

Get to know health insurance

A guide for people treated with IG therapies

Use this guide to learn more about your health insurance options and the tools to help you make the best choices for you and your family.





INTRODUCTION

What's in this guide



HYPOTHETICAL
PATIENT STORIES

HYPOTHETICAL PATIENT STORIES



Jackson, 21, college student who is exploring health insurance options as he enters the workforce

Page 3



Lisa, 67, who recently retired and has Medicare

Page 4



Carl, 42, who is exploring health insurance options since recently losing his job

Page 5



HEALTH INSURANCE
OPTIONS

HEALTH INSURANCE OPTIONS

General health insurance information	Pages 6-11
Commercial (private) health insurance options	Pages 12-14
Government (public) health insurance options	Pages 15-22



TOOLS
AND RESOURCES

TOOLS AND RESOURCES

Resources	Pages 23-24
Glossary	Pages 25-26



GLOSSARY

Note: There are multiple websites mentioned in this brochure. Website links with an asterisk indicate a Takeda-affiliated website. Those without an asterisk are not maintained by or affiliated with Takeda.



INTRODUCTION



HYPOTHETICAL PATIENT STORIES



HEALTH INSURANCE OPTIONS



TOOLS AND RESOURCES



GLOSSARY



Meet Jackson

Hypothetical patient

Jackson is a 21-year-old college student who is exploring health insurance options as he enters the workforce. Currently, he is receiving a stable dose of IVIG therapy at an infusion center and looking to switch to an SCIG.



The following information may help you understand how Jackson's story impacts his health insurance choices and how this may affect you or a loved one in a similar situation.



HEALTH INSURANCE OPTIONS

- He is currently covered under his parent's commercial health insurance, which he can stay on until he turns 26¹
- Once he graduates and gets a job, he can switch his coverage to his employer's health plan
- To help his decision-making, he is exploring his options about coverage through the **Health Insurance Marketplace®** (also known as the "Marketplace" or the "exchange")



KNOWING YOUR COVERAGE MATTERS

- If you have commercial health insurance, remember to always check with your health insurance ahead of time to see what medicines are covered or what is needed for IG coverage
- This may help you plan for **out-of-pocket costs**, avoid delays in getting your IG therapy, and allow you time to look for options that best fit your health and lifestyle



CARE TEAM CONVERSATION STARTERS

- How do I know what medicine my health insurance covers?
- What is my health insurance company's IG policy?
- Are there steps I need to take to get my medicine approved?
- What happens if my medicine is denied by my health insurance company?

FOR MORE INFORMATION:
COMMERCIAL HEALTH INSURANCE



IG=immunoglobulin; IVIG=intravenous immunoglobulin; SCIG=subcutaneous immunoglobulin.

Health Insurance Marketplace® is a registered trademark of the Department of Health & Human Services.

Reference: 1. US Department of Health and Human Services. Accessed April 10, 2025. <https://www.hhs.gov/healthcare/about-the-aca/young-adult-coverage/index.html>



INTRODUCTION



HYPOTHETICAL PATIENT STORIES



HEALTH INSURANCE OPTIONS



TOOLS AND RESOURCES



GLOSSARY



Meet Lisa

Hypothetical patient

Lisa is a 67-year-old who recently retired and has Medicare. She is receiving SCIG infusions at home with the help of a caregiver.



The following information may help you understand how Lisa's story impacts her health insurance choices and how this may affect you or a loved one in a similar situation.



HEALTH INSURANCE OPTIONS

- She is covered under **original Medicare** for her health insurance (Parts A and B)¹
- Her SCIG home infusion is covered under Part B. Parts A and B also help pay for visits to the doctor and hospital, and even short-term care like rehab if she should need it²
- To help with these **out-of-pocket costs**, Lisa got extra insurance called **Medicare Supplement Insurance (Medigap)**³



KNOWING YOUR COVERAGE MATTERS⁴

- For all types of Medicare plans, remember to always check with your health insurance ahead of time to see what medicines are covered or what is needed for IG coverage
- This may help you plan for out-of-pocket costs, avoid delays in getting your medicine, and allow you time to look for options that best fit your health and lifestyle



CARE TEAM CONVERSATION STARTERS

- How do I know if I need more Medicare coverage?
- How do I know what medicine my health insurance covers?
- Are there steps I need to take to get my medicine approved through Medicare?
- What should I do if Medicare denies my medicine?

FOR MORE INFORMATION: MEDICARE



References: **1.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start> **2.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/providers-services/original-medicare> **3.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/parts-of-medicare> **4.** Torrey T. Verywell Health. Accessed April 10, 2025. <https://www.verywellhealth.com/finding-icd-codes-2615311>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Meet Carl

Hypothetical patient

Carl is a 42-year-old who is exploring health insurance options since recently losing his job. He is receiving IVIG treatments at an infusion center.



The following information may help you understand how Carl's story impacts his health insurance choices and how this may affect you or a loved one in a similar situation.



HEALTH INSURANCE OPTIONS

Carl has a few options to help cover his current therapy:

- He can sign up for **spousal coverage** through his wife's employer, as change in his job status meets what is called a **qualifying life event**^{1,2}
- He can sign up for **COBRA** through his job's health insurance
- He may qualify for **Medicaid**, a government program that helps people who qualify due to low income get health insurance³⁻⁵
- He may also qualify for employer-based disability benefits or **Social Security Disability Insurance (SSDI)**



KNOWING YOUR COVERAGE MATTERS^{6,7}

- Remember to always check with your health plan ahead of time to see what medicines are covered or what is needed for IG coverage
- If you qualify for SSDI, after you receive benefits for 24 months, you will automatically be enrolled in **Medicare** instead of Medicaid
- It's important to know about both programs since Medicaid may still give you additional coverage depending on your state's rules
- In the meantime, you and your family can remain covered by your spouse's employer-based plan, if that applies to you



CARE TEAM CONVERSATION STARTERS

- What do I need to do if my health insurance changes or I lose coverage?
- How do I receive my medicine if I go out on disability?
- If I lose health insurance coverage, is there a way for me to get help paying for my medicine through the company that makes my medicine, the pharmacy that sends me my medicine, or a nonprofit organization?
- What nonprofit organizations can help support me?

