to be confined in a hospital and the doctor orders numerous diagnostic tests and laboratory procedures that cost an arm and leg?

Add to that the steep price of most prescription drugs. As you recover and go home but the expenses may not end there. You will probably be given expensive medications and you will be instructed to follow up on a regular basis and undergo examinations every now and then. How

will you able to afford all these while maintaining the quality of life for your family? You really should start paying attention to all free health insurance quote right about now.

In browsing free health insurance quotes offered, it is important to know beforehand what you are looking for. You should consider when looking at a free health insurance quote what are you and your family needs. The length of time required to pay the plan is also an important consideration in free health insurance quote. Some health insurances offer several years of payment, some even extending until the day the insured dies.

Free health insurance quotes should also include the mode of payment offered by the company so you will know if you can pay the plan being offered. You should also find out if the free health insurance quote you are seriously considering would allow you to choose your own doctors and hospital or be restricted to only their network of health care professionals.

There are also free health insurance quotes that offer group health insurance. These are different from individual health insurance quotes in the sense that they offer insurance for the group rather than individual, so they are not customized and everyone enrolled in the group gets the same benefits.

This type of free health insurance quote is normally less expensive and does not require extensive screening. Individual free health insurance quotes usually states that an applicant will undergo extensive medical screening. Should you pick this type of free health insurance quote, the company will want a detailed medical background check, focusing on the past diseases that you may or may not have.

Since the quotes are free of charge, relax, take your time and find the best health insurance for you!

Health Insurance: Is it Worth the Gamble

Unlike in Canada and parts of Europe where the bulk of health care costs are put on a government tab, most able-bodied, mentally sound Americans under the age of 65 must generally rely on themselves to manage personal health care funding. For most Americans, that means incorporating some kind of health insurance into their overall personal financial strategy.

Over time, however, the costs of health care insurance add up, and the total spent can be staggering. So should you have health insurance? Is it worth the gamble? There is no single answer to these questions, of course, but there are several items you should consider before making a decision one way or the other about your health care insurance future.

First of all, about 44 million Americans do not have any health insurance coverage. Many of these people are members of poor families who do not qualify for Medicaid, employment-based health insurance and who cannot afford, or who have been refused for, individual coverage. If you are looking to purchase individual health care insurance coverage, be aware that the costs tend to be higher than employer-sponsored plans and the plans less user-friendly.

With so many types and ranges of personal or individual private health care insurance available, it can be confusing as to what kind of health insurance you should buy, and how much coverage you should have. You may not think you need several hundred thousand dollars worth of coverage, but consider how much one hospital visit costs if you need a serious (yet common) procedure like a heart bypass or even minor surgery to remove a gall bladder or appendix. Even slight complications can result in an enormous bill.

If you receive a health benefits package as part of your employment, you will be accepted under the company's plan regardless of your health status. However, when you apply for individual coverage, there are no such guarantees and you may not be able to secure the coverage you need, even with reduced benefits.

The same is true when it comes to renewing your health care insurance. If you are employed and are covered under your company plan, you can renew your coverage as necessary, even if you are sick. With most individual plans, there is no guarantee your policy will not be cancelled.

Similarly, there are differences between job-based and individual-based insurance when it comes to limitations and portability. If you have had a pre-existing condition when you apply for job-based medical coverage, there is a limit of about a year to a year and a half on what can be counted "against" you. With individual coverage, limitations are prescribed by the state, and vary greatly state-to-state, but generally, you may not be eligible for coverage of costs related to a pre-existing medical condition for the entire duration of your policy.

When it comes to portability, again, depending on the state in which you reside, it is possible that you may receive no credit for past coverage. That means even if you are lucky enough to qualify for health insurance coverage, you could end up waiting for the entire pre-existing condition exclusion period.

Whether you choose job-based, employer-sponsored health insurance or a private, individual plan, health care insurance is going to cost you a lot of money, especially if you have a family or if you have any ongoing medical issues. The exact amount depends on your particular situation needs. You may never need medical attention, and in that case, you might consider the money spent on health care insurance wasted.

