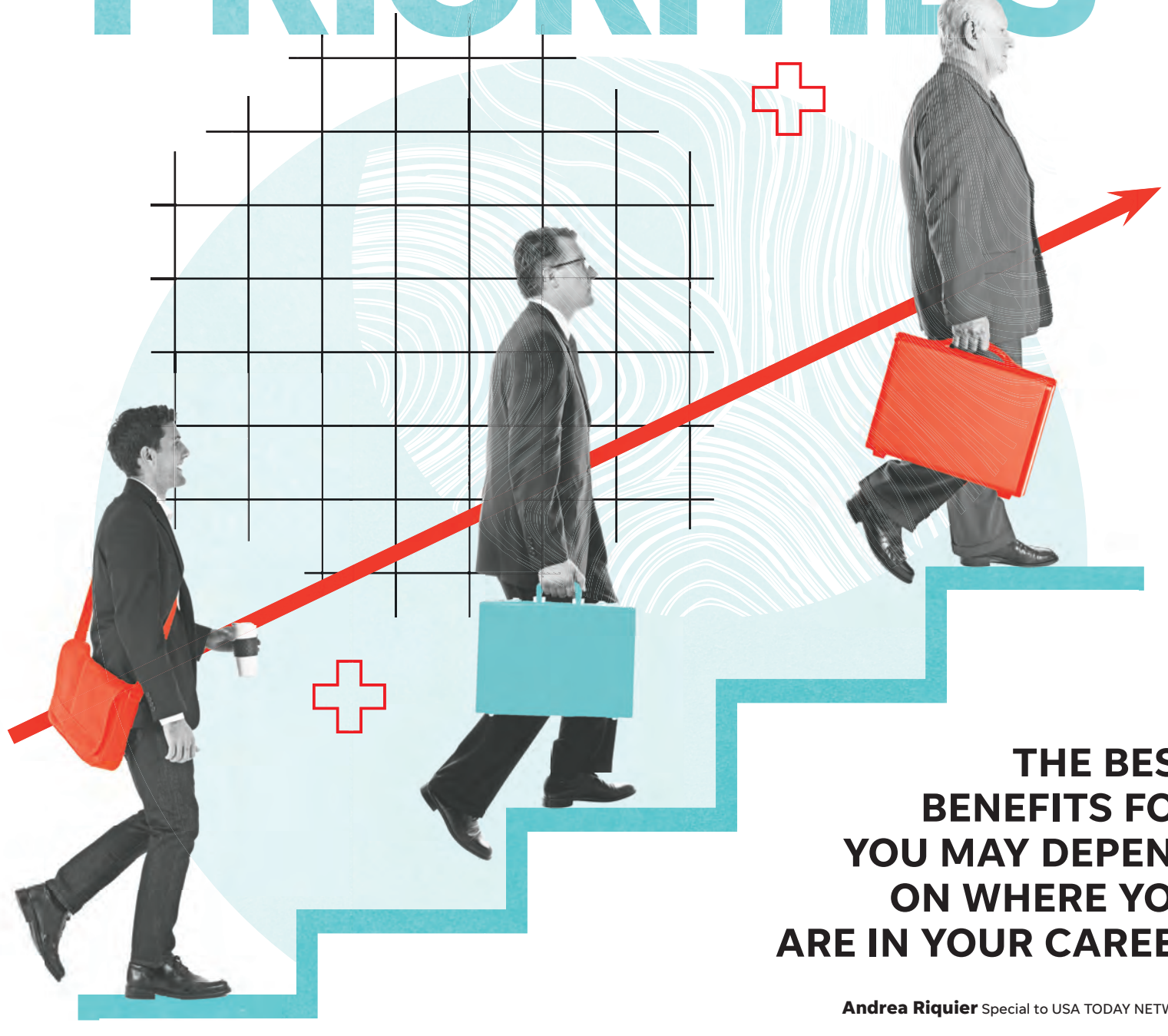
OPEN ENROLLMENT SEASON IS HERE

AS EMPLOYERS OPEN UP ENROLLMENT FOR HEALTH INSURANCE AND OTHER BENEFITS, HERE'S OUR **GUIDE TO WHAT TO SIGN UP FOR**

SETTING PRIORITIES



THE BEST BENEFITS FOR YOU MAY DEPEND ON WHERE YOU ARE IN YOUR CAREER

Andrea Riquier Special to USA TODAY NETWORK

Navigating open enrollment can be overwhelming, especially since your needs may change over the course of your career. To help you simplify the process, here are some smart ideas and best practices for the benefits you should prioritize according to where you are in your working life.

Early-career workers

When you're just starting out, some of the choices you face may seem contradictory. Still, it makes a lot of sense to plan ahead, even way ahead, so that you can smooth out the ups and downs that will come over the years.

At this stage of your working life, you probably don't have thousands of dollars to drop on an unexpected medical expense. That's why your choice of health insurance is critical. If your employer offers both high and low deductible health insurance plans, take the *lower deductible* option. That means the insurer will start covering expenses earlier, and you'll pay less out of pocket when you need to access coverage.

But on the flip side, if your company offers something called a health savings account, take that — along with the *high-deductible* plan. You'll contribute an amount of your choice to the HSA from every paycheck and can use those funds to pay for any expenses not covered by your provider. If you don't use the money, it stays in the account until you need it.

Saving early for retirement could also be a good idea.

"Regardless of age, one of the first things that people should take advantage of is saving into 401(k)s or 403(b)s if they're offered," says Anora Gaudiano, a financial adviser with Wealthspire Advisors. These plans are often referred to as "defined contribution" benefits.

There are some nuances, Gaudiano says: early-career workers, for instance, may want to take advantage of any available Roth options in their savings accounts. That would mean contributing income after taxes, but they won't have to pay any taxes on withdrawals later in life

"But that decision shouldn't be as important as just taking the step to contribute," says Gaudianoa.

David Alvarez, a financial adviser with PAX Financial Group, takes a different approach. "Pay off debt before you start investing," he says. "Some people disagree with that because if the company offers a match, that's money left on the table. I just firmly believe, especially if you have debt that's charging you 14%, 15% interest, you're never going to get out of it unless you prioritize it."

With that in mind, be on the lookout for student loan repayment benefits. Not all employers offer them, but they have obvious advantages, and if you're choosing between two job offers, the cost benefit could tip the scales.

Prime working age (Roughly mid-30s to early 50s)

By now, you may have children or other dependents, and a reimbursement benefit, whether paid directly by your employer or offered as a pre-tax deduction, may be invaluable for "costs you're paying anyway," Alvarez says.

Retirement is drawing closer, so now is the time to ramp up your contributions to your savings, trying to meet the maximum amount your employer will match, experts say.

It is also a good time to consider supplemental health plans — coverage for things like critical illness, accidents, or hospital stays. They can fill in gaps your regular medical insurance may not cover.

"Critical illness coverage becomes more important as we start to realize we are mortal," says Dani McCauley, who handles benefits and enrollment solutions at Aon. Similarly, accident coverage may be wise for families with children.

Another good idea for mortals: life insurance. This type of coverage is a replacement for salary if something happens to you, Alvarez says, and is especially critical if you have a family and your spouse doesn't work, one of you has medical problems, or some combination of factors. In fact, Alvarez says you might even want to consider coverage above and beyond what your employer offers.

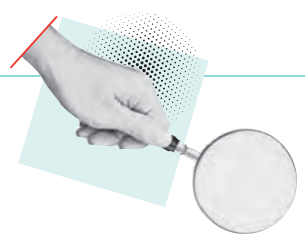
How much is enough? "If you still have two college educations to pay for and maybe 20 years of work ahead of you, we typically think about ten times your annual salary as a starting point," Alvarez says.

Late career

At this point in your career, you should be focused on maxing out all your retirement vehicles, Gaudiano says, building on a lifetime of saving. "You want to come to this point already prepared," she says.

If you haven't already started to make use of a health savings account, now would be a good time. You can use the money for some long-term care expenses, which will start to become more important as you age.

Identity theft and legal coverage are benefits that McCauley also recommends. If you've never had a need for such services before, you'll probably want to tap them at this point for writing a will or otherwise planning your estate.



INSURANCE TERMS DEFINED

Deductible: The amount you must pay for covered health care services before insurance starts to pay. A plan with a $5,000 deductible requires that you pay $5,000 out of pocket before insurance will kick in, for example.

Co-payment: A fixed amount that you are charged for a service, such as a doctor's visit, after you've paid your deductible. If you have not already paid your full deductible, you may have to pay something called the **allowable cost**, which may be more than the co-payment.

Allowable cost: The maximum amount a plan will pay for a covered health care service. If a health care provider charges more than the amount allowed by an insurance plan, you may have to pay the difference.

