

LEARNING ABOUT Health Insurance Options

Deciding which health insurance plan to choose can be confusing. The information on this sheet may help you learn about health insurance options that work best for you.

When you can change your health insurance

You may change your health insurance during:

- **Open enrollment** usually happens in the fall or another set time, depending on your plan
- **A special enrollment period** is based on changes in your life, such as:
 - Starting a new job or losing a job
 - Change in marital status
 - Age, such as becoming eligible for Medicare at age 65

What kinds of health insurance options may be available to you

There are 2 main types of health insurance plans, but each has a few different options. Here are some common examples.



Commercial or private insurance

A plan you get from a private health insurance company, such as:

- Insurance from your job
- A plan you bought yourself
- A plan from the ACA Health Insurance Marketplace (for example, HealthCare.gov)



Government-sponsored or public insurance

A plan you get from the federal or state government, such as:

- Medicare, which is federal health insurance for people who are 65 years or older or have certain disabilities
- Medicaid, which is state health insurance for low-income families and children and certain other groups
- TRICARE, which is a health program for uniformed service members and their families

Where to learn more about your health insurance

- Health insurance company websites
- Union or human resources department
- HealthCare.gov
- Medicare.gov
- Medicaid.gov
- Benefits.gov

For more information about your Genentech medicine:

Visit [Genentech-Access.com/patients](https://www.genentech-access.com/patients)

Call the Genentech Patient Resource Center at **(877) GENENTECH**/(877) 436-3683

To see more definitions of health insurance terms, visit [HealthCare.gov/Glossary](https://www.healthcare.gov/glossary).

QUESTIONS TO ASK When Comparing Health Insurance Options

Fill out this grid to compare what you learn about each plan. This may help you decide which option is best for you.

	Option 1	Option 2	Option 3
Name of health insurance plan			
Are my medicines covered?			
What is my premium? This is the amount you pay your health insurance plan for coverage, usually every month.			
What is my deductible? This is the amount you pay for health care services or medicines before your health insurance plan begins to pay.			
What is my co-pay or co-insurance for doctors' visits and procedures? This is an amount you have to pay for each health care service or medicine before your health insurance plan begins to pay. It can be a set amount (co-pay) or a percentage of the total cost (co-insurance).			
What is my co-pay or co-insurance for medicines?			
What is my maximum out-of-pocket cost? This is the most you will have to pay for health care services or medicines each year.			
Are my current doctors, hospitals, pharmacies, treatment locations and testing locations in-network? A network is the group of doctors and health care facilities that have contracts with your health insurance plan. In-network doctors and facilities usually cost less than out-of-network ones.			
Is prior authorization needed? This means the health insurance plan must provide approval before it covers your medicine.			
Is step therapy needed? This means you must try and fail another medicine or therapy before you can get your prescribed medicine.			

Important things to keep in mind



If you decide to change your health insurance plan, be sure to tell your entire care team, including all of your doctors' offices, pharmacies and treatment locations.



If you need help paying for your medicine, options may be available. Ask your doctor's office or visit [Genentech-Access.com/patients](https://www.genentech.com/patients) to learn more.