However, most of us need medical attention at some time or another. Even healthy, positive lifestyle-oriented people have unexpected health events, car accidents and broken bones. You can't anticipate when these events will happen, or how severe they will be, but without significant financial means or a decent health care insurance plan, you could end up financially devastated. Are you willing to make that gamble?

To assume the risk of not being able to pay for medical services or products that you or a member of your family needs? Money spent on premiums is certainly a consideration when deciding whether to purchase health care insurance, but there are other priceless things to consider before you make a final decision.

One-Size Health Insurance Does Not Fit All

Health insurance coverage and associated costs vary greatly based on whether the insurance is an individual policy (for the self-employed/unemployed), for a small businesses (from 2 to 50 employees), or for a large group. Coverage for group plans is far more comprehensive and considerably less expensive because there are more people paying into the insurance pool making more money available group-wide to cover medical claims.

Those who try to get health insurance on their own, either because their employer does not offer this benefit or because they are self-employed or unemployed often have difficulty obtaining health insurance. Many simply cannot find an insurance company in their state that is willing to offer individual plans. Pre-existing conditions complicate this search and put individuals into a 'high-risk' category. It's often the reason coverage is denied.

Those who are fortunate enough to find individual coverage don't feel so fortunate once they review the policy details. They typically find that the cost is significant and the coverage less than desirable and loaded with out-of-pocket costs. Those who obtain health insurance on their own can usually purchase a family plan, but then the costs are even higher.

Those individuals who are employed by small businesses, defined as having more than 2 but 50 or fewer employees, also find themselves in a difficult situation when it comes to health insurance. If the employer chooses to, it may offer a group type of health insurance to the employees. When applying for coverage, the overall costs will be based on the number and physical condition of all the employees who wish to participate.

High-risk individuals and those with pre-existing conditions will bump up the costs for everybody. Even so, the costs for this type of coverage will usually be better than if each employee obtained an individual policy. Employers are not required to cover other family members and can choose the percentage of the employee's costs that they will cover.

Group health insurance generally offers the best coverage at the most affordable price. Group insurance is available to all eligible employees of the company offering the health insurance and generally also to the employee's immediate family members, including spouse and/or children. A group plan must accept every eligible employee even if the person has a known pre-existing condition and even if that person or his/her family members fall into a high-risk category.

Whether you need private health insurance if you participate in a group health plan is not an easy question to answer. To adequately assess this situation, you've got to review your group insurance coverage and compare it to what you need.

Some group health insurance plans exclude certain medical services such as dental and vision care, experimental treatments, cosmetic surgery, some mental and substance abuse therapies, and more so you may find you need to complement your group plan with a private health insurance plan. In doing so, you'll incur more costs so you'll have to weight the additional benefits against the additional costs to see what makes sense for you.

Rising Health Care Costs: What You Need to Know

Americans pay more than one and a half trillion dollars for medical care each year and costs related to all manner of health care, such as prescription drugs, continue to skyrocket. While some of the reasons behind this booming bill are understandable, Americans caught in a cash crunch might be surprised to find out some of the lesser-known causes of high health care costs.

The words "health care" might invoke images of doctors, nurses and hospitals, but the reality is that the medical field is a business and a ruthless one at that. Individual practitioners, researchers and participants may have wonderful intentions and a true desire to help people, but the structure of the American health care system ensures profit is the number one issue of importance.

Here are some facts that may help explain the high costs of American health care:

Pharmaceutical research and development companies spend roughly \$20 billion each year on R&D, and about the same amount on advertising and self-promotional marketing activities.

Additionally, drug companies have as many sales people as there are doctors in the United States. One of the responsibilities of this sales force is to convince doctors to attend pharmaceutical company-sponsored seminars where drugs are showcased.

According to some economists, the purchase of new technology is responsible for more than 50 percent of new health care spending over the last three years.