Premium: The amount you pay for your health coverage each month. You generally pay a higher premium for health insurance that covers more, and a lower premium for a more bare-bones plan. Either way, it's important to remember that the premium is only one part of your overall health care spending.

SOURCE: HealthCare.gov https://www.healthcare.gov/glossary/premium/

PHOTO ILLUSTRATIONS BY KAYLA FILION/USA TODAY NETWORK; GETTY IMAGES

CHECK OUT THESE
EMPLOYER PERKS

SOME COMPANIES OFFER SEVERAL BENEFIT OPTIONS BEYOND HEALTH INSURANCE

Adam Shell Special to USA TODAY NETWORK

Health care insurance isn't the only carrot that employers dangle in front of workers during open enrollment. ● There are many other perks and voluntary benefits offered to employees that may fly under the radar — things like supplemental life insurance, pet insurance, prepaid legal plans, health savings accounts (HSAs), and identify theft protection — but might be worth signing up for. ● Employer-based open enrollment, the time each year when employees can enroll, elect, or change benefits, kicks off in late fall and lasts two to four weeks. While packages vary by employer, employees make 17 benefit decisions on average during the open enrollment period, according to Voya Financial.

If you skipped over these extra coverages in the past, consider taking a closer look this year. Just checking off the same coverages as last year could prove costly.

"Circumstances change," said Rich Fuerstenberg, senior partner at Mercer, a consulting firm. "And a benefit you've ignored or declined for years now all of a sudden becomes relevant."

It's not difficult or overly time-consuming to review all the benefits your company is offering. Why risk missing out on a benefit that can fill a coverage gap? Or pay full price for your dog's surgery? Or pass up help if a hacker steals your identity?

Of course, not every person has a need for these types of coverages. That's why deciding if you should pay for these extra benefits — which often cost less than if you purchased them yourself — is "situation dependent," said Nate Black, vice president of health solutions product development at Voya Financial.

"You have to ask yourself, 'Will I need those services?'" said Black.

A good example is deciding whether to take dental or vision coverage. If you're due for a root canal or your kid needs braces or you have cataract surgery scheduled next year, paying for the coverage could save you money.

When making selections, pay more attention to catastrophic coverages that provide financial assistance in the event of your death or an unexpected disability that makes it impossible to earn a paycheck, says Fuerstenberg.

Sure, there's only a small probability you'll need to tap life insurance or long-term disability benefits. "But when you need it, you really need it," said Fuerstenberg.

In contrast, it might be easier to forgo benefits such as dental or vision coverage if you're able to pay the bills on your own. "Most people don't go broke because they didn't buy vision coverage," said Fuerstenberg.

Here are some perks you might not be aware of that are worth a closer look:

Supplemental life insurance. If you have a mortgage, a new baby, college-bound kids, or other big bills that will need to get paid if you die, it's prudent to consider buying additional life insurance through your employer. Premiums often are cheaper at your company's group rate than shopping for a policy on your own.

"This is a benefit we often see people under-investing in," said Black.

Disability benefits. If your paycheck is critical to your family's financial survival, short- and long-term disability insurance could be a lifesaver. These policies pay cash benefits that replace your wages in the event you can't work due to a non-work-related injury or illness. Short-term coverage typically lasts 26 weeks, while long-term disability can provide coverage for two, five, or 10 years, until age 65 or for life, depending on your policy. "It is valuable if people are financially dependent on you," said Black.

Pet insurance. If you're one of the 86.9 million U.S. households who own a pet, according to the 2023-2024 APPA National Pet Owners Survey, you know taking your pet to a veterinarian isn't cheap. The amount spent on visits to the vet by households with one dog rose from $224 to $362 between 2020 and 2022, a 62% rise, according to the American Veterinary Medical Association.

Surgery for your pup costs even more: Expect to pay $500 to $7,000, according to a OnePoint survey conducted for pet insurer Lemonade. Be ready to pay for X-rays, tests, and overnight vet stays, too. The bottom-line: If the price is right, pet insurance may be worth it, especially if you own an aging dog.

Health savings account. Not everyone needs a health plan that comes with high monthly premiums and low out-of-pocket costs. Often, selecting a high deductible health plan (HDHP) with lower premiums is the more cost-effective way to go. A big benefit of choosing a HDHP is you're eligible for a Health Savings Account (HSA), a type of savings account akin to a 401(k) retirement plan that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. HSAs come with a triple-tax advantage: Your deposits are tax-deductible, growth is tax-deferred, and withdrawals are tax-free.

Other benefits that are often overlooked include:

Identity theft protection. If a cyber-thief steals your identity, this coverage helps pay for costs related to restoring it, such as legal or administrative fees.

Pre-paid legal insurance. These plans provide access to lawyers who can handle basic legal problems, such as wills, real estate transactions, and document review.

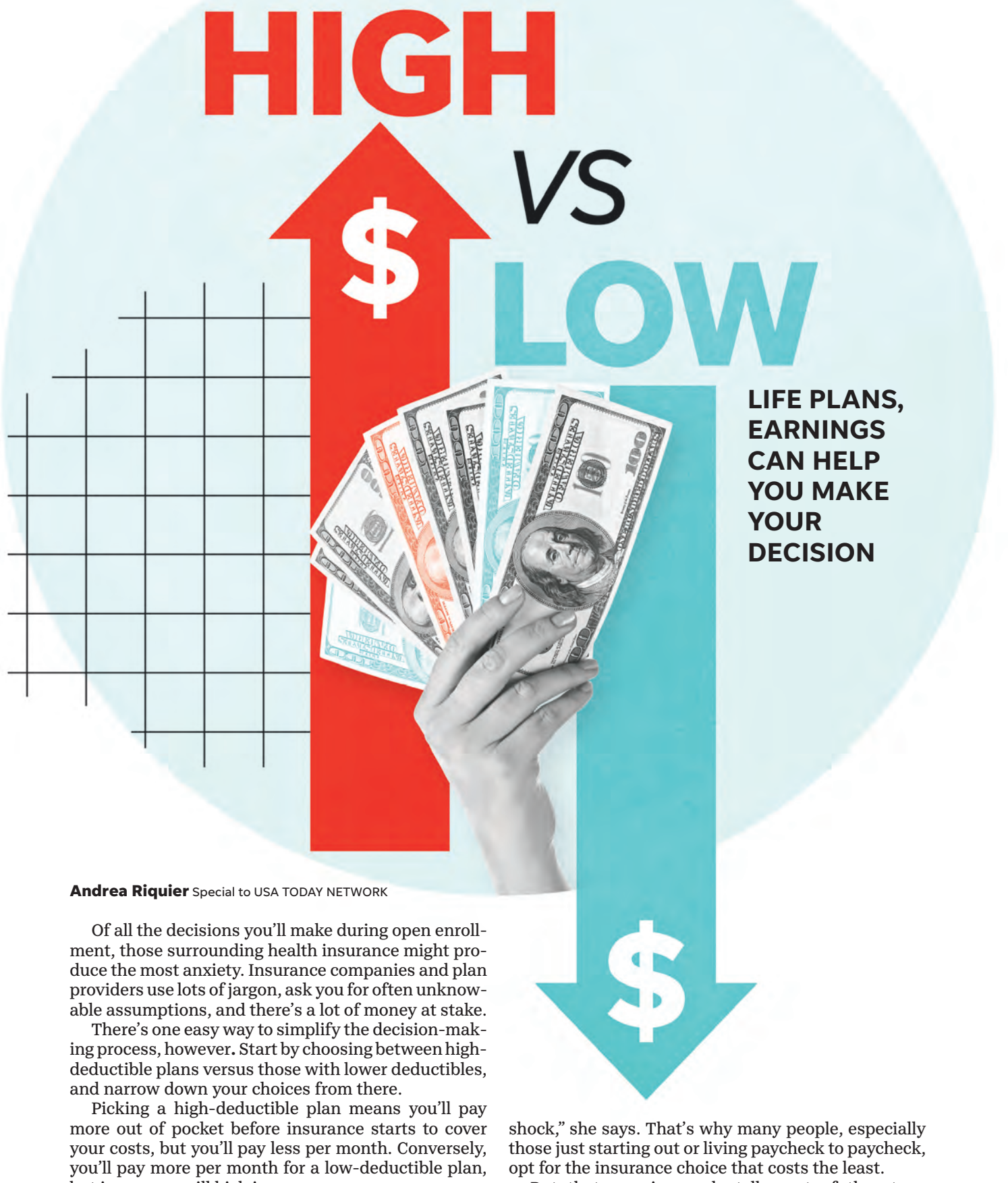
Accidental death and dismemberment (AD&D) insurance. Accidents happen, and an AD&D policy will pay a benefit when a covered accident — such as a car crash, falls that cause injury, or workplace or fire-related accidents — results in death or causes serious injuries like loss of a limb or paralysis.