FOR MORE INFORMATION: MEDICAID



FOR MORE INFORMATION: SSDI



References: **1.** Anthem. Accessed April 10, 2025. <https://www.anthem.com/member-resources/employer-open-enrollment> **2.** UnitedHealthcare. Accessed April 10, 2025. <https://www.uhc.com/understanding-health-insurance/open-enrollment/qualifying-life-events> **3.** Census.gov. Accessed April 10, 2025. <https://www.census.gov/topics/health/health-insurance/about/glossary.html> **4.** US Department of Health and Human Services. Accessed April 10, 2025. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html#:~:text=Medicaid> **5.** Medicaid.gov. Accessed April 10, 2025. <https://www.medicaid.gov/medicaid/eligibility-policy> **6.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/other-paths> **7.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/people-with-disabilities/ssdi-and-medicare/>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Health insurance basics

Let's explore the key parts of health insurance



In-network vs out-of-network providers¹

- In-network healthcare providers (HCPs) have agreements with your health insurance company, leading to lower costs for you
- Out-of-network doctors do not have agreements with your health insurance company, which means you may pay more to see them



Check with your health insurance company before seeing a new doctor to see if they are in your network.



Explanation of benefits²

A summary of your health insurance coverage that shows what services your care team billed for, what the health insurance company paid, and what you owe (if anything).



This is NOT a bill, but it will help you understand what your health insurance paid for.



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Health insurance basics (continued)

Let's explore the key parts of health insurance



Co-pay/co-insurance^{1,2}

- A **co-pay** is a set amount you pay based on your health insurance plan and the type of service
- **Co-insurance** is a percentage you pay for your medical expenses based on your health insurance plan
- The co-pay/co-insurance is only a portion of the total cost of the service or medicine
- A co-pay card is a coupon that helps people pay for prescription medicines by lowering **out-of-pocket costs**



Look on your health insurance card to find the co-pay amount per service. Talk to your doctor about where you can sign up for a co-pay card.



Deductible³

The amount you must pay for medical services before your health insurance kicks in.



Call your insurance provider or visit your health insurance website to learn more about the services available on your plan and the deductible requirements you may have.

References: **1.** UnitedHealthcare. Accessed April 10, 2025. <https://www.uhc.com/understanding-health-insurance/understanding-health-insurance-costs/types-of-health-insurance-costs/copay-coinsurance-and-out-of-pocket-maximum> **2.** MedicalNewsToday. Accessed April 10, 2025. <https://www.medicalnewstoday.com/articles/manufacturer-copay-cards#:~:text=What%20to%20know%20about%20manufacturer%20copay%20cards&text=Manufacturer%20copay%20cards%2C%20or%20copay,pay%20for%20out%20of%20pocket> **3.** CareFirst. Accessed April 10, 2025. <https://individual.carefirst.com/individuals-families/health-insurance-basics/how-health-insurance-works/what-is-a-deductible.page#:~:text=A%20health%20insurance%20deductible%20is,then%20%240%20for%20the%20surgery>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Health insurance basics (continued)

Let's explore the key parts of health insurance



Prior authorization (PA)/denials¹

- This is a process that health insurance plans require when a doctor prescribes a service or medicine for a patient
- This process is to prove that the prescription is medically necessary
- Sometimes, a health insurance plan may deny approval and not cover the service or medicine



If a denial happens, your HCP and office staff will submit paperwork on your behalf to appeal this denial and work to get an approval.



Medical benefit vs pharmacy benefit²

- A medical benefit covers treatments you receive in a doctor's office, hospital, infusion center, or clinic. Examples include surgery, infusions, and diagnostic testing
- A pharmacy benefit covers medicines that you can give yourself (like a self-infusion) or that you can pick up at a pharmacy



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Health insurance basics (continued)

Let's explore the key parts of health insurance



Preferred drug list (PDL)¹

A list of medicines that your health insurance covers. These medicines will cost you less than medicines that are not on the list.



IG coverage policy²

The specific set of rules a health insurance company outlines about how they will cover IG medicines.



Regular pharmacy vs specialty pharmacy³

- A regular (or retail) pharmacy is where you pick up common over-the-counter medicines or medicines requiring a prescription like antibiotics, self-infusions, and blood pressure medicine
- A specialty pharmacy focuses on higher-cost medicines like those for autoimmune diseases and cancer

References: **1.** KFF. Accessed April 10, 2025. <https://www.kff.org/other/state-indicator/medicaid-preferred-drug-lists/> **2.** Cigna Healthcare. Accessed April 10, 2025. https://static.cigna.com/assets/chcp/pdf/coveragePolicies/pharmacy/ph_5026_coveragepositioncriteria_immune_globulin_intravenous_igiv.pdf **3.** Optum. Accessed April 10, 2025. <https://www.optum.com/en/business/insights/pharmacy-care-services/page.hub5.specialty-vs-retail-pharmacy>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES

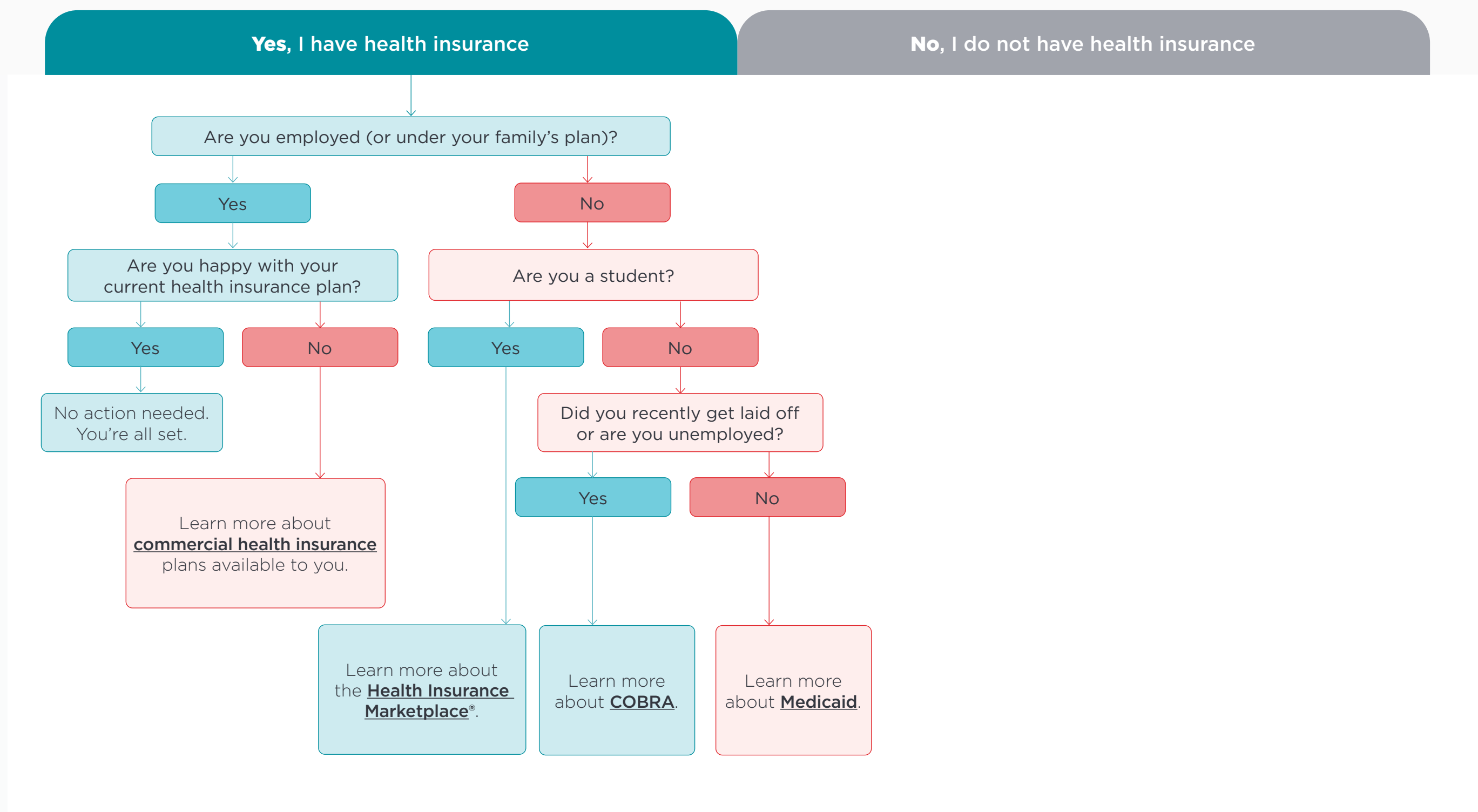


GLOSSARY



How to decide which plan may be right for you

This chart may help point you in the right direction on which plan works best for your lifestyle, medical condition, and treatment journey. Remember, health insurance decisions are personal. Take the time to talk about options with your family. To find answers to your questions, reach out to experts like your doctor, a social worker, a Human Resources benefits manager, a financial planner, and other professionals to help you make decisions and answer your questions.





INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES

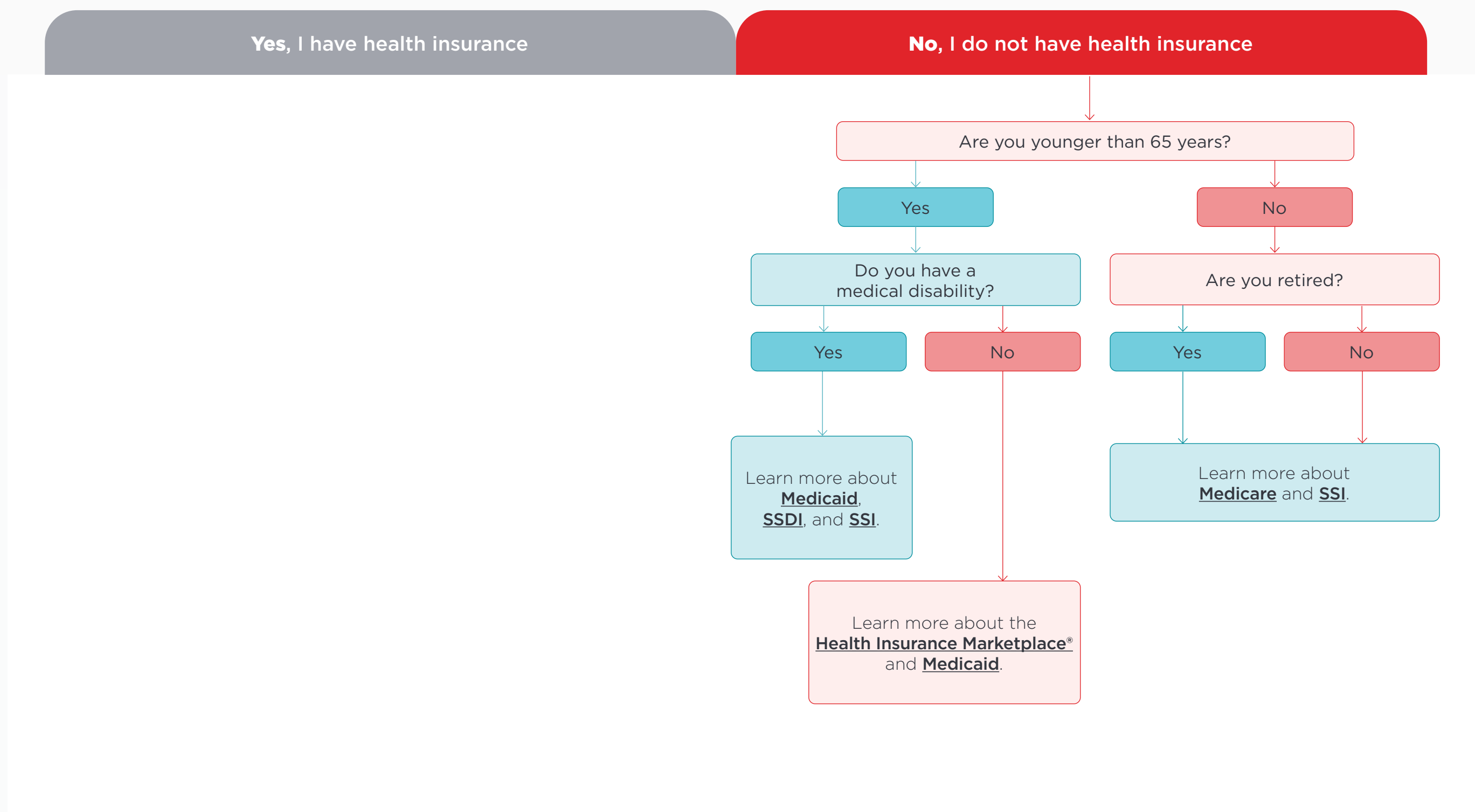


GLOSSARY



How to decide which plan may be right for you (continued)

This chart may help point you in the right direction on which plan works best for your lifestyle, medical condition, and treatment journey. Remember, health insurance decisions are personal. Take the time to talk about options with your family. To find answers to your questions, reach out to experts like your doctor, a social worker, a Human Resources benefits manager, a financial planner, and other professionals to help you make decisions and answer your questions.