Much of the money Americans pay for health care finds its way into the rising profits on health care-related products and services such as the provision of medical insurance. Even higher costs have been forecasted for the future, especially for prescription drugs.

For many Americans who are unable to afford the health care they need, rising costs represent an ever-increasing barrier to medical services and products. The financial burden is also felt on the larger national scale with about 15 percent of gross domestic product going toward health care costs. That is equal to about one quarter of the annual federal budget.

Comparatively, Canada invests around 10 percent of its GDP on its public health care program. Unlike the United States, Canada's health care program is universally available to all citizens and permanent residents without cost.

Other countries, such as Germany, where there is a public/private delivery system model for health care, manage to serve their populations for even less while still having better longevity than Americans. This proves that the quality of health care does not rise proportionally with the amount of money spent to attain it.

While many Canadians supplement their universal health care with added insurance to cover the cost of medication and perks such as semi-private or private hospital rooms, health care insurance is much more essential in the United States. Unfortunately, costs have been rising dramatically, making health care insurance out of reach for many Americans. Currently, more

than forty million Americans do not receive any kind of health care benefit.

For employers, providing health care insurance for employees is also becoming more expensive, with increases dramatically outpacing inflation rates. Some years, the difference is four or six fold. Even if premiums were to remain static, offering health care insurance to employees still costs several thousand dollars per worker. For smaller companies, or for those who employ a large number of people, these costs can be prohibitive.

Measures to reduce health care costs are always under consideration, though many are not popular choices. Suggestions that have been put forward by various sources have included:

Increased drug awareness and education. Millions could be saved if health care insurance covered only generic versions of drugs that have been proven just as effective as their more expensive brand name counterparts.

Terminate expensive treatment options will only add a short amount of time to a patient's life, particularly if it will not be quality time (i.e. patient is in a coma).

Promote preventative care such as smart lifestyle choices, proper nutrition and exercise.

Examine to ways to control drug advertising to consumers. There is speculation that advertising has led to prescriptions of non-necessary drugs.

Limit malpractice liability so doctors and medical professionals do not feel pressured to cover themselves by ordering unnecessary tests to substantiate conditions they already know to be present.

Shopping Around: 10 Things TO Consider When Choosing A Health Care Plan

You have decided it's time to buy health insurance and it can be a very daunting task to figure out everything. Here are 10 of important factors you should consider when you choose your next health care plan.

1. Let's start with the most important one first, doctors are the backbone of any health care plan and you will have to consider a few things before you grab that health care plan. If you have a family doctor that you have had for many years or someone you really trust than you will have to be sure that an continue seeing him or if you have to chose one from the listed health care providers who are on the plan you are considering. You may also have to consider whether there is a doctor close enough to where you live.

2. Pre-Existing Conditions can cause a lot of confusion because a lot of times people take this part of the health care plan for granted. Many times people don't realize they must check and make sure how the plan deals with pre-existing conditions or they could be left out in the cold. Every insurance carrier has different pre-existing conditions that are covered so checking into that will be very important for you to do.

3. Specialists for certain medical conditions are another very important factor you may want to look into. If you use a specialist now you will want to see if he or she is in the network of approved specialists. If not, you may have to look for new one. Not every health care network will cover this in their insurance.

4. Emergency Care is probably one of the most important things you will need to check out. In today's fast paced world more and more people are using emergency rooms instead of visiting their doctors. The word emergency can also get you into some trouble with your health care provider. Not every person and health care plan define emergency the same way so finding out what is covered is crucial.

5. Check ups and Physicals are usually given yearly but sometimes more often. If you getting these done often most health care plans cover them but some don't so be sure to check into that. If you have kids you will want to make sure they are covered for checkups too.

6. Exclusions can be a gray area if you don't have a list to go over from your health care provider. Exclusions can vary by carriers so finding what is in your plan will be very important.

7. Costs are another very important factor to compare. Once you have all the plans in front of you comparing the costs of each plan and what they offer could be the most important decision you make about your health care future.