Critical illness insurance. This covers you in the event of a life-changing covered event, such as a stroke, heart attack or organ failure. The cash benefits can be used how you wish, ranging from paying for everyday bills to surgery.

Hospital indemnity insurance. This coverage supplements your existing health plan coverage during hospital stays and may also cover expenses during at-home recovery.

Employees should also be on the lookout for benefits such as mental health coverage, financial coaching and student-debt assistance programs. And don't overlook any new benefits outlined in your enrollment packet, either.

DEDUCTIBLES



Andrea Riquier Special to USA TODAY NETWORK

Of all the decisions you'll make during open enrollment, those surrounding health insurance might produce the most anxiety. Insurance companies and plan providers use lots of jargon, ask you for often unknowable assumptions, and there's a lot of money at stake.

There's one easy way to simplify the decision-making process, however. Start by choosing between high-deductible plans versus those with lower deductibles, and narrow down your choices from there.

Picking a high-deductible plan means you'll pay more out of pocket before insurance starts to cover your costs, but you'll pay less per month. Conversely, you'll pay more per month for a low-deductible plan, but insurance will kick in sooner.

Depending on your situation, this decision may be fairly straightforward, experts say.

If you are now, or you expect to be, a heavy user of medical care, you should opt for a lower-deductible plan, says Jeff Levin-Scherz, who serves as population health leader for North America health and benefits at Willis Towers Watson. That means if you currently have a chronic illness, if you have hobbies or play sports that might cause accidents, or if you plan to become pregnant, a lower deductible plan may be the best option for you.

In contrast, if you rarely use health care, you might be OK taking a chance on a higher-deductible plan and spending less per paycheck.

If you don't make a lot of money, you are probably better off opting for the lower-deductible plan no matter how much health care you may or may not use. That's because for many people in this category, an unexpected medical bill of a few thousand dollars may be impossible to manage, says Dani McCauley, senior vice president for voluntary benefits and enrollment solutions at Aon.

"The per-paycheck cost is pure visual sticker shock," she says. That's why many people, especially those just starting out or living paycheck to paycheck, opt for the insurance choice that costs the least.

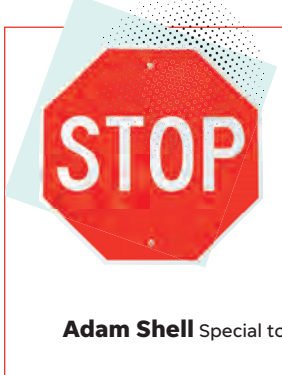
But that premium only tells part of the story, McCauley says. To get a fuller picture, you need to add those premiums, plus any co-payments, plus any out of pocket deductibles, she says.

Meanwhile, if you are lucky enough to be a high earner, a high-deductible plan is probably your best bet. That's because employers usually offer those plans alongside tax-advantaged health savings accounts, into which you can make deposits for out-of-pocket medical costs. Those tax savings can really add up, says Levin-Scherz.

No matter which option you choose, you want to make sure that any doctors you currently use or hospitals you might go to are in the plan Levin-Scherz stresses.

See if you can view the insurance plan documents to make sure that any products you need — insulin, for example — are covered. Also make sure you understand the plan's coverage for office visits.

And perhaps the most important advice is to "take your time," McCauley says. "You're going to do this once a year and that's it. Take 30 minutes to really understand what your options are — and remember they change year to year."



BENEFITS YOU MAY WANT TO DECLINE

Adam Shell Special to USA TODAY NETWORK

Not every benefit offered by your employer during open enrollment is a must-have. Sure, it's critical to get health care coverage. But when it comes to extra perks, such as legal insurance, identity theft protection, and supplemental insurance coverages, the level of need is more about each worker's unique circumstances.

"Which ones should you pay attention to, and which ones should you ignore? There's no one right answer," said Sander Domaszewicz, principal and health care consultant at Mercer, a consulting firm. "You have to think through this and ask, "Is this applicable to me?"

To help decide if you should or should not select a benefit, ask yourself two key questions:

1. Is the coverage you had in the past OK for the following year?

2. What's new? (e.g., what's new in your life? Is your employer offering new benefits, new plans?)

"If you look at what's changed in your life, you start to look at benefits through a different lens," said Rich Fuerstenberg, senior partner at Mercer.

Using this logic, here are some coverages that some people might consider passing on:

Pre-paid legal insurance. Most people won't need a legal eagle. So, the extra monthly cost probably isn't worth it. And many plans only offer basic legal services, such as drawing up a will. "The reality is, you're way more likely to need health insurance than you are legal services," according to a blog post from Ramsey Solutions, a financial advisory firm. "When was the last time you needed a lawyer?" A better strategy is tapping your emergency fund to pay for one-time legal costs you incur.

Identity theft protection. This coverage pays for costs you incur to restore your identity. But it won't help you retrieve money stolen by hackers. You might even already have this coverage through your homeowners insurance policy, and if you don't, you can add it with a low-cost rider. You can also lower the odds of identity theft on your own by monitoring your credit reports and avoiding phishing scams, and other fraud attempts. And remember, if a bank account or credit card gets hacked, the financial institution is typically responsible for reimbursing you, according to Policygenius,an online insurance marketplace.

Supplemental health and hospital insurance. While your general health care plan doesn't cover everything or protect you against all contingencies, it still offers comprehensive coverage and basic financial protections. So, unless you really want to get extra coverage for a low-probability event, such as a serious accident, or feel you're at risk for a critical illness like cancer and are worried about a lengthy hospital stay, spending the extra money for Accidental Death and Dismemberment (AD&D) insurance, critical care insurance, or hospital indemnity insurance mighty not be worth the extra costs.

WHICH OPTION IS THE BEST CHOICE FOR YOU?

Kat Tretina and Heidi Gollub Blueprint

Health care can be a serious drag on your budget. In fact, the average household spends 8.1% of its income on health care, according to the U.S. Bureau of Labor Statistics. • Two different tax-advantaged savings accounts — health savings accounts (HSAs) and flexible spending accounts (FSAs) — can help you save on health care costs, and give your budget a break. But how these plans work in terms of contribution limits, eligibility and more varies a great deal. • Learn the ins and outs of FSA vs. HSA accounts to decide which is best for you.

What is an FSA?

A flexible spending account (FSA) is a valuable employee benefit that lets you set aside pretax money to pay for certain health care expenses. Those include co-payments at the doctor's office, prescription medications and what you spend to meet your deductible.

You can also use FSA funds to pay for a wide range of common health care related expenses such as prescription glasses and contact lenses, acne medications, birth control, dental treatments, medical equipment like crutches and far more.

Keep in mind that the funds in your FSA generally don't roll over from one year to the next, but your employer may give you a two-and-a-half-month grace period to spend the money or allow you to carry over up to $610.

According to certified financial planner Jay Zigmont, there are benefits and drawbacks to FSAs.

"The bonus is that you get to pay for medical expenses without paying taxes on your income," he said. "The downside is that an FSA is 'use it or lose it,' which means if you don't use it all during the plan year, it does not roll over, and the money is gone."

If you don't use the money in your FSA by year-end or by the extended deadline, you will lose the funds. So set aside only as much money as you know you will spend on health care during the year.

Plus, your funds aren't portable. If you leave your company, you lose the money in your account.

Eligibility

Not everyone can fund an FSA. You're eligible only if your employer offers an FSA as an employee benefit. If you purchase an individual health insurance policy on your own, such as through the Health Insurance Marketplace, you're ineligible for an FSA.

Contribution maximums

For 2023, the FSA contribution limit is $3,050 per employee. In some cases, your employer may also contribute to your FSA.

What is an HSA?

A health savings account (HSA) is similar to an FSA. If you have an HSA-eligible health insurance plan, you can set aside pretax dollars in an HSA to pay for qualifying medical expenses.

Beyond that, there are key differences. While an FSA is owned by your employer, you own your HSA, whether you fund one via your job or on your own. That means you can roll over the money in your HSA from year to year.

With an FSA, your money sits in the account until you spend it that year. But with an HSA, you have the option of using the money for current health care expenses or investing it in stocks, bonds, mutual funds and more so it can grow and cover future needs.

HSAs are triple tax-advantaged: You contribute pretax dollars, your investments grow tax-free and your withdrawals are also tax-free as long as you spend the money on eligible health care expenses.

"The difference between an HSA and FSA is that you can invest in an HSA and don't need to use it up each year," said Zigmont. "Many people are planning on keeping money in their HSA to help pay for health care expenses in retirement."

Eligibility

"An HSA is only available for people in a high-deductible health plan," said Zigmont. "You may have a choice between an insurance plan with a high deductible and one without. Choosing the plan with a high deductible may get you access to an HSA, but look carefully at your total out-of-pocket costs."

To qualify for an HSA, you must be enrolled in a high-deductible health plan (HDHP), either employer-sponsored or a plan you buy on your own. In 2023, an HDHP is defined as a plan with a deductible of $1,500 or higher for an individual and $3,000 or higher for family coverage.

