



TOP 10 WAYS TO MAKE YOUR HEALTH BENEFITS WORK FOR YOU

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The Department of Labor's Employee Benefits Security Administration (EBSA)

administers several important health benefit laws covering employer-based health plans.

These laws include:

- Your basic rights to information about how your health plan works,
- How to qualify and make claims for benefits,
- Your right to continue health benefits when you lose coverage or change jobs, and
- Protections for special medical conditions.

For more information on the laws that protect your benefits, visit [EBSA's website](#) or call EBSA toll-free at **1-866-444-3272**.

These 10 tips can help make your health benefits work better for you.

1. Explore Your Health Coverage Options

There are many different types of health benefit plans. Find out what your employer offers, then check out the plan (or plans). Your employer's human resource office, the health plan administrator, or your union can provide information to help you match your needs and preferences with the available plans. Or consider a health plan through the Health Insurance Marketplace. Visit [HealthCare.gov](#) to see the health plan options available in your area. *Get information about all of your options and review it. The more information you have, the better your health care decisions will be.*

2. Review the Available Benefits

Determine your needs and priorities.

Do the plans offered cover the benefits that are important to you, such as mental health services, well-baby care, vision or dental care? Are there deductibles? What out-of-pocket expenses might you face? Compare all of your options before you decide which coverage to elect. *Matching your needs and those of your family members will result in the best possible benefits. Cheapest may not always be best. Your goal is high quality, affordable health benefits.*

3. Read Your Plan's Summary Plan Description (SPD) for the Wealth of Information It Provides

The SPD outlines your benefits and your legal rights under the Employee Retirement Income Security Act, or ERISA, a Federal law that protects your health benefits. It also should contain information about coverage for dependents, what services require a co-payment or coinsurance, and when your employer can change or terminate a health benefits plan. In addition to your SPD, the Summary of Benefits and Coverage (SBC) is a short, easy-to-understand summary of what a plan covers and what it costs. Your health plan administrator should provide a copy of both documents with your enrollment materials. *Save the SPD, the SBC, and all other health plan brochures and documents, along with memos or correspondence from your employer relating to health benefits.*

4. Use Your Health Coverage

Once your health coverage starts, use it

to help cover medical costs for services such as going to the doctor, filling prescriptions, or getting emergency care. Using your benefits will help you and your family stay healthy and reduce your health care costs. The Affordable Care Act (ACA) protects people

enrolled in employment-based health plans, including prohibiting preexisting condition exclusions and annual and lifetime limits on essential health benefits. What's more, many plans cover certain preventive services for free, including routine vaccinations; regular well-baby and well-child visits; blood pressure, diabetes and cholesterol tests; and many cancer screenings. You also can keep your children on your health plan until age 26. *Take advantage of your benefits, especially free preventive care if your plan covers it. If you pay cost sharing for a preventive service, check your Explanation of Benefits and ensure that the provider billed the service properly.*

5. Understand Your Plan's Mental Health and Substance Use Disorder Coverage

Many health plans provide coverage for mental health and substance use disorder benefits. If a plan offers these benefits, the financial requirements (such as co-payments and deductibles) and the quantitative treatment limits (such as visit limits) for these benefits cannot be more restrictive than those applied to medical/surgical benefits. Plans also cannot impose lifetime and annual limits on the dollar amount of mental health and substance use disorder services, including behavioral health treatment. *Some plans cover preventive services such as screenings for depression and child behavioral assessments for free. Check your SPD and SBC to find out what your plan covers.*

6. Look for Wellness Programs

More employers are establishing wellness programs

that encourage employees to exercise, stop smoking, and generally adopt healthier lifestyles. The Health Insurance Portability and Accountability Act, or HIPAA, and the ACA encourage group health plans to adopt wellness programs but also prohibit discrimination against employees and dependents based on a health factor. These programs often provide rewards such as cost savings as well as promoting good health. *Check your SPD or SBC to see whether your plan offers a wellness program(s). If your plan does, find out what reward is offered and what you need to do to receive it.*

7. Know How to File an Appeal if Your Health Benefits Claim is Denied

Understand your plan's procedures for filing a claim for benefits and appealing the plan's decisions. Pay attention to time limits – make sure you file claims and appeals in a timely manner and that the plan makes decisions on time. Keep records and copies of all correspondence. *Check your health benefits package and your SPD to determine who is responsible for handling problems with benefit claims. Contact EBSA for assistance if the plan does not respond to your complaint.*

8. Assess Your Health Coverage as Your Family Status Changes

You may need to change your health coverage following certain life events

such as marriage, divorce, childbirth or adoption, the death of a spouse, or a child aging out of a parent's health plan. You, your spouse, and your dependent children may be eligible for special enrollment in other employer health coverage or through the Health Insurance Marketplace. Even without life-changing events, the information provided by your employer should tell you how you can change benefits or switch plans. *If you're considering special enrollment, act quickly. You have 30 days after the life event to request special enrollment in other employer coverage or 60 days to select a plan in the Marketplace.*