INTRODUCTION



HYPOTHETICAL PATIENT STORIES



HEALTH INSURANCE OPTIONS



TOOLS AND RESOURCES



GLOSSARY



Commercial (private) health insurance options



Employer-based^{1,2}

Health insurance provided through an employer.

Eligibility: Anyone who works for an employer that offers health insurance. Family members and **dependents** are also typically eligible.*



Family/spousal coverage³

Health insurance provided through an employer.

Eligibility: In most cases, anyone who is related, married to, in a domestic partnership with, or is common-law married to a person who gets health insurance through their job. It can also include family members and dependents.*

Sign-up options⁴:

- When you first start a new job
- During **open enrollment**
- If you have a **qualifying life event**
- Remember, the times to sign up can be different depending on where you work and your health insurance company

Cost⁵⁻⁷:

- You will pay the **premium** or monthly payment
- The payment is usually taken out of your paycheck and your employer pays some of it too
- The amount of your premium depends on the type of benefits you choose and whether the coverage includes your spouse or other family members
- You may also have to pay some **out-of-pocket costs** (also known as **co-pays** and/or **co-insurance**) when you get medical care and medicine

*Dependents may also be covered if they are aged 26 years or younger or if they have a disability.⁸

References: **1.** KFF. Accessed April 10, 2025. <https://www.kff.org/health-costs/report/2024-employer-health-benefits-survey/> **2.** Healthinsurance.org. Accessed April 10, 2025. <https://www.healthinsurance.org/glossary/dependent/> **3.** United Way Worldwide. Accessed April 10, 2025. <https://www.unitedway.org/our-impact/financial-security/my-smart-money/getting-health-insurance-coverage-for-spousepartner> **4.** Anthem. Accessed April 10, 2025. <https://www.anthem.com/member-resources/employer-open-enrollment> **5.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/premium/> **6.** Kaiser Permanente. Accessed April 10, 2025. <https://healthy.kaiserpermanente.org/learn/health-plan-costs> **7.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/out-of-pocket-costs/> **8.** National Disability Navigator Resource Collaborative. Accessed April 10, 2025. <https://nationaldisabilitynavigator.org/2015/04/16/enrolling-an-adult-dependent-with-a-disability/>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Other health insurance options



COBRA¹⁻³

A federal law that lets you keep your job-based health insurance if you lose your job, work fewer hours, or experience other qualifying events.

At a minimum, you can stay on **COBRA** for 18 months. The longest time you can use it depends on the type of **qualifying life event**. After that time is up, your coverage will stop and you will need to find a new health insurance plan.

Eligibility: Anyone with health insurance through their job.*

Sign up¹:

- Within 60 days of losing coverage

Cost⁴⁻⁵: You pay in full for:

- The **premium** or monthly payment
- Any **out-of-pocket costs** (also known as **co-pays** and/or **co-insurance**) or expenses for medical care and medicine
- A 2% administration fee from the insurance company

MORE INFORMATION



*Dependents may also be covered if they are aged 26 years or younger or if they have a disability.⁶

References: **1.** US Department of Labor. Accessed April 10, 2025. <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/an-employees-guide-health-benefits-under-cobra-2022.pdf> **2.** American Hospital Association. Accessed April 10, 2025. <https://www.aha.org/system/files/media/file/2022/03/commercial-health-insurance-primer.pdf> **3.** US Department of Labor. Accessed April 10, 2025. <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-coverage.pdf> **4.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/out-of-pocket-costs/> **5.** US Department of Labor. Accessed April 10, 2025. <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra> **6.** National Disability Navigator Resource Collaborative. Accessed April 10, 2025. <https://nationaldisabilitynavigator.org/2015/04/16/enrolling-an-adult-dependent-with-a-disability/>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY

Other health insurance options (continued)



Health Insurance Marketplace^{®1-3}

A government service that helps people shop for and choose health insurance. The **Health Insurance Marketplace[®]** is also known as the “**Marketplace**” or “**exchange**.”

Eligibility: To be the primary policy holder, a person must be aged 18 years or older and live in the United States.*

Sign up⁴:

- During the **open enrollment** period (typically, November 1 through January 15) or after a **qualifying life event**. Review plans and eligibility information at [HealthCare.gov](https://www.healthcare.gov)

Cost^{5,6}:

- Varies by plan
- Subsidies to help pay for your coverage may be available depending on your income, assets, and savings

Check [HealthCare.gov](https://www.healthcare.gov) for more information and eligibility.

MORE INFORMATION



Health Insurance Marketplace[®] is a registered trademark of the Department of Health & Human Services.

*Dependents may also be covered if they are aged 26 years or younger or if they have a disability.⁷

References: **1.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/health-insurance-marketplace-glossary/> **2.** HealthCare.gov. Accessed April 10, 2025.

<https://www.healthcare.gov/quick-guide/eligibility/> **3.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/>

4. Healthinsurance.org. Accessed April 10, 2025. <https://www.healthinsurance.org/open-enrollment/> **5.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/subsidized-coverage/> **6.** Healthinsurance.org. Accessed April 10, 2025. <https://www.healthinsurance.org/open-enrollment/> **7.** National Disability Navigator Resource Collaborative.

Accessed April 10, 2025. <https://nationaldisabilitynavigator.org/2015/04/16/enrolling-an-adult-dependent-with-a-disability/>



INTRODUCTION



HYPOTHETICAL PATIENT STORIES



HEALTH INSURANCE OPTIONS



TOOLS AND RESOURCES



GLOSSARY



Government (public) health insurance options



Medicare¹⁻³

A **government health insurance** program that gives eligible people an option to enroll in health insurance.