Also, to be eligible for an HSA, you cannot be enrolled in Medicare or be claimed as a dependent on someone else's taxes.

Contribution maximums

In 2023, the maximum you can contribute to an HSA is $3,850 for self-only coverage, and $7,750 for family coverage. If you are 55 or older, you can contribute an additional $1,000.

How do FSAs compare with HSAs?

While FSAs and HSAs share some similarities, there are some key differences to keep in mind.

Eligibility

FSAs and HSAs have different eligibility requirements. Anyone can qualify for an FSA — regardless of their health insurance plan or deductible amount — if their employer offers this benefit. If you purchase private health insurance on your own, you're not eligible for an FSA. You can contribute to an HSA only if you are enrolled in an HDHP.

Contribution limits

HSAs have higher contribution limits than FSAs do. A single person can contribute up to $3,850 to an HSA in 2023. The annual max for an FSA is $3,050.

Portability

FSAs are tied to your employment. If you leave your job, you will lose access to the funds in your FSA. With an HSA, you own the account and the money in it.

Investment options

With both FSAs and HSAs, you contribute pretax dollars. But with an HSA, you can invest those contributions, and the earnings are tax-free.

Expiration of funds

HSAs have the advantage over FSAs in terms of timing. Your HSA balance never expires — you can roll over your contributions and earnings from year to year. FSAs don't have the option. They are "use-it-or-lose-it" accounts, so you typically have to use the money by the plan deadline or you'll lose that cash.

FSA vs. HSA: Which is better?

So which account is better: an FSA or HSA? The answer depends on a variety of factors, including your eligibility, contribution limits and tax situation.

HSAs offer more flexibility than FSAs when it comes to contributions and portability. And with triple tax advantages, HSAs are hard to beat. If you're eligible and can afford to contribute the maximum, an HSA is likely your best bet. But if you're not eligible for an HSA, an FSA may be a good option.

The bottom line: Both HSAs and FSAs have their pros and cons, so it's important to weigh the options and choose the account that's best for you.

SUPPLEMENTAL LIFE INSURANCE

DOES IT MAKE SENSE FOR YOU?

Timothy Moore and Jennifer Lobb | Blueprint

Many companies offer life insurance as part of their benefits package. That may be a nice perk — albeit one you hope to never need — but coverage is usually minimal. If something does happen to you, the life insurance payout from your employer-based policy may not be enough to cover your family's financial needs. ● Supplemental life insurance is one way to bridge the gap, but is it the right solution for your and your loved ones? We'll break down how supplemental life insurance when you may (or may not) want to consider it.

What is supplemental life insurance?

Supplemental life insurance, also known as voluntary life insurance, is additional coverage you can purchase on top of the group life insurance policy provided by your employer.

Six out of 10 U.S. employers with at least 50 employees say they offer group life insurance coverage, according to the 2023 Insurance Barometer Study by LIMRA and Life Happens. This common employer benefit usually includes basic coverage equal to one or two times the employee's salary, though some plans offer a flat death benefit, such as $20,000.

That may not be enough to cover funeral costs or for your family to meet financial obligations, such as mortgage payments, car loans, tuition or everyday expenses. If that's the case, supplemental life insurance represents one way to bridge the gap between your existing group life insurance policy coverage and your family's financial needs.

Unlike the group life insurance policy, which is free for employees, the employee typically pays for supplemental life insurance. According to LIMRA, 38% of employees participate in a supplemental life insurance program.

How supplemental life insurance works

If you don't feel your employer's group life insurance provides adequate coverage, you may be able to purchase a supplemental life insurance policy through your employer.

Though plans vary, you can typically purchase supplemental coverage to:

- Extend your employee death benefits.
- Purchase additional coverage for your spouse or child.
- Secure death and dismemberment (AD&D) coverage.

Getting this supplemental life insurance — as opposed to buying an individual policy on your own — has some appeal. Because the employer buys the coverage for a large number of employees at once, you can usually opt into coverage for a lower premium, deducted right from your payroll, and often without a medical exam.

However, the coverage is typically not portable. If you leave the employer, you'll need to get coverage on your own (or convert it to an individual policy, usually with a higher premium).

Plus, supplemental life insurance is typically term life insurance, meaning it does not have a cash value component. It's not an investment vehicle, just an extra source of protection for your loved ones should you die while the policy is in force.

Alternatives to supplemental life insurance

Supplemental life insurance doesn't make sense for everyone, and it may not even be available through your employer. Here are two alternatives to explore:

- **Individual term or permanent life insurance.** Rather than rely on a supplemental policy, work with an independent life insurance agent to find a policy that fits your needs. You can shop for term life insurance, which allows you to lock in rates and coverage for a set period, such as 10, 20 or 30 years. These policies are typically much more affordable than permanent coverage and a good option if you want to cover your family for a specific period, such as until your children are grown or your mortgage is paid off. If you want coverage that lasts a lifetime, consider a permanent policy, such as whole life insurance or universal life insurance. These policies often include a cash value, or an investment or savings component you can tap into while you're alive.
- **Riders.** In some cases, you may be able to enhance the life insurance offered through your employer by adding on some riders, or optional policy provisions that customize coverage. For instance, you could get an accelerated death benefit rider so you could access the death benefit while still alive, allowing you to cover your medical costs as you get older. Not every employer's life insurance provider will offer this level of customization, but it's worth asking what your options are.

Do I need supplemental life insurance?

When you start a new job or open enrollment rolls around, you might discover that your employer offers supplemental life insurance. But how do you know if you need it?

Assess your financial needs

"Buying life insurance starts with a needs assessment," said O'Donnell. "Consumers can find online tools or work with a financial professional to help them determine the amount they need based on their financial goals."

Think about your family's assets (savings, investments and other life insurance policies) and ongoing financial obligations (mortgage, other debts, children, etc.).

If you pass away unexpectedly, will your family be able to continue to cover its expenses and live comfortably, based on your

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current assets and the death benefit from your employer's group life insurance policy?

If not, supplemental life insurance may make sense.

"For a typical family ... supplemental life insurance can be enough if the intention is *just* to cover the basics (mortgage, cars, school, debt, etc.)," said Chow.

Consider the type of life insurance available and your coverage goals

Chow cautioned that these policies typically don't have a cash value component. "If someone is looking to purchase life insurance for the purpose of gaining cash value, they won't get that here and will need to look at individual products."

There are exceptions to every rule, however. "We are seeing a few carriers offer smaller supplemental products that are portable and do provide cash value," said Chow. "These are much more expensive than the basic supplemental policies but do have the payroll deduction component, which helps make it look more appealing."

Think about your professional path

It's also a good idea to examine your expected professional path. If you're the type of person who only stays in a position for a few years and then moves on, a supplemental life insurance policy may not be the best — especially if you can afford a private policy.

Because supplemental life insurance isn't always portable or convertible, you may find yourself shopping for new coverage in a few years. As you age, it becomes more expensive to buy life insurance. The same is true if you have a negative change in your health status. Opting for a private policy early on may be cheaper in the long run because you can lock in a lower rate.

Evaluate your health

If you have a health condition that may make it difficult to qualify for an affordable private life insurance policy, a supplemental life insurance policy can provide some level of coverage. These policies typically don't require medical exams, though you may have to answer some questions about your health.

Of course, even if you have a private policy, a supplemental life insurance policy can add another layer of financial protection at a relatively low cost. It also may be a good idea if you don't have financial dependents but would like to provide a loved one with financial support should they inherit your debt or be faced with funeral or end-of-life expenses.

In the end, the answer depends on your budget, the cost of a supplemental policy through your employer, any existing life insurance policies you and your family already have and your overall coverage needs.

Frequently asked questions

Should you have supplemental life insurance and AD&D insurance?

It can make sense to carry both supplemental life insurance and accidental death and dismemberment (AD&D) insurance. Weigh the pros and cons of carrying supplemental life insurance versus getting an individual life insurance policy before making a decision.

Just because you have traditional life insurance doesn't mean you shouldn't also consider getting AD&D insurance. Such policies can cover you if you are involved in an accident that results in the loss of a limb or serious trauma that prevents you from returning to work. Many employers offer this to their employees as part of their benefits package.

Do I need supplemental life insurance even though I'm single?

A single person without children is less likely to need supplemental life insurance, but there are times when it could make sense to purchase it (or to buy life insurance from a private carrier).

How much life insurance — and what type — you need comes down to your assets and the debt you'll leave behind when you die.

"If [basic group life insurance] covers the debt that would be left behind to family members, then supplemental coverage may not be necessary," said Chow. "Debt still gets left behind to someone, so making sure that someone can manage the debt becomes key."

Also, remember that your needs may change. If you hope to one day have a spouse and children, it may be cheaper to purchase private coverage now.