9. Be Aware that Changing Jobs and Other Work Events Can Affect Your Health Coverage

If you change employers or lose your job, you may need to find other health coverage. If you have a new job, consider enrolling in your new employer's plan. Whether starting or losing a job, you may be eligible to special enroll in a spouse's employer-sponsored plan or through the Health Insurance Marketplace. Under the Consolidated Omnibus Budget Reconciliation Act, or COBRA, you, your covered spouse, and your dependent

children may be eligible to continue coverage under your former employer-sponsored plan. This coverage is temporary (generally 18 to 36 months) and you may have to pay the entire premium plus a 2 percent administrative charge. *Get information on your coverage options and compare. Know the deadlines for your coverage decision and find out when your new coverage will be effective.*

10. Plan for Retirement

Before you retire, find out what health benefits, if any, will extend to you and your spouse. Consult with your employer's human resources office, your union, or the plan administrator. Check your SPD and other plan documents. Make sure there is no conflicting information among these sources about the benefits you will receive or the circumstances under which they can change or be eliminated. With this information in hand, you can make other important choices, such as deciding whether to enroll in Medicare or purchase Medigap insurance coverage (if eligible). If you want to retire before you are eligible for Medicare and your employer does not provide health benefits in retirement, consider how you will get health coverage. Your options may include enrolling in a spouse's employer plan or in a Marketplace plan or temporarily continuing your employer coverage by electing COBRA. *Planning for retirement includes planning for your health coverage in retirement. To find out more, read Taking the Mystery Out of Retirement Planning (see back panel).*

These Laws Can Help

- **The Employee Retirement Income Security Act** — Offers protection for individuals enrolled in retirement, health, and other benefit plans sponsored by private-sector employers, and provides rights to information and a claims and appeals process for participants to get benefits from their plans.
- **The Patient Protection and Affordable Care Act** — Provides protections for employment-based health coverage, including extending dependent coverage of children to age 26, prohibiting preexisting condition exclusions, and prohibiting lifetime and annual limits on essential health benefits. It also created the Health Insurance Marketplace.

- **The Consolidated Omnibus Budget Reconciliation Act** — Gives some former employees, retirees, spouses, and dependent children the right to purchase temporary continuation of group health plan coverage at group rates in specific instances.

- **The Health Insurance Portability and Accountability Act** — Allows employees, their spouses and their dependents to enroll in employer-provided health coverage regardless of open enrollment periods if they lose coverage or in the event of marriage, birth, adoption or placement for adoption. Also prohibits discrimination in health care coverage.

- **The Women's Health and Cancer Rights Act** — Offers protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy.

- **The Newborns' and Mothers' Health Protection Act** — Provides for minimum coverage for hospital lengths of stay following childbirth.

- **The Genetic Information Nondiscrimination Act** — Prohibits discrimination in group health plan premiums based on genetic information. Also, generally prohibits group health plans from requesting genetic information or requiring genetic tests.

- **The Mental Health Parity and Addiction Equity Act and the Mental Health Parity Act** — Requires parity in financial requirements and treatment limitations for mental health and substance use disorder benefits with those for medical and surgical benefits.

- **The 21st Century Cures Act** — Promotes better understanding of and compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), including improved disclosure and compliance assistance. The Cures Act also clarifies that benefits for eating disorders are covered by MHPAEA.

- **The Children's Health Insurance Program Reauthorization Act** —

Allows special enrollment in a group health plan if an employee or dependents lose coverage under CHIP or Medicaid or are eligible for premium assistance under those programs.

- **The No Surprises Act** — Restricts excessive out of pocket costs (surprise billing) for receiving out-of-network care for emergency services, non-emergency services from out-of-network providers at in-network facilities in certain circumstances, and air ambulance services.

To Find Out More...

Visit [EBSA's website](#) to view the following EBSA publications:

- An Employee's Guide to Health Benefits Under COBRA
- Retirement and Health Care Coverage...Questions and Answers for Dislocated Workers
- Can the Retiree Health Benefits Provided by Your Employer Be Cut?
- Life Changes Require Health Choices...Know Your Benefit Options
- Work Changes Require Health Choices...Protect Your Rights
- Filing a Claim for Your Health Benefits
- Your Genetic Information and Your Health Plan – Know the Protections Against Discrimination
- Taking the Mystery Out of Retirement Planning

To order copies or to request assistance from a benefits advisor, [email EBSA](#) or call toll free at **1-866-444-3272**.

You also may visit the U.S. Department of Health and Human Services site [HealthCare.gov](#) or call **1-800-318-2596** to learn more about Marketplace plans, what they cover, and how to apply. You also can get information by contacting your state insurance commissioner's office.



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