Eligibility: Anyone aged 65 years and older or who has gotten 24 **qualifying disability benefits** (about 2 years of **Social Security Disability Insurance** payments).

Original Medicare (Parts A and B)⁴⁻⁶

Any doctor or hospital that takes **Medicare** can be used

- Part A (care you get At some place): covers hospital visits and select short-term care, like rehab in a **skilled nursing facility** for up to 100 days
- Part B (Basic medical): covers any doctor's visits

Shop for and buy supplemental coverage plans like a **Medicare Supplement Insurance (Medigap) policy** to help pay for **out-of-pocket costs** (also known as **co-pay** and/or **co-insurance**).

Sign up⁷⁻⁹:

- Online at [medicare.gov/basics/get-started-with-medicare](https://www.medicare.gov/basics/get-started-with-medicare) or call 1-800-MEDICARE (January 1 through March 31 after initial eligibility)
- Most people are automatically enrolled in Parts A and B when they become eligible for Medicare
- A few months before eligibility, a Medicare welcome packet will arrive in the mail and will have **open enrollment** period information
- It is important to follow the instructions and timelines in the welcome packet

Cost¹⁰:

- Part A: Most people do not pay for this insurance
- Part B: On average in 2025, most people pay \$185.00 per month or higher depending on their income (remember Part B premiums can change annually)

Note: Before choosing a plan, be sure to research the best choice for you and your family. It may be difficult to switch plans after choosing one. All dollar amounts are based on 2025 policies and are subject to change. Make sure to check with your health insurance plan or the Centers for Medicare & Medicaid Services for the most up-to-date dollar amounts.

References: **1.** Census.gov. Accessed April 10, 2025. <https://www.census.gov/topics/health/health-insurance/about/glossary.html> **2.** US Department of Health and Human Services. Accessed April 10, 2025. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html#:~:text=Medicaid> **3.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/disabilityresearch/wi/medicare.htm> **4.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage> **5.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/parts-of-medicare> **6.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/coverage/skilled-nursing-facility-care> **7.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start> **8.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/forms-publications-mailings/mailings/signing-up/get-ready-for-medicare-package> **9.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/media/11095-Get-Ready-for-Medicare-package-in-United-States.pdf> **10.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/what-does-medicare-cost>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Government (public) health insurance options (continued)



Combined Coverage (also known as Part C)^{1,2}

An “all-in-one” or combined coverage alternative to **original Medicare** (Part A, Part B, and usually Part D) into one plan

- Most plans offer extra benefits that original Medicare does not cover, such as vision, hearing, dental, and more
 - Plans may have lower **out-of-pocket costs** than original Medicare (review your coverage to learn more about how you receive treatment)
 - In most cases, a person needs to see doctors in the plan’s network

Eligibility^{1,3,4}: You must first be enrolled in original Medicare.

Sign up^{1,3,4}: There are 2 easy ways to sign up for original Medicare

- Visit [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)
- Call 1-800-MEDICARE

Remember, the **open enrollment** period begins January 1 and ends March 31. You will not be automatically enrolled in **Medicare Advantage**.

Cost⁵: Varies by state

Note: Before choosing a plan, be sure to research the best choice for you and your family. It may be difficult to switch plans after choosing one. All dollar amounts are based on 2025 policies and are subject to change. Make sure to check with your health insurance plan or the Centers for Medicare & Medicaid Services for the most up-to-date dollar amounts.

References: **1.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/parts-of-medicare> **2.** US Department of Health and Human Services. Accessed April 10, 2025. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-medicare-part-c/index.html> **3.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start> **4.** Healthline.com. Accessed April 10, 2025. <https://www.healthline.com/health/medicare/medicare-part-c-eligibility> **5.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/costs/medicare-costs>



INTRODUCTION



HYPOTHETICAL PATIENT STORIES



HEALTH INSURANCE OPTIONS



TOOLS AND RESOURCES



GLOSSARY



Government (public) health insurance options (continued)



Medicare Part D (Drug Coverage)¹

After signing up for **original Medicare** (Parts A and B), a separate **Medicare** Prescription Drug Plan can be chosen to help with prescription medicine coverage.

An easy way to remember the parts of Medicare

Part A: At some place

Part B: Basic medical

Part C: Combined coverage (aka Medicare Advantage)

Part D: Drug coverage

Sign up^{2,3}:

Visit [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) or call 1-800-MEDICARE when initially signing up for Parts A and B or during open enrollment periods for Part D. You are not automatically enrolled in Medicare Part D.

Cost^{2,3}:

- Varies by plan
- Part D and **Medigap** policies may cost more if you do not choose Part D when you first sign up for Medicare

Inflation Reduction Act^{4,5}

Starting in 2025, Medicare Part D patients:

- Will not pay more than \$2,000 a year for covered medicines (after meeting their deductible)
- Can sign up for the Medicare Prescription Payment Plan, which spreads out prescription medicine costs into smaller monthly payments over the course of a year

Note: Before choosing a plan, be sure to research the best choice for you and your family. It may be difficult to switch plans after choosing one. All dollar amounts are based on 2025 policies and are subject to change. Make sure to check with your health insurance plan or the Centers for Medicare & Medicaid Services for the most up-to-date dollar amounts.