"Nearly four in 10 (39%) insured consumers wish they had purchased their policies at a younger age," said O'Donnell.

How much is supplemental life insurance?

There is no standard pricing for supplemental life insurance. The cost comes down to the type of life insurance policy being offered and the discounted rate your employer has negotiated with the insurance company. Part of that rate will be determined by the demographic makeup of the employee base.

Can I borrow from my supplemental life insurance?

Supplemental life insurance is typically a term life policy, meaning it does not build cash value. However, in some instances, employers offer access to supplemental insurance with a cash value component, in which case you may be able to borrow against it.

If you're truly interested in the cash value component of a life insurance policy, you're likely to be better served by a privately purchased permanent life insurance policy, such as universal life insurance or whole life insurance.

PROS AND CONS OF SUPPLEMENTAL LIFE INSURANCE

Supplemental life insurance offers several advantages to employees, but a few drawbacks could mean it's not worth the investment for you. Here's what you should consider before you opt in.

Pro: It's affordable

Because employers purchase a policy to cover a large number of employees, supplemental life insurance is usually cheap. Think of it as buying in bulk.

"It is very inexpensive and can be deducted from payroll," said Samantha Chow, Global Life Insurance, Annuities and Benefits Sector Leader at Capgemini. "It allows an individual who may not be in a financial position to purchase an individual product to gain coverage to support the basic needs of coverage for their surviving beneficiary."

Sean O'Donnell, Senior Vice President, LIMRA, does point out, however, that it may not *always* be cheaper: "Group life rates can be lower than those for a comparable individual policy for certain individuals — especially those who are older or have health challenges. That said, younger, healthier individuals may get better rates with an individual policy."

Pro: There's likely no medical exam

If you have a medical issue that makes it hard to qualify for life insurance — or at least get it at an affordable rate — purchasing supplemental life insurance through your employer may be the way to go. Often, there's no medical exam required.

Pro: You may be able to get coverage for your family

In some instances, your employer may allow you to purchase supplemental life insurance for yourself as well as your family. That means you can potentially purchase coverage for a spouse or children through your employer's plan.

Con: It may not be portable

People don't stay at jobs like they used to. According to 2022 data from the Bureau of Labor Statistics, wage and salary workers stay with an employer for just over four years (median).

Most of the time, policies are not portable, meaning you can't continue to take advantage of the discounted coverage after you leave.

In some cases, you can *convert* your policy to an individual policy, but the premiums for the new policy will likely be significantly more expensive.

"Most carriers don't have the capability to convert a group supplemental product into an individual product," said Chow. "Thus, the policy ends when the employment ends."

She added, "These products are basic term or non-cash-value-accumulating products. Therefore, investing in these products is not going to provide any savings benefits to the policyholder."

Con: It may not be enough

Even though supplemental life insurance policies often offer more coverage than group life insurance policies, it's possible your employer's supplemental life insurance policy still won't meet your needs. If that's the case, you'll still need to consider purchasing a private policy.

O'Donnell said that "supplemental life is intended as *additional* life insurance ... to *supplement* your existing life insurance coverage." It's not meant to replace life insurance wholesale for most people.

Con: You might end up spending more on insurance later

If you avoid buying an individual life insurance policy for several years because you feel like your supplemental coverage is adequate, it may cost you in the long run. That's because when it comes to individual policies, the average cost of life insurance rises as you age.

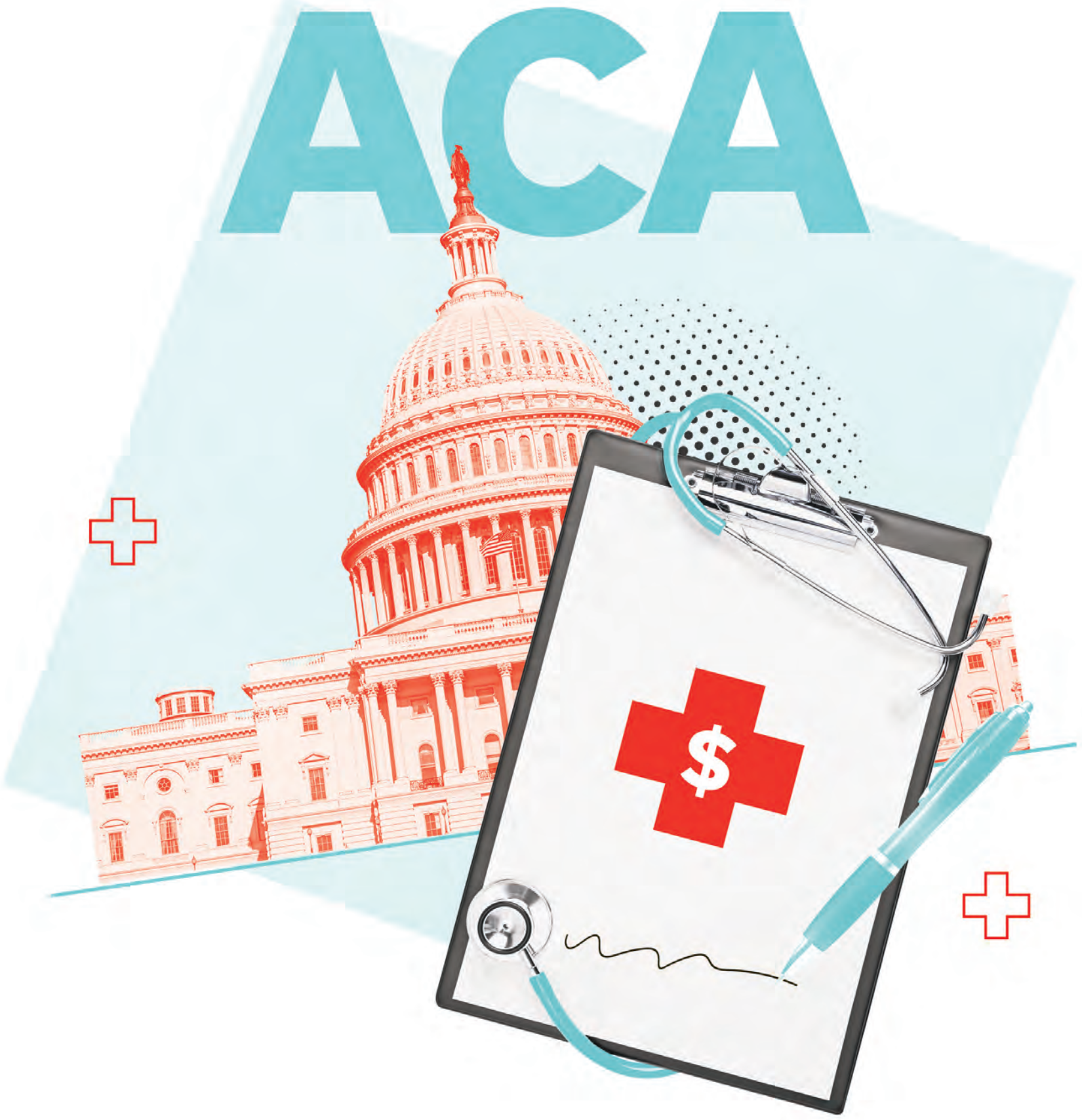
"If you start off at the age of 35, when you were quite healthy, and leave the employer at 45 and now have some health issues, getting a permanent product will become much more expensive," said Chow. "Getting life insurance at a younger age, when you are healthier, is far less expensive and stays with you for life (as long as you pay the premiums)."

Con: You may be limited in your options

There are typically fewer opportunities to customize supplemental life insurance than there are with individual, privately-purchased life insurance products. Limitations can affect the type of policy you have access to as well as available policy add-ons, or riders.

"Supplemental life insurance is usually term," said O'Donnell, so if you wanted a whole life insurance policy that accumulates cash value, you may want to purchase individual coverage.

In some cases, you may be able to add riders to a supplemental policy or potentially choose between term and permanent life insurance, but don't count on it. If you're looking for a customizable policy or something like a whole life insurance policy with an investable cash value component, it usually makes sense to purchase privately.



HOW TO ACCESS HEALTH INSURANCE THROUGH THE AFFORDABLE CARE ACT

Adam Shell Special to USA TODAY NETWORK

Choosing a health plan each year isn't as fun as picking the perfect hotel for vacation or researching the best car to buy.

Selecting a health plan is a chore for most people, akin to getting a tooth pulled or doing taxes.

Most employees (72%) say they would prefer going to the dentist, getting their car repaired, or prepping their taxes than reviewing their benefit options, a Voya Financial survey found.

But picking the right health plan that fits your budget and needs is a key decision. And with open enrollment for 2024 benefits purchased under the Affordable Care Act (ACA) set to begin in November, now's the time to start preparing so you can make the right coverage selections.