8. Prescription Drug Coverage has become one popular part of any health care plan. In today's world prescriptions can get very expensive so coverage for this kind of medicine is extremely important. Most health care providers have co-pay for prescription drugs and some are free or at a very reduced rate. Some will pay for generic medicine and some won't, all these all very important factors for you to consider.

9. More services are given under certain health care plans. Some of these extra services will be of no use to you; however some of them are ones that you will want to have. Some of these are mental health, nursing homes, and drug treatment to just name a few.

10. OB-GYN coverage is another important part of any health insurance plan especially if you see an obstetrician often. If you're also considering fertility treatments you will also have to look into that when you go over your coverage. Finding out how much you will have, as an out of pocket expense is very important when you are considering OB-GYN coverage.

When you look at health insurance coverage there are a lot of factors you will have to consider before you can make that decision. Never rush into any decision without getting all the information you can get. Take your time and you will make a good health care decision.

The Role of the Health Insurance Broker

A health insurance broker is just like any other type of broker; this one just happens to specialize in the field of health insurance. A broker is somewhat like a matchmaker. His responsibility is to match up those seeking health insurance with health insurance companies

that most closely match that person or group's needs.

Health insurance brokers are sought by those individuals who, for various reasons, do not belong to a group insurance policy. These individuals are often the self-employed, or those with pre-existing conditions. However, a health insurance broker will also work with the coordinators of group insurance benefits in much the same way he works with an individual.

The broker is given a list of desired benefits, either by an individual or a group coordinator, and the broker shops around to find the best match. The health insurance broker then presents what he feels is the best plan based on the list of needs, and if the person or group benefits coordinator agrees, the broker usually works to get a contract signed by both parties.

Who Does the Health Insurance Broker Work For?

It's important to understand that a health insurance broker does not work for a health insurance company. Instead, a broker makes it his business to know all about the different health insurance companies in the area including their reputations, their frequency of rate increases, and even such things as the way they treat policy holders who submit a lot of medical claims.

But even though the health insurance broker is different from a health insurance company, it often does happen that a broker is given an incentive (usually a financial incentive) to recommend one health insurance company over another.

Will it Cost More to Use a Broker?

Does the cost of health insurance differ if it is secured by a broker? That's difficult to answer in general terms. A health insurance broker might be able to get an individual included in a group plan that is offered by the state or a trade union or organization and in such a case, an applicant might find the rates are lower and the coverage better than if he had attempted directly applying via a health insurance company.

Most health insurance brokers work on commission and only make money when they've matched up insurer and insured. That means that one party or the other (and in some cases, both parties) typically is responsible for paying the broker's fee.

Because the rates and the rules regarding health insurance are continually changing, health insurance brokers are few and far between. Most states do have licensing requirements that brokers must meet before they're allowed to work as a health insurance broker. And because these requirements are issued at the state level, they differ from state to state. But if you find yourself lost in the tangled web of health insurance red tape, consider working with a health insurance broker. That person might just turn out to be your best ally.

On Your Own And Covered: Keeping Insurance After Moving Out

Now you're heading to college and you are worried about losing your insurance that you had

when you lived with your parents. Insurance that you had at home usually doesn't carry with you unless you are home. These are important factors to look into before you can make any kind of decision about insurance. Should you be worried? Will the coverage follow you no matter where you live? All good questions that need some good answers. Let's look and see if we can figure it out. Now that you know college is in your future it's time to check all your options you have for health insurance.

If you are staying in school most companies will let you keep your parent's coverage as long as you're between the ages of 19-25. Now not every policy will let you do this and there could be some exclusions that you're not aware of. The best thing to do is have your agent check the policy to make sure you're covered in the way you want to be. It's always best to have more than enough coverage than not enough.

Another option that you have open is COBRA. COBRA is the Consolidated Omnibus Budget Reconciliation Act, which basically means you could be eligible for temporary insurance coverage under the act by continuing the coverage your parents have on you. As always check with your parent's agent to see if you're eligible.