References: **1.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/parts-of-medicare> **2.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/health-drug-plans/part-d/basics/costs> **3.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/costs/medicare-costs> **4.** Centers for Medicare & Medicaid Services. Accessed April 10, 2025. <https://www.cms.gov/inflation-reduction-act-and-medicare/part-d-improvements> **5.** Centers for Medicare & Medicaid Services. Accessed April 10, 2025. <https://www.cms.gov/inflation-reduction-act-and-medicare>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Government (public) health insurance options (continued)



Medicaid

A government-funded program that helps pay for medical costs for people with low income and limited resources. The federal government has rules that all state **Medicaid** programs must follow, but each state runs its own program. This means eligibility requirements and benefits can vary from state to state.^{1,2}

Medicaid gives health insurance to some individuals and families, including children, parents, pregnant women, older adults with certain incomes, and people with disabilities. In some states, other adults with low incomes can also get Medicaid.³

Medicaid covers some services that **Medicare** does not, like care in nursing homes and help with everyday personal care. Most of the time, those with Medicaid do not have to pay for covered medical costs, but may have a small co-pay for some items or services.⁴

Eligibility⁵⁻⁷: You may qualify for free or low-cost healthcare through Medicaid based on your income and household size. Eligibility rules differ in each state

Sign up⁵:

Visit your state's Medicaid website

<https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html#statemenu>

Cost⁵⁻⁷: Varies by state



Each state has different rules about what medicines are covered. Some medicines are called “preferred” and are fully covered. Others are “nonpreferred,” and may cost more.⁸ To learn more, visit: <http://www.medicaid.gov/>

References: **1.** Census.gov. Accessed April 10, 2025. <https://www.census.gov/topics/health/health-insurance/about/glossary.html> **2.** US Department of Health and Human Services. Accessed April 10, 2025. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html> **3.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/medicaid/> **4.** US Department of Health and Human Services. Accessed April 10, 2025. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html#:~:text=Medicaid> **5.** Medicaid.gov. Accessed April 10, 2025. <https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html#statemenu> **6.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/disabilityresearch/wi/medicaid.htm> **7.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/> **8.** KFF. Accessed April 10, 2025. <https://www.kff.org/other/state-indicator/medicaid-preferred-drug-lists/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Government (public) health insurance options (continued)



Social Security Disability Insurance (SSDI)

A government program that gives monthly payments to people younger than 65 years who have a qualifying disability and enough **work credits**.¹

You can apply for **Social Security Disability Insurance** if you can no longer work because of your medical condition and if you were previously "insured," meaning you worked long enough and recently enough to have paid Social Security taxes.^{1,2}

The number of work credits you need to qualify depends on your age when your disability begins.³ For more information about requirements, visit the Disability Benefits web page at www.ssa.gov/benefits/disability.

Monthly payments are based on how much you used to earn. In 2025, the maximum monthly payment is \$4,018. You can keep getting benefits as long as you qualify. Sometimes, these benefits might be sent to a person chosen to manage them for you, called a **representative payee**.³⁻⁵

Applicants²⁻⁵:

- Must make less than \$1,620 per month and have enough work credits or qualify for disability
- Can sign up in person, over the phone, or online with the Social Security Administration
- Can wait an average of 6 to 8 months for a decision
- Do not have to reapply for either program but may have a **continuing disability review** about every 7 years

References: **1.** Disability Benefits Help. Accessed April 10, 2025. <https://www.disability-benefits-help.org/glossary/social-security-disability-insurance-ssdi> **2.** Social Security Administration publication 05-10003. Accessed April 10, 2025. <https://www.ssa.gov/pubs/EN-05-10003.pdf> **3.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/payee/faqrep.htm> **4.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/benefits/disability/qualify.html> **5.** Evans Disability. Accessed April 10, 2025. <https://evansdisability.com/blog/social-security-disability-benefits-pay-chart/>



INTRODUCTION



HYPOTHETICAL PATIENT STORIES



HEALTH INSURANCE OPTIONS



TOOLS AND RESOURCES



GLOSSARY



Government (public) health insurance options (continued)



Supplemental Security Income (SSI)

A government program that gives monthly payments to people with limited income and resources who are disabled, blind, or at least 65 years old.¹

If you get **Supplemental Security Income**, you will likely qualify for Medicaid, but this can be different in each state.²

In 35 states and Washington, DC, if you apply for SSI you do not need to fill out any extra forms to get Medicaid.^{3,4}

- AK, ID, KS, NE, NV, OR, UT, and the Northern Mariana Islands have a separate Medicaid application process outside of the SSI application; however, the requirements are the same
- CT, HI, IL, MN, MO, NH, ND, OK, and VA have a separate Medicaid application that includes additional requirements above and beyond those for SSI. Not everyone who qualifies for SSI in these states will qualify for Medicaid

Monthly payments are based on your financial need. In 2025, the maximum amount a single person can get each month is \$967 and the maximum amount a married couple can get is \$1,450.

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- Can sign up in person, over the phone, or online with the Social Security Administration
- Can wait an average of 6 to 8 months for a decision
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References: **1.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/ssi/text-over-ussi.htm> **2.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/medicaid/> **3.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/disabilityresearch/wi/medicaid.htm> **4.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/oact/cola/SSI.html> **5.** Social Security Administration publication 05-10003. Accessed April 10, 2025. <https://www.ssa.gov/pubs/EN-05-10003.pdf> **6.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/payee/faqrep.htm> **7.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/benefits/disability/qualify.html> **8.** Evans Disability. Accessed April 10, 2025. <https://evansdisability.com/blog/social-security-disability-benefits-pay-chart/>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Applying for SSDI/SSI

1

Create an account

- Create a free, personal Social Security account at ssa.gov/myaccount/ and check the number of **work credits** you have earned and what benefits you may qualify for^{1,2}

Be sure to:

- Fill out the Disability Benefit Application at socialsecurity.gov/benefits/disability (select Apply for Disability)
- Take all needed documents to the Social Security Administration office or submit them online^{3*}
 - Talk to your doctor and care team to get copies of your health record for your application

2

Schedule an appointment^{4,5}



Call **1-800-772-1213**

OR



Visit a local Social Security Administration office (visit secure.ssa.gov/ICON/main.jsp for a list of local offices)

OR



Apply online at socialsecurity.gov/benefits/disability

3

Wait for a decision^{4,6}

- It usually takes about 6 to 8 months for the Social Security Administration to make a decision on applications
- If your application is denied, you have 60 days to appeal the decision[†]

*A Social Security Administration representative may contact you after you submit the application and ask questions not on the Disability Benefit Application.^{3,7}

[†]The appeals process is common.⁸ Visit the Social Security Administration website for more details on the appeals process.