"Carve out some time," said Nate Black, vice president of health solutions product development at Voya Financial. "Really do your research because the decisions and (coverage) selections you make you're stuck with for the rest of the year."

The ACA provides comprehensible health coverage through the Health Insurance Marketplace to people who don't have employer-sponsored coverage.

Depending on your household income and family size, plans sold on the marketplace can qualify for cost assistance, including premium tax-credit subsidies and other extra savings, which is a major perk. In the 2022 open enrollment period, 89% of marketplace enrollees received a premium subsidy, according to healthinsurance.org.

Open enrollment is the time to scrutinize plan offerings, says Laura Fagan, a health care insurance broker at Jersey Senior Advisors.

"Plans change, premiums go up, and doctors come in and out of networks, so it's a good idea to reevaluate the current plans available," Fagan said. A review of the past year's health care spending can also help you project costs for 2024 and give you an idea of what plan is the best fit.

Here's a tip sheet to help you ace the 2024 ACA annual enrollment period:

What is open enrollment? It's the only time of year you can enroll in a health plan, switch plans, or re-enroll in your current plan in the individual or family marketplace. (Note: if you miss the open enrollment deadline, you may qualify for a "special enrollment period" due to significant life events, such as loss of coverage, getting married or having a baby.)

When is the enrollment period? The sign-up period starts Nov. 1 and ends Jan. 15.

Tip: If you want coverage to start by Jan. 1, you'll need to enroll and pay your first premium before Dec. 15. For those who enroll between Dec. 16 and Jan. 15, coverage won't start until Feb. 1. Some states have different deadlines, so make sure you confirm your state's dates and deadlines.

Where can you enroll for coverage? The best place to start is the federal marketplace at the www.healthcare.gov site, where you can create an account, compare plans, see if you're eligible for subsidies, apply for coverage, and find help from trained local experts. If you live in one of the 17 states or District of Columbia that runs its own state-based exchange, the federal website will direct you to your state's website.

You can also get help and enroll in a plan through a certified enrollment partner, such as an online health insurance broker (who typically are listed on the marketplace sites). It's also possible to enroll by phone or mail.

What coverages are available? Shopping for a health plan is more complex than deciding which brand of potato chips or peanut butter to buy at the grocery store. So, it's vital to learn what plans are available, what they cost, and which one is the best fit for you and your family.

> "Carve out some time. Really do your research because the decisions and (coverage) selections you make you're stuck with for the rest of the year."
>
> **Nate Black**
> Vice president of health solutions product development at Voya Financial

The good news? There are just four types of health plans to choose from. They're broken down into four "metal" categories: Bronze, Silver, Gold, and Platinum.

The difference between each of the plans is how you and the insurer split the cost of the coverage. In 2023, the average monthly cost of an ACA plan ranged from $342 to $472, according to the nonprofit KKF, formerly The Kaiser Family Foundation.

Health care costs are made up of monthly "premiums," which you pay regardless of whether you receive treatment or not, and out-of-pocket expenses, which include a "deductible," or the amount you pay before your policy starts paying for covered services.

Some plans allow you to go to any doctor or hospital, while others limit your visits to in-network health care providers.

Bronze. This coverage comes with the lowest monthly premium but costs you the most out-of-pocket when you get care, as deductibles on Bronze plans are the highest. Bronze coverage, which covers roughly 60% of your health care costs, makes most sense for a super-healthy young person who wants to protect against worst-case medical scenarios at a low cost.

Silver. This plan offers a nice balance of moderate monthly premiums and out-of-pocket costs. Silver plans pay an estimated 70% of your expenses. Be aware that if your income is below a certain level and you qualify for "extra savings," such as lower deductibles, tinier co-pays, and smaller out-of-pocket annual maximums, you must select a Silver plan to receive the extra savings, which can add up to thousands of dollars. "Most people are going to be best off on a Silver plan because that's where they'll get the most subsidies," Fagan said.

Gold. This coverage comes with a high monthly premium but low out-of-pocket fees (thanks to low deductibles) when you receive care. With a Gold plan, the insurance company pays 80% of your health care costs.

Platinum. This plan, which comes with the highest monthly premium, means you'll spend the least when you go to the doctor. With Platinum, roughly 90% of your costs will be covered.

HOW TO RETIRE EARLY

Bailey Schulz USA TODAY

Exiting the workforce as soon as possible may be the dream, but what's the best way to save up for an early retirement? • People in the U.S. can start receiving reduced Social Security retirement benefits at age 62 and full benefits at 66 or 67, depending on their birth year. But plenty of Americans dip out of the workforce early, with a 2022 Gallup survey finding the average retirement age is 61. • Financial experts warn that early retirement requires a lot of saving and planning. • "(It's) looking at expenses and really figuring out how much you can save every month and then putting that to work and putting it to work in assets that are going to grow for you," said Autumn Lax, a certified financial planner with New York-based financial firm Drucker Wealth. "The earlier you start the better."

How can I retire early?

The short answer? Save as much money as possible.

Financial services giant Fidelity says those who make between $50,000 and $300,000 in annual income who want to retire at 67 should plan for their savings to replace about 45% of their pretax, pre-retirement income, or aim to save about 10 times of their current income by age 67.

So for someone earning $100,000 a year, they'd need to save up enough to spend $45,000 a year, not including Social Security benefits.

An early retirement will need an even larger nest egg.

Fidelity's guidelines note that retiring at 62 would boost the savings estimate to 55% of pretax, pre-retirement income and require about 14 times of a person's current income by age 62.

Anything earlier than that will require even more savings.

Keep the retirement age benchmarks in mind

Early retirees should keep in mind that Social Security retirement benefits won't be accessible until 62, and they'll have to wait until they reach the age of 65 to be eligible for health care through Medicare.

Most retirement accounts like IRAs are also better left alone until the age of 59.5, unless retirees are OK with a 10% penalty tax.

While it's important to invest money for retirement to allow your money to grow, Lax noted that early retirees should make sure to keep money in accounts that are accessible before the set retirement ages, such as Roth IRA accounts (which allow contributions to be withdrawn at any time tax- and penalty-free) as well as individual investments or brokerage accounts not tied to retirement.

"(It's) not just 'Are you saving enough?' but 'Are you saving it in the right vehicles?'" Lax said.

Early retirees should also be aware of the rule of 55, which lets retirees withdraw early from some employer-sponsored retirement accounts like 401(k)s or 403(b)s without a tax penalty so long as they leave their job at 55 or older.

For qualified public safety workers, the rule of 55 starts even earlier at the age of 50. This rule does not extend to IRAs.

How early can you retire with FIRE?

The FIRE movement – which stands for "Financial Independence, Retire Early" – is a retirement plan where people commit to extreme savings and investments to retire early.

The goal for many is to save up to 70% of their income and stop working decades before the standard full retirement age, which is 67 for those born after 1959.

But Lax warns that early retirement may not be the right move for everyone.

"If you are going to scrimp and save every penny right now, to the point that you're never leaving the house or you're eating peanut butter and jelly every single day," Lax said, "just so that you can retire early to then continue to barely get by – is that really the best way to go about it?"

What sort of accounts should I be using to save for early retirement?

In general, people should have enough money in their checking and savings accounts to cover three to six months of expenses during their working years and six to 12 months of expenses in retirement, Lax said.

"Beyond that, I would make sure you're rounding out the rest of your savings between retirement and non-retirement investments. The correct amount to have in each really varies depending on each individual situation though," Lax said.

CFP Marguerita Cheng, CEO of Maryland-based Blue Ocean Global Wealth, notes that workplace retirement plans like 401(k)s are a great tool to save for retirement.

"If you can get close to 10% (contribution rate) in your 20s I think that's going to be really helpful," Cheng said. "But if you can't get to that, at least do the full match."

Michael Liersch, head of advice and planning at Wells Fargo, said once people make sure they have access to cash for large expenses or emergencies, they should start carving out a chunk of their income for retirement. This should be through accounts designed for retirement like Roth or traditional IRAs as well as contribution plans from an employer like 401(k)s, pensions, deferred compensation plans or HSAs.

"There are so many different options with employers that you can lean into where you get a lot of tax benefits," Liersch said. These create the "potential to have a very successful retirement. It's not necessarily all you can do, but it certainly provides a good start."

MEDICARE

THE 65-PLUS BENEFIT, EXPLAINED

Erin Gobler and Heidi Gollub Blueprint

Medicare is a government-run health insurance program. There are various parts of Medicare, each offering a different type of coverage, and there are supplemental plans as well as private insurance plans you can get instead of Medicare.

What is Medicare?

Medicare is a federal health insurance program for people age 65 and older. It's one of several social safety nets in place to help provide for seniors in their retirement years.

Medicare was created alongside Medicaid in 1965. Both programs were signed into law by President Lyndon B. Johnson. The original program included two parts, known as Original Medicare. The program has since expanded to increase the services covered and create additional parts of the program.