Short term insurance coverage is something that you might consider, if you will no longer be covered on your parent's policy, or if you were never covered to begin with. If you're getting a job in a short period of time you may only need a short term fix for your insurance needs. Try comparison shopping for short term insurance as the prices could vary with different carriers.

Short term insurance is just what the name implies, for a short period of time. This also means that the price may be more costly than most can afford. College students tend to have to pay higher prices than those not currently enrolled in school, so if you are a student, this might not be the best option for you.

Individual health insurance coverage will keep you covered permanently, but has a lot of drawbacks as well. Individual coverage can be quite expensive and you probably will have to qualify medically to get coverage. This is really a last resort as you should try the other options like getting it through your employer or through COBRA might even be a little cheaper.

Different jobs from different companies sometimes give you instant coverage. Other companies give you coverage usually 30-90 days after you're hired in. If you are seeking a low premium, you can select a higher deductible.

College students might even have the luxury of going to their school and see if they have insurance that is available to students enrolled at the college. Many times schools can get a cheaper rate for their students while their attending. This is something you may look into before you purchase any kind of insurance.

Parents may also have the option of insuring you while you're in school on their own policy for a little more than they normally pay. Insurance agents will be able to help you out with that if it's available. Most agents will try and work with you as their job is to make money and helping you out now will earn them a customer in the future. It's just good business sense. Make sure you check back often with your agents as today's insurance market is ever changing.

Insurance is probably one of the most misunderstood things for young college students. Never really dealing with it most of their lives it's hard for students now to realize they have to take the lead in getting insurance coverage. Words like COBRA and deductible can sometimes overwhelm the young college student.

Proper education is the key to making sound decisions when it comes to buying insurance. In the end you will need to sit down with people you trust and make informed decisions on your insurance needs. There are many variables so sitting down with people you trust are very important before you sign any agreement.

The Benefits of Low Cost Health Insurance

To protect and preserve one's health, low cost health insurance is needed. Due to the increasing costs of doctor's professional fees and hospital charges, there should be low cost health insurance available to everyone. US government statistics show that more than 40 million Americans do not have low cost health insurance. Health care prices are rapidly and continuously going up and many people cannot even afford basic health care insurance.

Low cost health insurance are programs that offers health insurance policies at a much lower price. Students, the unemployed and low-income families are the best candidates for such low cost health insurance. These people can choose from a list of low cost health insurance policies that offer coverage at a minimal price.

These low cost health insurances offer low premiums compared to the other health insurance programs out there. In some of these plans, the employer pays part of the premium. It is important that, although not expensive, the plan should fit the individual's needs. The low cost health insurance plan should also offer protection against major illnesses such as cancer and diabetes.

The disadvantage of low cost health insurance is that, because of the lower premium, there are also less benefits. The low cost health insurance typically offers basic coverage such as paying the cost of hospital, surgical, and physician bills. Operating room, diagnostic procedures, anesthesia, and laboratory expenses are usually covered also.

However, individuals with low cost health insurance get very few of the great benefits that are offered by other health insurance programs such as surgical expenses including the assistant surgeon's professional fee, ambulance service, blood transfusions, oxygen, prescription medications, and even prosthetic devices.

Student health insurance is a type of low cost health insurance, which offers insurance to full time college students between the ages of 17 to 19. The undergraduate students must be enrolled in at least nine credits to qualify for this type of insurance. Graduate students may also apply for this type of low cost health insurance program.

These students should be enrolled in a college or university that is recognized and accredited by the state. Universities and colleges usually offer this type of student low cost health insurance

so if college bound, check the coverage being offered because each university's insurance policy is different. Other low cost health insurance providers can provide student health insurance also.

The most important advantage of this low cost health insurance program is the cost. A low premium is offered. It is also recognized even if the student transfers to another university or college. The standard college student health insurance program is a low cost health insurance policy that costs less but has fewer benefits. Independent individual policies cost more but offer much better coverage.