References: **1.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/myaccount/> **2.** Social Security Administration publication 05-10003. Accessed April 10, 2025. <https://www.ssa.gov/pubs/EN-05-10003.pdf> **3.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/apply?benefits=disability&age=adult> **4.** Social Security Administration publication 05-10029. Accessed April 10, 2025. <https://www.ssa.gov/pubs/EN-05-10029.pdf> **5.** Social Security Administration. Accessed April 10, 2025. https://www.ssa.gov/help/iClaim_otherWays.html#:~:text=If%20you%20cannot%20apply%20online,%2D800%2D325%2D0778 **6.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/faqs/en/questions/KA-01855.html#:~:text=You%20can%20file%20both%20medical,our%20decision%2C%20you%20can%20appeal> **7.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/disability/Documents/Factsheet-AD.pdf> **8.** USAFacts. Accessed April 10, 2025. <https://usafacts.org/data-projects/disability-benefit-process>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Talking to your care team

Figuring out treatment, health insurance, and costs can feel confusing, but asking the right questions may help. Use these **care team conversation starters** as well as the ones found in this brochure to get the answers you need to make choices about your care.



- What information is needed to make sure my treatment is covered?
- Who else is going to reach out to me about my medicine (for example, a specialty pharmacy or infusion center) and could you give me their contact information?
- How can I keep track of important codes or paperwork needed for my treatment?
- Is a co-pay card available and, if so, how can I apply for one or apply for other discounts?
- What support or community groups are available?
- How can support programs help me manage my medicine or infusion appointments?
- Can you suggest community resources like foundations that may help me with the cost of my medicine?



Remember, health insurance decisions are personal. Take the time to talk about your options with your family.

To find answers to your questions and help make healthcare decisions, reach out to:

- Your doctor
- A Human Resources benefits manager
- A social worker
- A financial planner



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Takeda patient resources

Takeda is here to help answer your questions and get you the information you need.



Takeda Patient Support

We know that living with a chronic condition looks different for everyone. Whether you've just been diagnosed or have been on treatment for a while, our goal is to help you get the answers and information you *specifically need*—and help make your treatment journey a little easier.

Visit [TakedaPatientSupport.com](https://www.takedapatient.com)* to find:

- Information on how to enroll in Takeda Patient Support
- Details about Takeda Patient Support services and how the program can assist you
- Answers to frequently asked questions
- Links to informative and advocacy organizations
- Downloadable tools and resources



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Helpful links for your treatment journey

Need help understanding your treatment costs?

[Takeda Patient Support*](#)

[National Organization for Rare Disorders](#)

[Well-informed brochures*](#)

Need help with Social Security?

[Social Security Administration disability starter kit](#)

[What you need to know about applying online](#)

[Social Security FAQs](#)

Learn more about available health insurance options

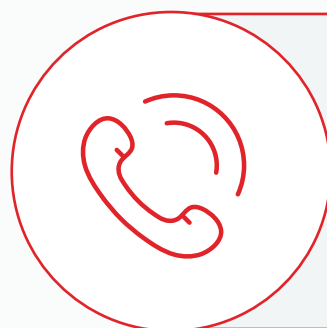
[How to sign up for health insurance](#)

[Understanding health insurance and FAQs](#)

[Healthcare Insurance Marketplace®](#)

[Find a Medicare plan](#)

[Medicaid](#)



Get in touch with the Social Security Administration

Call 1-800-772-1213 to use the automated phone services for recorded information.
If you'd like to speak to a representative, call Monday through Friday between
7 AM and 7 PM in your state's time zone.

Health Insurance Marketplace® is a registered trademark of the Department of Health & Human Services.



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Glossary

COBRA^{1,2}: Through this law, a person can remain on an employer-based health insurance plan after they stop working. At minimum, a person can stay on COBRA for 18 months, the maximum amount of time depends on the state they live in. Once the state-specified time period ends, coverage ends, and the person will need to switch to another plan.

Commercial health insurance¹: A health insurance plan from a private insurance company. Premiums for these plans vary in price. Most often, people younger than 65 years get their commercial insurance from their employer or can purchase it on the Health Insurance Marketplace[®].

Continuing disability review³: A review by the Social Security Administration to determine if disability benefits may continue.

Dependents⁴: A biological child, stepchild, adopted child, foster child, or a disabled adult that a person can add to their health insurance plan.

Government health insurance⁵: Health insurance from the government, like Medicare or Medicaid.

Health Insurance Marketplace[®] (also known as the “marketplace” or “exchange”)⁶: A service from the federal government that helps people shop for and enroll in health insurance. Some states run their own Marketplaces. Visit Marketplace at [HealthCare.gov](https://www.healthcare.gov).

Medicaid⁷: Health insurance from the government that provides free or low-cost health coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities. Many states have increased their Medicaid programs to cover all people below certain income levels.

Medicare^{5,8}: A government health insurance plan for people aged 65 years and older and eligible people younger than 65 years with disabilities. An easy way to remember the parts of Medicare: Part A—at some place; Part B: basic medical; Part C: combined coverage (aka, Medicare Advantage); and Part D: drug coverage.

Medicare Advantage⁹: An “all-in-one” alternative to original Medicare. These plans include Part A, Part B, and usually Part D. Most plans offer extra benefits that original Medicare does not cover, such as vision, hearing, dental, and more.

Medicare Supplement Insurance (Medigap) policy¹⁰: Private health insurance that a person can buy and add to their original Medicare. It covers some out-of-pocket costs that original Medicare does not cover and is sold by private health insurance companies.

Open enrollment^{11,12}: The yearly period when people can enroll in a health insurance plan. Typically, this is November through December for private health insurance plans and October through December for Medicare.

Health Insurance Marketplace[®] is a registered trademark of the Department of Health & Human Services.