Today, Medicare is one of the largest social programs in the United States. Nearly 65 million seniors are enrolled in Original Medicare, and at least 28 million are enrolled in the Medicare alternatives that are available.

How Medicare works

Similar to Social Security retirement benefits, Medicare is funded in part through payroll taxes. Workers pay 1.45% of their wages in Medicare taxes and their employers pay another 1.45%.

Once you reach age 65, you're eligible to sign up for Medicare. Depending on how many years you worked, you may be eligible for certain parts of Medicare for free.

Some of the parts of Medicare are run by the federal government, while others are run by private companies (but still regulated by the federal government).

Parts of Medicare

The Medicare program consists of Medicare Part A, Medicare Part B, Medicare Advantage Part C and Medicare Part D. Medigap is available to supplement Parts A and B of Original Medicare.

Medicare Part A

Medicare Part A, which is half of Original Medicare, is known as hospital insurance. It provides coverage when you receive inpatient care from:

- A hospital.
- A skilled nursing facility.
- A nursing home.
- Home health care.
- Hospice care.

You have to be admitted by a doctor's order and the hospital must accept Medicare for you to be covered for inpatient hospital care. While there is no cap to the number of benefit periods you can use, there is an initial $1,600 deductible for each hospital admission per benefit period before Medicare will start paying. Medicare Part A covers services such as semi-private rooms, meals, nursing care, drugs and other hospital services. It applies in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, inpatient psychiatric facilities and long-term care hospitals. If you qualify for a clinical research study, Medicare Part A may also cover your inpatient care during participation.

Medicare Part A generally doesn't cover very long-term stays in a hospital or nursing facility. After you meet your deductible, it will cover everything for the first 60 days, part of your stay for the next 90 days and an even smaller part of your stay for what is known as "lifetime reserve days" after the first 90 days.

After that, you must pay for everything out of pocket. These costs may vary slightly for different types of care, such as in skilled nursing facilities or hospice care.

What Medicare Part A costs: As long as you meet the work requirements that apply to Social Security retirement benefits, you won't pay a monthly premium for your Medicare Part A coverage. If you don't qualify for premium-free coverage, you will pay either $278 or $506 per month, depending on how long you or your spouse worked and paid Medicare taxes.

Medicare Part B

Medicare Part B, the other half of Original Medicare, is medical insurance similar to a health insurance plan. It covers:

- **Medical services and supplies** needed to diagnose or treat a medical condition.
- **Preventive services** such as annual wellness visits and vaccines.

For preventive care, you won't pay anything out of pocket, as long as your doctor or provider agrees to accept Medicare's payment. If not, or if other services or tests are performed, you may owe the $226 annual deductible. For other services, you'll have a deductible as you would with traditional health insurance. If you've met the deductible, then you'll pay 20% coinsurance for covered expenses.

What Medicare Part B costs: Unlike Medicare Part A, Medicare Part B isn't free. Instead, you will pay a monthly premium. The premium can be deducted from your Social Security retirement or Railroad Retirement Board check or billed to you directly.

The standard premium is $164.90 per month for those who earned $97,000 or less (or $194,000 or less for a married couple) as reported on your IRS tax return from two years ago. However, the premiums increase with your income and go up to $560.50 per month for individuals who earned $500,000 or more and couples who earned $750,000 or more.

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Medicare Part D

Medicare Part D is a later addition to Medicare and is designed to cover prescription drugs. While it's regulated by the federal government, Medicare Part D is offered by private companies and there are many plans to choose from.

Each Medicare Part D plan has what's called a formulary, or a list of the drugs that are covered. The formulary must include at least two drugs in the most commonly prescribed classes and categories, and there will often be at least one generic and one name-brand version.

Medicare Part D plans have tiers of prescription drugs. Those at the lowest tiers are most affordable, while those in the higher tiers are more expensive. The generic versions of drugs are likely to be found in the lower tiers. If, for some reason, the drugs in your plan or those in the lowest tiers don't work for you, your doctor may request an exception from your plan. To request an exception — either for a drug in a higher tier or one that isn't included in the formulary — the doctor should submit a written request to the plan, along with supporting information about why they believe it's necessary.

Like many insurance plans, Medicare Part D requires premiums, a deductible and copayments/coinsurance.

One important thing to note is that Medicare Part D has a coverage gap — known as a donut hole — where your plan will cover less of your expenses. In this gap, which occurs after you and your plan have spent $4,660 on drugs in a year, you'll pay 25% of your prescription drug costs.

You can get out of the donut hole when you reach catastrophic coverage, which means you've spent at least $7,400 in out-of-pocket drug costs. Once you reach catastrophic coverage, you'll pay the greater of 5% of your drug cost, $4.15 for generic drugs or $10.35 for name-brand drugs.

What Medicare Part D costs: You'll have to pay a monthly premium for Medicare Part D. The amount you'll pay depends on the plan you choose, with the average premium being $31.50 per month. You may also pay an additional monthly amount if your income exceeds $97,000 for a single filer or $194,000 for joint filers. The highest earners will pay an additional $76.40 on top of their premiums.

> **In Nevada, our Medicare Advantage market has been getting stronger every year ... "**
>
> **Kyle Devries**
> A broker at Health Benefits Associates

Medigap

Medicare meets many of the health care coverage needs of seniors, but it does have some gaps. That's where Medigap, or Medicare Supplement Insurance, policies come in. These policies, offered by private companies, are designed to supplement your existing Medicare coverage.

Medigap plans cover many of the same services, but above and beyond the amount that Original Medicare covers. Some Medigap policies also cover additional services like emergency medical care when you travel outside of the U.S.

Medigap won't cover:

- Long-term care.
- Hearing aids.
- Glasses.
- Dental care.
- Vision care.
- Private nursing services.

What Medigap costs: The cost of a Medigap plan depends on the plan you choose. Some plans are priced based on your age or the age you were when you bought the policy. Plans can range from less than $50 to several hundred dollars per month.

Medicare Advantage

Medicare Advantage, often known as Medicare Part C, is essentially all of the different parts of Medicare wrapped into one. Unlike Medigap policies, which you would purchase to supplement your Medicare coverage, a Medicare Advantage plan would replace your Medicare coverage.

Medicare Advantage plans look very similar to traditional health insurance plans. They cover preventive and outpatient medical care, hospital care and prescription drugs. They also often cover services not covered by Original Medicare, including dental, vision and hearing services.

"In Nevada, our Medicare Advantage market has been getting stronger every year and now almost all plans include comprehensive dental coverage, vision insurance, hearing aid benefits, gym memberships, etc.," said Kyle Devries, a broker at Health Benefits Associates.

These plans are similar to traditional health insurance plans in other ways as well. They usually have medical networks you must stay in to have your care covered. They also have deductibles, copayments and coinsurance.

What Medicare Advantage costs: You'll pay the Medicare Part B premium and may also have a Medicare Advantage premium.

Medicare eligibility

Medicare is designed to provide health insurance coverage to people age 65 and older. Since the program was created, it has been expanded to cover those with disabilities and those with permanent kidney failure.

Everyone age 65 is eligible for Medicare. Whether you're able to receive Part A for free depends on your work history, or the work history of another qualifying person like your spouse or a former spouse.

Just like the qualifications for receiving Social Security retirement benefits, you or your spouse must have worked a certain number of years (usually at least 10) and paid the Medicare payroll tax to receive free coverage.

Otherwise, you should expect to pay a premium for each part of Medicare you sign up for.

HOW TO SIGN UP FOR MEDICARE

There are a few different ways you can sign up for Medicare.

When you apply for Medicare usually depends on whether you (or your spouse) are still working and covered by an employer-sponsored plan as you approach age 65.

Initial enrollment period

The three months before and after your 65th birthday are your initial enrollment period and when most people sign up for Medicare Part A and Part B. If you fail to sign up and aren't covered by another health insurance plan, you may be subject to a late enrollment penalty.

General enrollment period

Each year, there is a general enrollment period for anyone who didn't sign up for Medicare during their initial enrollment period. This period lasts from Jan. 1 through March 31, with coverage starting July 1.

