



Frequently Asked Questions

About Health Insurance

Who needs health insurance?

Pretty much everybody. Health insurance is one type of insurance you're pretty much guaranteed to use. We all need medical attention from time to time, and some of us need it quite frequently. With health care costs rising, you want to focus on getting better not on how you're going to come up with the money to pay your medical bills.

Which type of health insurance plan should I buy?

There are four main types of health insurance: traditional indemnity plans, HMOs, PPOs, and POS plans. It's important to understand the differences between the four main types of plans and how they will impact your care. There are more health insurance options available today than ever before, and that's good news for consumers, so choose the one that provides you with the coverage you want at the price you can afford.

Where can I get health insurance?

Most Americans who have health insurance receive it through their employer. Because employers typically negotiate group rates and pay a portion of the premiums, this is usually the most affordable way to get coverage. If your employer doesn't offer health insurance, you can purchase a policy on your own that provides you with the specific benefits you want. To purchase a policy, contact a health insurance agent or broker in your area or simply call a health insurance company. You might also try unions, trade associations or other organizations related to your chosen profession. These groups sometimes negotiate group health insurance rates that can make coverage more affordable.

What if I can't afford health insurance?

If you can't afford coverage, you may qualify for a state or federal safety net program. The federal Medicare program provides coverage for Americans over 65 or with certain disabilities, and the joint federal-state Medicaid program provides coverage for qualifying low-income individuals.

What if I have an existing health condition?

One of the best parts about getting health insurance coverage through your employer is existing health conditions cannot prevent you from obtaining coverage. If you are looking to buy health insurance on your own and have an existing health condition, you should work with an insurance agent who specializes in insuring high-risk individuals.

What do I need to consider when deciding between health insurance policies?

When evaluating different policies, it is important to consider which medical services are covered, and the cost of deductibles, coinsurance and copayments. Often, the decision will come down to the tradeoff between flexibility and cost. You can determine the right policy for you by consulting with a health insurance agent or broker in your area or your employer's benefits manager.

How can I make sure I am covered while I'm in between jobs?

If you lose or leave your job and need to maintain health insurance coverage while searching for a new job, you can apply for COBRA benefits. COBRA is a law passed by the federal government that allows you to extend your health insurance coverage, at full cost to you, for a specific period of time if you lose your eligibility for coverage through your employer.

