Types of health insurance

Your health insurance is likely to come from a private health insurance company (often through an employer), or through a state or federal government (like Medicare or Medicaid). The kind of plan you have usually affects which doctors you can see, your out-of-pocket expenses, and the costs you pay yourself.

Private health insurance

Private health insurance allows you to enroll in a health plan that covers certain medical services. It is designed to help you manage the cost of healthcare. You can get private health insurance several ways:

- An employer-sponsored plan (yours or that of a spouse/domestic partner)
- Directly from an insurance company
- The health insurance marketplaces established by the Affordable Care Act (ACA)

Typically, you pay a monthly amount, called a premium, to be covered under the plan. Each insurer must provide you with a document that tells you what services are covered under the plan, how much they will pay, and how much you are responsible to pay for those covered services on top of your premium.

Insurance companies offer several different types of policies. They each have different premium costs, networks of healthcare providers, and out-of-pocket costs. Some common types of policies include:

- Health maintenance organization (HMO)
- Point-of-service plan (POS)
- Preferred provider organization (PPO)
- Fee-for-service (FFS)

More information about the types of private health insurance can be found on LBBC's Health insurance options page.

Public health insurance

If you don't have health insurance through an employer or private company, you can get insurance through public health plans. You may be eligible to get healthcare from your state **Medicaid** program or the federal **Medicare** program, depending on your situation.

The Health Insurance Marketplace, established by the ACA, offers one type of public insurance, often through your state exchange or the federal marketplace. The federal government also manages health insurance options for people who meet special criteria. The two most widely used federal healthcare programs are Medicare and Medicaid.

Learn more about both on the next page.

Get the most out of your health insurance

- Learn about your health plan's coverage and limits.
- Keep records of your medical bills and conversations with insurance companies.
- Talk to a social worker or financial navigator early — your oncologist can help you find one.
- Apply for co-pay and patient assistance programs.
- Explore disability benefits and programs.
- Keep medical expenses organized for tax deductions.

Medicare basics

Medicare is a federal plan that helps to pay for breast cancer treatments, hospital stays, prescription medicines, and other healthcare services.

You may be eligible for Medicare if you are:

- Age 65 and older, or
- Under 65 and have been receiving Social Security Disability Insurance for 24 months

Medicare is a comprehensive health plan with different kinds of coverage. Learn more about Medicare at lbbc.org.

Visit these reliable sources to learn about your health insurance options:

- Healthcare.gov
- USA.gov/health-insurance
- Centers for Medicare & Medicaid Services
- State Health Insurance Assistance Program
- Triage Cancer
- Local departments of health and human services, hospitals, cancer centers and financial or patient navigators

Medicaid basics

Medicaid is a joint federal and state program that helps cover medical costs for Americans with limited income and resources. Medicaid is run by each state, so eligibility and benefits vary.

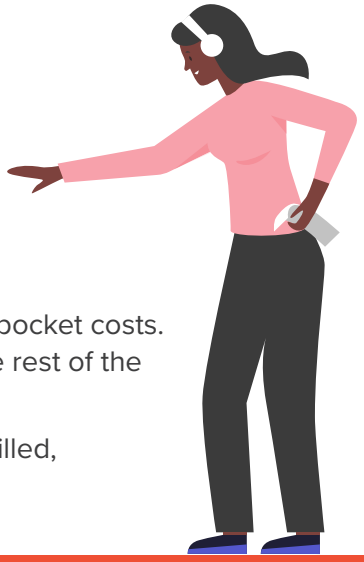
If you were diagnosed through **The National Breast and Cervical Cancer Early Detection Program** (NBCCEDP) and you meet certain eligibility requirements, your treatment may be covered by Medicaid. In some states, even if you were not diagnosed through NBCCEDP, you may still be able to have Medicaid cover your treatment costs.

More details about Medicaid are available on our Health insurance options page. You can also contact your state Medicaid agency or the Centers for Medicare and Medicaid Services for more information.

Children's Health Insurance Program (CHIP)

If your family does not qualify for Medicaid but you struggle to afford health insurance for your child, CHIP offers low-cost health coverage that may help them. CHIP is run by your state, which sets rules for eligibility and coverage. Talk to a financial navigator or social worker at your doctor's office or your state's Medicaid agency to learn more, or visit medicaid.gov.

6 insurance terms to know



1. **Premium:** the monthly amount you pay to the health insurance company
2. **Deductible:** what you pay before insurance kicks in
3. **Co-insurance & co-pays:** your share after your deductible is met
4. **Out-of-pocket costs:** the amount you must pay for each healthcare service. Co-pays, co-insurance, and deductibles are examples of out-of-pocket costs.
5. **Out-of-pocket maximum:** the limit of what you must pay in a plan year for out-of-pocket costs. Once you have reach this, your health plan pays 100% of covered services for the rest of the plan year.
6. **Explanation of Benefits (EOB):** a notice from your insurer that shows what was billed, what insurance paid, and what you may owe later. An EOB is not a bill.

LIVING BEYOND BREAST CANCER®

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