References: **1.** Commercial Health Insurance Primer. Accessed April 10, 2025. <https://www.aha.org/system/files/media/file/2022/03/commercial-health-insurance-primer.pdf> **2.** US Department of Labor. Accessed April 10, 2025. <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-coverage.pdf> **3.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/ssi/text-cdrs-ussi.htm> **4.** Healthinsurance.org. Accessed April 10, 2025. <https://www.healthinsurance.org/glossary/dependent/> **5.** Census.gov. Accessed April 10, 2025. <https://www.census.gov/topics/health/health-insurance/about/glossary.html> **6.** Centers for Medicare and Medicaid Services. Accessed April 10, 2025. <https://www.cms.gov/ccio/resources/forms-reports-and-other-resources/downloads/uniform-glossary-final.pdf> **7.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/medicaid/> **8.** US Department of Health and Human Services. Accessed April 10, 2025. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html> **9.** US Department of Health and Human Services. Accessed April 10, 2025. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-medicare-part-c/index.html> **10.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/health-drug-plans/medigap> **11.** Commercial Health Insurance Primer. Accessed April 10, 2025. <https://www.aha.org/system/files/media/file/2022/03/commercial-health-insurance-primer.pdf> **12.** UnitedHealthcare. Accessed April 10, 2025. <https://www.uhc.com/understanding-health-insurance/open-enrollment>



INTRODUCTION



HYPOTHETICAL
PATIENT STORIES



HEALTH INSURANCE
OPTIONS



TOOLS
AND RESOURCES



GLOSSARY



Glossary (continued)

Original Medicare^{1,2}: Lets a person go to any doctor or hospital that accepts Medicare anywhere in the United States. Medicare will pay its share of the bill for any Medicare-covered service.

Out-of-pocket costs (co-pay, co-insurance, and deductibles)³: Costs for medical care that are not covered by a health insurance plan and that a person pays for with their own money.

Premium⁴: The amount a person pays for health insurance every month.

Qualifying disability benefits⁵: Official disability payments (in the form of check or direct deposit) that count toward Medicare eligibility. A person enrolled in Social Security Disability Insurance needs 24 qualifying disability benefits to be eligible for Medicare.

Qualifying life event⁶: A change in a person's life situation, like getting married, having a baby, or losing health coverage, that allows for enrollment in health insurance outside of an open enrollment period.

Representative payee⁷: A person or organization who can manage payments on behalf of beneficiaries who are not able to manage their Social Security payments.

Skilled nursing facility⁸: Centers with healthcare professionals who treat and manage a person's health condition(s) and evaluate their care as it can only be safely performed by professionals or technical personnel.

Social Security Disability Insurance (SSDI)⁹: A government program that offers monthly payments to people younger than 65 years who have qualifying disabilities and enough work credits.

Spousal coverage¹⁰: When a person is added to a spouse's health insurance plan.

Supplemental Security Income (SSI)¹¹: A government program that offers monthly payments to people with limited income and resources who are disabled, blind, or aged 65 years or older.

Work credits¹²: The number of work credits a person needs to qualify for disability benefits from Social Security; it depends on a person's age and when they became disabled. Generally, a person needs 40 credits, 20 of which were earned in the 10 years before the person became disabled. A person can earn up to 4 credits each year. However, younger people may qualify with fewer credits. Check the number of work credits you have at: ssa.gov/myaccount/

References: **1.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/providers-services/original-medicare> **2.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/how-does-medicare-work> **3.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/out-of-pocket-costs/> **4.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/medicaid/> **5.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/pubs/EN-05-10153.pdf> **6.** HealthCare.gov. Accessed April 10, 2025 <https://www.healthcare.gov/glossary/qualifying-life-event/> **7.** Social Security Administration. Accessed April 10, 2025. <https://www.ssa.gov/payee/> **8.** Medicare.gov. Accessed April 10, 2025. <https://www.medicare.gov/coverage/skilled-nursing-facility-care> **9.** Disability Benefits Help. Accessed April 10, 2025. <https://www.disability-benefits-help.org/glossary/social-security-disability-insurance-ssdi> **10.** United Way Worldwide. Accessed April 10, 2025. <https://www.unitedway.org/our-impact/financial-security/my-smart-money/getting-health-insurance-coverage-for-spousepartner> **11.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/supplemental-security-income> **12.** Social Security Administration. Accessed April 10, 2025. https://www.ssa.gov/thirdparty/materials/pdfs/educators/Work%20CreditsTP_2019.pdf



More information on health insurance options

Whether you get health insurance from your job, your spouse's/family member's employer, **COBRA**, or the **Health Insurance Marketplace**®, there are many plans to choose from. Below are some of the most common¹⁻⁴:

Preferred provider organization (PPO)^{1,2}

A health insurance plan that works with healthcare providers, like hospitals and doctors, to make a network of healthcare providers. You pay less if you use healthcare providers who are in the network. You can use doctors, hospitals, and healthcare providers outside of the network for additional costs. You do not need a referral to see a specialist.

Health maintenance organization (HMO)³

A health insurance plan that usually limits your coverage to doctors who work for or with the HMO. It typically will not cover out-of-network care except in an emergency. An HMO may require that you live or work in its service area. HMOs often provide integrated care and focus on prevention and wellness.

Point of service (POS)³

A health insurance plan where you pay less if you use doctors, hospitals, and other healthcare providers that belong to the plan's network.

High deductible health plan (HDHP)⁴

A health insurance plan with a higher deductible than a traditional health insurance plan. The monthly premium is usually lower, but you pay more healthcare costs by yourself before the insurance company starts to pay its share. An HDHP can be combined with a health savings account that allows you to pay for certain medical expenses with money you set aside in your tax-free HSA.

References: **1.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/preferred-provider-organization-ppo/> **2.** Humana. Accessed April 10, 2025. <https://www.humana.com/medicare/medicare-resources/what-is-ppo> **3.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/choose-a-plan/plan-types/> **4.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/high-deductible-health-plan/>

[health-insurance-primer.pdf](#) **3.** US Department of Labor. Accessed April 10, 2025. <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-coverage.pdf> **4.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/out-of-pocket-costs/> **5.** US Department of Labor. Accessed April 10, 2025. <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra> **6.** National Disability Navigator Resource Collaborative. Accessed April 10, 2025. <https://nationaldisabilitynavigator.org/2015/04/16/enrolling-an-adult-dependent-with-a-disability/>





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<https://www.healthcare.gov/quick-guide/eligibility/> **3.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/> **4.** Healthinsurance.org. Accessed April 10, 2025. <https://www.healthinsurance.org/open-enrollment/> **5.** HealthCare.gov. Accessed April 10, 2025. <https://www.healthcare.gov/glossary/subsidized-coverage/> **6.** Healthinsurance.org. Accessed April 10, 2025. <https://www.healthinsurance.org/open-enrollment/> **7.** National Disability Navigator Resource Collaborative. Accessed April 10, 2025. <https://nationaldisabilitynavigator.org/2015/04/16/enrolling-an-adult-dependent-with-a-disability/>