Health Insurance Quote

Health insurance is important to everyone because you never know when an emergency or illness will show up. It is very expensive nowadays to get sick and not everyone can afford to pay the high cost of doctors' fees. The skyrocketing price of hospitalization, diagnostic procedures, medications, and follow up visits make it even more difficult. This is the reason it is beneficial to consider the different health insurance quotes offered by all the companies out there.

Everybody needs to get health insurance. To do so, you should pay attention to the health insurance quote being given by different companies. One should take extra care in choosing which health insurance quote to consider because each health insurance company offers a different policies. Make sure the health insurance quote is not being sugar-coated by the company that is offering it.

The tremendous increase of health insurance prices in recent years is the reason why people are becoming more and more interested with health insurance quotes by different companies. The high incidence of diseases has been attributed to various health-related factors such as lack of regular exercise, unhealthy food choices, exodus of doctors away from poor areas and rural areas, alcohol consumption, cigarette smoking, the popularity of drug addiction, increased body fat leading to obesity in a big fraction of the population and the sedentary life led by most individuals nowadays.

Health insurance quotes first started in 1694 by Hugh the Elder Chamberlen. In the late 19th century ,health insurance quotes were for disability coverage only.

Now, a health insurance quote includes what the insured will get should he choose that insurance. The insurer pays the medical costs of the insured should the insured become afflicted with sickness due to diseases or accidents covered by the health insurance. There are private organizations and government agencies who offer health insurance.

Health insurance quotes may come from private companies or they maybe government-sponsored. Government health insurance maybe offered on the federal, state or local level.

Health insurance coverage quotes can come from a managed care plan. Their health insurance quotes include plans having their own doctors and hospital affiliations which would readily

provide health care to their members should they need such. However, the disadvantage of this type of plan would be that if you visit a doctor or hospital out of the plan's network, a charge will apply.

A Fee-of-Service plan's health insurance quotes will offer payment for the doctors and hospital bills. The insured will pay the company a monthly premium. Two kinds of fee-of-service plan exist. One of them is the basic health insurance, which offers to pay the room and care during confinement, the cost of surgery, along with some diagnostic procedures and the medications. Another fee-of-service health care plan includes paying the cost of long-term illnesses or injuries.

Health Insurance Scams: How to Protect Yourself

Crime invades every spectrum of life in the United States and around the world and sadly, even people trying to protect them and their loved ones from health-related financial burden are at risk. Federal statistics show a steep rise in the number of fraudulent or unlicensed health insurance companies in recent years.

The result? Hundreds of thousands of Americans spent their money on what could be worthless health care coverage that should have been worth more than a quarter billion dollars. Most of the bogus insurance is provided through employer-sponsored programs where scurrilous shysters have access to hundreds of potential victims, or to self-employed workers and small businesses that may not be able to afford or participate in a decent group plan.

It has been suggested that the high cost of health care benefits in the United States has contributed to the rising number of health insurance scams. With more than 40 million Americans living without any kind of health care insurance, fraudsters have a huge market of people who want to think they are getting a deal on a service that offers medical protection for their families. In fact, a Georgetown University study found the dramatic increase in medical care insurance scams has risen at the same time health care insurance premiums have recorded double-digit rate hikes.

Often, the scam does not reveal itself until after one of these unfortunate beneficiaries tries to use their health insurance to cover an approved medical situation. By then, depending on the family's ability to pay for medical services without insurance, a financial crisis may already be in the works. State governments tend not to offer guarantees or financial protection when health care insurance plans are revealed as a swindle or if the insurance provider is unwilling or unable to pay for legitimate claims.

Despite the awfulness of perpetuating such a horrible crime, fraudulent health insurance companies often get away with their stolen money intact. Authorities are unable to simply swoop in and arrest the bad guys; investigations take time and organization if they are to succeed in getting enough evidence to bring about a guilty verdict in court. Unfortunately, by the time such an investigation can be mounted and authorities can make a move, fraudulent health insurers have had a chance to hide their assets or have moved on to another location under another name.