Special enrollment period

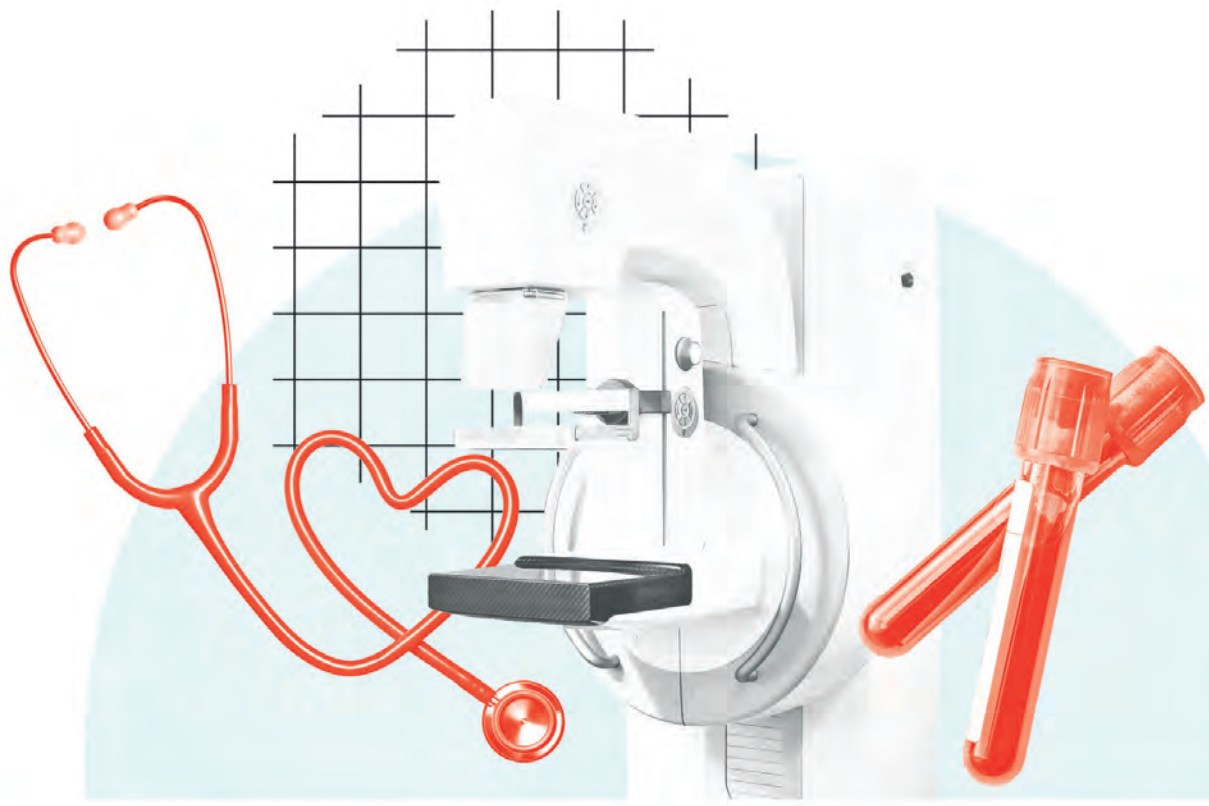
If you didn't sign up for Medicare because a different plan covered you, you may be eligible for a special enrollment period when you lose your coverage. This period will last for eight months after you lose your other group health insurance plan.

"The easiest way to enroll in Part A and Part B is online on the Social Security Administration's website," Devries said. "This will be the quickest way as well."

The enrollment process is a bit different for signing up for Medicare Part D, Medigap or Medicare Advantage. To sign up for those, you'll do so during open enrollment periods in the fall and spring. From Oct. 15 through Dec. 7, switch from Original Medicare to Medicare Advantage, switch from Medicare Advantage back to Original Medicare, switch from Medicare Advantage plan to another or sign up for a Medicare drug plan.

The Medicare Advantage open enrollment period for people already in a Medicare Advantage plan is Jan. 1 through March 31. During this time, you can switch Medicare Advantage plans, join a drug plan or switch from Medicare Advantage to Original Medicare. You can also make these changes if you are within the first 90 days of getting Medicare.

"After someone receives their Medicare card, I highly recommend going to a local broker," Devries said. "Local brokers will know the market better than anyone and make sure you are in the right plan for your needs. National brokers tend to not know about the local insurance plans and only sell national carriers."



SCREENINGS TO GET AFTER OPEN ENROLLMENT

Monique Johnson Freelance

You've selected your health insurance before the open enrollment deadline. So what's next? • Utilizing your benefits for health screenings makes sense. In the same way that delaying tune-ups can affect your vehicle's performance, delaying physicals and other screenings can affect your health. USA TODAY spoke to several health care professionals on when and how often to get vital screenings.

Benefits and risks of health screenings

Health care screening exams can detect diseases and medical conditions in individuals who don't have any symptoms.

Dr. David Cutler, a specialist in family medicine at Providence St. John Health Center in Santa Monica, California outlined both the pros and cons of these tests.

The upside

- **Early detection:** Screenings can identify health conditions in their early stages when treatment is often more effective. Early detection may lead to better outcomes.
- **Prevention and intervention:** Some screenings can identify risk factors or preclinical stages of a disease, allowing health care professionals to implement measures or interventions like lifestyle modifications, medication, or further diagnostic tests.
- **Peace of mind:** For individuals concerned about their health or with a family history of certain conditions, screenings can provide reassurance. Negative results can alleviate anxiety and promote overall well-being.
- **Public health benefits:** Population-level screenings can help identify trends, risk factors, or patterns of diseases within communities. This information can guide public health interventions, policies, and resource allocation for effective disease prevention and control.

The risks

- **False-positive results:** Screening exams may detect abnormalities that require further evaluation but are ultimately benign or not clinically significant. False-positive results can lead to unnecessary anxiety, additional diagnostic tests, and potential complications or side effects from those exams.
- **False-negative results:** Screening exams are not 100% accurate and may miss certain conditions. False-negative results can provide a false sense of security, delaying diagnosis and treatment. It is essential to understand the limitations of screening tests and consult a health care professional if any symptoms persist.
- **Overdiagnosis and overtreatment:** Some screening tests may identify conditions that may never cause harm or would not have progressed to clinical significance. This can lead to overdiagnosis where individuals are treated for conditions that may not require intervention, exposing them to unnecessary risks, side effects and costs.
- **Potential harm from follow-up tests:** Additional tests or procedures are necessary for confirmation or further evaluation when screenings detect abnormalities. These tests can carry unique risks, such as complications from invasive procedures, radiation exposure, or adverse reactions to contrast agents.
- **Resource allocation:** Widespread population-based screening programs can strain health care systems, escalating costs, and reducing the availability of health care professionals as well as access to follow-up services. Allocating resources to screening programs may also divert resources from other health care priorities.

For women

Depending on your age, family history and gender, certain screenings may be particularly important. But annual physicals are a good idea for employees across the board.

"In general, annual physicals will help with early disease detection where treatment is easier and often successful," said Dr. G. Tomas Ruiz, an OB-GYN at MemorialCare Orange Coast Medical Center in Fountain Valley, California.

For women specifically, the leading cause of death for women is heart disease, followed by cancer, according to the CDC. Lung, breast and colon cancers are the most deadly for women, so early detection through screening provides the best outcomes.

"Our best preventative screening exams are the pap, mammogram, and colonoscopy," Ruiz said. "Tobacco abuse is the leading cause of lung cancer, so discussing smoking cessation is essential. Thanks to pap smears, cervical cancer is rare in the United States."

Dr. Ruiz recommends the following screenings for women.

- **Mammograms**: Screening for breast cancer should begin annually at age 40 and every two years from age 50 through 65.
- **Colonoscopy:** A screen for colon cancer begins at age 45, and if there are no polyps, they are to repeat every 10 years.
- **Pap smear**: This is a screening for precancerous and cancerous cells on the cervix; if the pap is normal, from age 21 to 30 paps are every three years. From 31 to 65, paps should be every three to five years with or without HPV testing.
- Other optional screenings based on individual history include tests for chlamydia and other STDs, hepatitis B and C, and uterine cancer. Optional screenings will differ based on medical history, risk factors, age, and health status.

Having a health care professional you can trust is crucial. Patients can have candid conversations about current medical concerns during an annual exam. These conversations can lead to the ordering of additional testing since an individual's medical history, risk factors, and personal preferences also should influence the type of screening exams received and their frequency.

Age, health status, prior testing, and many other factors also can impact the decision to pursue certain screening evaluations.

For men

Like women, maintaining average body weight, exercising, and eating healthy is prudent for men. Getting regular health screenings ranging from physicals to dental checkups is a good habit to establish in your 20s since regular doctor's appointments will become even more essential with age.

Dr. S. Adam Ramin, a urologist and oncologist at Urology Cancer Specialist in Santa Monica, California, made various recommendations for men according to age.

- **30s:** Focus on cholesterol, blood pressure and diabetes screenings. While these health indicators may be seemingly unrelated to a risk of prostate cancer, they can be, especially as men get older.
- **40s:** Add an annual prostate exam to other calendared health checks. This is especially important for those with an increased risk of developing prostate cancer
- **50s:** Continue receiving an annual physical and screening for prostate cancer.

If you have health insurance, you shouldn't have to worry about the cost of these various screenings. Many plans, including Medicaid and Medicare, consider screenings to be preventative care and cover them at no additional charge as part of an annual exam.