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Getting Health Insurance at Work

If your employer offers health insurance, you might want to look into the different options for you and your family members (dependents).

- What is employer-based or group health insurance?
- How do I sign up for group health insurance at work?
- How do I choose the best plan for me?
- Should I get an individual policy?
- Can I still get help with premiums on the Marketplace if I choose not to get health insurance through my job?
- Can I shop the Marketplace if family or dependent health coverage costs too much at work?

What is employer-based or group health insurance?

Group health insurance is a type of health coverage that many employers offer their employees. Here's how it works:

- Your employer sets up a group health insurance plan for their eligible employees.
- You pay a part of the monthly premium, usually taken out of your paycheck. Your employer usually pays part of your premium as well.
- Depending on the plan, your spouse and children might be covered under your employer's insurance plan.

There are several benefits to group health insurance:

- Costs are usually lower than if you were to buy an individual plan on your own.
- Pre-existing conditions (medical conditions you have at the time you sign up for

coverage) are usually covered if you enroll during your open enrollment period.

- Usually offer several kinds of health benefits including medical, vision, dental, and prescription
- medications.

How do I sign up for group health insurance at work?

When you start a job, there's usually an enrollment period where you can look at your options and choose your health insurance plan. Some employers offer health coverage that starts on your first day of work. Others may have a waiting period (usually between 30 to 90 days) that you must work until your health coverage starts.

After that, there is usually an open enrollment period for all employees once a year. During this time, you can update or change your health benefits.

Other times to enroll

You might also be able to sign up for coverage or add a dependent even when it isn't open enrollment if certain life events occur. Some of these might include:

- You got married
- You became legally separated or divorced
- You had a baby
- You adopted a child
- You or your spouse was laid off or quit a job resulting in loss of insurance coverage
- You or your spouse retired or became disabled resulting in loss of insurance coverage
- Your spouse's policy is no longer offering insurance to them
- Death of your spouse and loss of insurance that covered you or your child

Employers might have different qualifying life events, so check your open enrollment information or contact human resources.

How do I choose the best plan for me?

Employers usually have a few different kinds of health plans to choose from. Here are some things to consider when looking for a plan that's best for you:

Review the Summary of Plan Benefits (SPB) for each option. This will explain what each plan does and does not cover.

Plans that meet the Affordable Care Act (ACA) requirements don't allow pre-existing condition exclusion, annual caps on amount they'll pay, or charging you more because of your health problems.

But if your employer has a <u>grandfathered health insurance plan</u>¹, they don't have to follow all these requirements. Grandfathered plans don't have to:

- Offer free preventive care.
- Allow you to appeal a coverage decision if you get denied.
- Protect your choice of doctors and access to emergency care.
- Explain extreme premium rate increases.
- Cover pre-existing conditions.

Employers must tell you if a health plan is a grandfathered plan.

Here are some other things you might want to consider when choosing a plan:

- What are the total benefits covered by the plan?
- What are all the costs associated with the plan, including monthly premiums, deductibles, co-pays, co-insurance, and max out-of-pocket responsibilities?
- Are your current providers included in the network of doctors and hospitals covered by the plan?
- Does the plan cover your prescription medications?

Should I get an individual policy?

If you're deciding between getting insurance through your employer or getting individual insurance, here are a few things to think about:

If your employer's health coverage premiums will cost you more than 8.39% of your monthly income, (multiply 0.0839 x your monthly income) you might be able to find a

to get health insurance through my job?

Sometimes. If your income is low enough, you can qualify for help with premiums or other costs. If your coverage at work costs 8.39% or more of your household income, you can shop on the Marketplace and get premium subsidies with your Marketplace premiums.

Can I shop the Marketplace if family or dependent health coverage costs too much at work?

Yes. Sometimes even when your own coverage is affordable, family, or dependent coverage is not. You can still get insurance at work for yourself, and shop on the Marketplace to try and get lower cost insurance for your family.

Need more information?

Along with the American Cancer Society, other sources of information and support are: .

US Department of Labor, Employee Benefits, Security Administration (EBSA) Toll-free number: 1-866-444-3272 Website: www.dol.gov/agencies/ebsa⁴

Information on employee benefit laws, including COBRA, FMLA, and HIPAA requirements of employer-based health coverage and self-insured health plans. Also has information on recent changes in health care laws. Information for military reservists who must leave their private employers for active duty can be found at: webapps.dol.gov/elaws/vets/userra/ee_disc.asp⁵

State Health Care Marketplaces – US Department of Health and Human Services Toll-free number: 1-800-318-2596 (also in Spanish) TTY: 1-855-889-4325 Website: www.healthcare.gov6

Provides information on the new insurance law, takes you through the steps of finding insurance, and much more. If you don't have Internet access, the phone number will connect you with your state's marketplace.

US Department of Health & Human Services Website: www.healthcare.gov⁷

For the most up-to-date information on health care and insurance laws and how they affect you

National Association of Insurance Commissioners Toll-free Number: 1-866-470-

6242 Website: naic.org/state_web_map.htm8

Offers contact information for your state insurance commission. You can contact your state insurance commission for insurance information specific to your state, or report problems with your insurance company

Patient Advocate Foundation (PAF) Toll-free number: 1- 800-532-5274 Website: www.patientadvocate.org⁹

Works with the patient and insurer, employer and/or creditors to resolve insurance, job retention and/or debt problems related to their diagnosis, with help from case managers, doctors, and attorneys. For cancer patients in treatment or less than 2 years out of treatment

Cancer Legal Resource Center (CLRC) Toll-free number: 1-866-843-2572 (might need to leave a number for a call back) Website: the theorem to t

Provides free legal information about laws and resources for many cancer-related issues including health insurance issues, denial of benefits, and government benefits

*Inclusion on these lists does not imply endorsement by the American Cancer Society.

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Contact the ACS cancer helpline to get answers and information.

Search for resources 12

Find free or low-cost resources from ACS and other organizations.

Hyperlinks

- 1. www.healthcare.gov/health-care-law-protections/grandfathered-plans/
- 2. www.healthcare.gov/marketplace-in-your-state/
- 3. www.healthcare.gov/glossary/affordable-coverage/
- 4. www.dol.gov/agencies/ebsa
- 5. www.cancerlegalresources.org/
- 6. www.healthcare.gov/