There are several things that may make you suspicious about the legitimacy of a health insurance provider. First among these is price. Fraudulent medical insurance companies tend to offer cut-rate prices as a way of luring victims to hand over their money. The truth is that health insurance can be a pricey prospect. If you think you're getting too good of a deal, you're probably not getting a deal at all. As the old adage goes, if something seems too good to be true it probably is.

A second indicator that the health insurance provider you are dealing with might be a scam operation is the presence of less than usual or even the absence of the regulations that govern other insurance providers.

Fraudulent health insurance plan providers also try to attract potential clients by boasting about regulatory freedom at the state level. Don't be fooled: legitimate health insurance providers are not immune from state regulation. Quite the opposite is true. Many types of insurance, including health care insurance, are regulated primarily by each state.

Additionally, while health care insurance fraud is a nation-wide problem, a survey of some of the identified medical insurance scams has revealed Texas and Florida as particular hotbeds of fraudulent insurance activity. Beware of any health care insurance providers that have recently started business. Check with your better business bureau to make sure there have been no complaints.

There are some things you can do to protect yourself against fraudulent health insurance plan scams. The first thing you can do is be aware that bogus plans are out there. The second step you take to protect yourself while still getting a reasonable health care insurance plan is to educate yourself about your available options: shop around, ask questions, request proof of licensing (operating an unlicensed insurance operation is illegal in every state), get recommendations and contact a state insurance commissioner to verify the legitimacy of a health care insurance operation before you sign anything.

Health Insurance Coverage

Health insurance coverage is very important because it gives one the security that should anything happen to him, he and his family would not need to worry. Health insurance coverage usually includes medication, consultations with doctors, hospitalization and hospital stays. Some health insurance coverage even include diagnostic and treatment procedures costs.

Health insurance coverage gives one peace of mind. If you have health insurance coverage and become sick, you can relax and worry less knowing that your health insurance coverage will take care of the cost.

There is a variety of health insurance coverage plans to choose from. One of them is the managed care plan, in which the insurance companies offer their own doctors and hospital affiliations which would readily provide health care to their members should they need it. However, the disadvantage of this health insurance coverage is, should you prefer to visit your

own doctor or be admitted in the hospital of your choice, this health insurance coverage plan would require that you would pay a certain amount.

A Fee-of-Service plan is a health insurance coverage plan in which the company splits with the insured the cost of the doctors and hospital bills. The insured usually pays the company monthly. Two kinds of fee-of-service plans exist. One of them is the basic health insurance coverage with pays the room and care during confinement, the cost of surgery, along with some diagnostic procedures and the medications. The other fee-of-service health care coverage plan pays the cost of long-term illnesses or injuries.

Health Maintenance Organization plan or HMO plan provides for the doctor's consultation, confinement, surgery, and diagnostic tests. However, the insured in this health insurance coverage plan has no liberty to choose his own doctors or hospital. This type of health insurance coverage plan also offers immunizations, check-ups, mammograms, and other health care in order to prevent illness and minimize the cost.

Those who are members of this health insurance coverage plan simply pay using their membership card. Choice of physicians is limited because the insured in this health insurance coverage should first consult the HMO doctor. The HMO physician is the one who would refer the insured to specialists if needed. Another kind of HMO health insurance coverage allows the insured to be referred to a specialist that is not a member of the HMO pool of physician.

There are diseases that last long and are very expensive to treat such as cancer that may take a long time to cure. People with cancer who bought health insurance coverage prior to acquiring the disease would have fewer worries regarding the medical cost of curing the disease. Nobody would like to get cancer because it is painful and sometimes, terminal. The physical and emotional burden is very hard on the patient, and having one less aspect to worry about makes this health insurance coverage an attractive option.

Diabetes is also a good reason to get health insurance coverage because this disease requires continuous treatment and expenses in order for the diabetic to maintain good health. Health insurance coverage is needed because of what the insured would need to spend on doctor's consultations, medications, and equipments such as blood sugar monitor.

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