

▶ NAVIGATING HEALTH INSURANCE WITH DIABETES

Here are a few important things to know about health insurance that will help you navigate life with diabetes a little easier.

1

HEALTH INSURANCE IS ESSENTIAL FOR A PERSON WITH DIABETES, EVEN THOUGH IT CAN BE FRUSTRATING TO DEAL WITH.

You need insurance for both your physical and financial health. But sometimes, because of how confusing and bureaucratic it can be, it doesn't feel like health insurance companies are benefiting you at all. While health insurance companies are far from perfect, this is the system you must work within. Having health insurance is far better than not having it.

2

DIABETES IS EXPENSIVE.

If you are still under your parents' plan and financial coverage, enjoy it while you can. It is important to start talking to your parents about the cost of your supplies, doctor's appointments, and other expenses so you can know an approximation of what to expect in the future. While this may be overwhelming or shocking, it is a good idea to get a sense of what health care costs look like, especially if you've never been responsible for these expenses before. Ask your caregiver(s) how they feel about you staying on their insurance until the maximum age allowed under the plan. Although the plan may allow you to remain covered by their insurance, your parent may or may not be okay with it. Your ability to remain on your parent's health insurance may depend on whether you are employed or if you will be in a masters or doctorate degree program for many years.

If you are already on your own insurance and are financially independent from your parents, you have probably already seen first-hand just how expensive diabetes is. It can be overwhelming and incredibly frustrating. Now would be a good time to look at that monthly budget (*or make one if you don't have one*) to see how your diabetes supplies will fit into that. Check out the "Financial Planning" section to learn more.

3

DON'T BE AFRAID TO BE PERSISTENT.

Most insurance companies will not cover every pump, CGM, or even every glucose meter, and you cannot switch insurance providers just because your device isn't covered. If your insurance rejects something that you and your doctor both agree that you need, speak with your diabetes care team to see what they can do to help you. Sometimes, it may take several attempts and several letters from your doctor for your insurance company to approve something. Similarly, if you need more test strips per month than what the insurance companies will provide, don't be afraid to talk to your doctor and request more. If your doctor agrees that you need more, you can work together to convince the insurance company to cover them. You can also check out Beyond Type 1's article called "Insurance – Navigating Denials" to get more advice.

4

KNOW YOUR STUFF.

There are many details and caveats in health insurance plans. When you are researching and evaluating different health care plans, it can be difficult to understand all the details of each plan. But because you have a chronic condition, it is absolutely vital that you give yourself enough time to read through the plans you are offered. If you are getting insurance through your parents or through a spouse, be sure to speak with them so you understand what the insurance plan covers and how you will cover the cost. Ask questions, lots of them, and don't stop until you have all the information you need! Insurance companies have representatives whose job it is to answer questions and help you understand how to navigate your plan. If you aren't sure if something is covered, call them up! Your HR and insurance company should be able to help you answer your questions, and don't forget to rely on your peers from CDN and/or social media who have been there and done that!

5

TRY NOT TO LET THE INSURANCE AND FINANCIAL SIDE OF DIABETES GET YOU DOWN.

You may have never dealt with health insurance before. Take it one day at a time, and remember to lean on others (*like your family, friends or others in the DOC that have gone through this process as well*) for advice and encouragement. If the cost becomes too much of a burden to bear, some pharmaceutical companies have assistance programs which, if you qualify, can help you get your supplies at a discounted rate. Additionally, if you have hospital or doctor's bills that you are struggling to pay, try contacting the patient advocacy departments of your hospital or clinic. Some hospitals have financial assistance programs or will work with you to develop an income-based payment plan.

► CHOOSING THE RIGHT PLAN FOR YOU

It can be hard to know exactly what to look for in a plan, especially with T1D. Here are a few tips for finding the plan that will best accommodate your needs:

1 CONSIDER A HIGHER-TIER PLAN.

Most plans have different service tiers, and because you have a chronic illness, a lower-tiered plan may end up costing you more out-of-pocket for your prescriptions and any emergency needs. This is because the amount you are required to reach for your deductible can be significant, which causes you to spend more out-of-pocket before your health insurance will start covering your medical supplies. While higher-tier plans will have a higher deductible, it may reduce your out-of-pocket costs on things like test strips, insulin, and the supplies that you need to survive. For additional help on selecting the right plan, check out the Affordable Insulin Project's Worksheet for selecting an insurance plan (affordableinsulinproject.org).

2 THERE ARE PROGRAMS DESIGNED TO OFFSET THE COSTS OF MEDICATIONS AND ENHANCE YOUR INSURANCE.

Sometimes employers offer health spending accounts (HSA). If they do, you can take advantage of this. It could potentially help you use pre-tax dollars from your paycheck to pay for some out-of-pocket costs and for supplies not covered by your primary insurance. There are a number of patient assistant programs that can help to offset medical costs. For more information, visit jdrf.org/insurance.

3 DO NOT PURCHASE A "HEALTH SAVINGS ACCOUNT" AS YOUR PRIMARY MEANS OF INSURANCE.

Health savings accounts can assist in buying supplies, but they do not replace health insurance. In the long run, you will be overwhelmed by out-of-pocket costs.

4 LOOK FOR DISEASE MANAGEMENT PERKS.

Some plans come with resources for management of your disease (e.g. a CDE or dietician). These perks may not come at an extra cost and they can be useful if you need more resources to help manage your T1D.

5 FIND A PLAN THAT INCLUDES THE SPECIALISTS THAT YOU NEED.

Lower-tier (*bronze level plans*) may not include the resources that you need (*like an endocrinologist*). If that is the case, these plans are likely not the best choice to properly manage your diabetes. Many insurance companies provide a doctor search service on their website which can make finding a specialist a lot easier.

6 IF YOU ARE ABLE TO, MAKE SURE YOUR PLAN WILL INCLUDE THE MEDICATIONS AND SUPPLIES YOU CURRENTLY USE.

Not all insurance plans will cover all diabetes device manufacturers and suppliers. If you have a Medtronic pump, but your new insurance doesn't cover all Medtronic supplies, then you are looking at huge out-of-pocket costs. Be aware that you may need letters from your care team to get the supplies you prefer covered by your insurance, or you may need to switch supplies to avoid paying out-of-pocket. Generally, you probably won't have the luxury of choosing between plans with different supply coverage; only different deductible/co-pay rates. If you have a plan that doesn't allow certain supplies to be covered, then you may be forced to switch supplies.

7 DIABETES SUPPLIES COVERED AND TIERS OF COVERAGE CAN CHANGE.

Be aware that this is possible and stay educated and up to date on your plan's specifics.

8 CONSIDER YOUR LIFESTYLE AS WELL AS T1D.

When selecting an insurance plan, you should consider the type of work you will be doing. Will you be traveling frequently? If so, you may want to select a plan that allows you to access medical services wherever you go.

9 TALK TO YOUR FRIENDS, FAMILY, COWORKERS, AND OTHERS WITH T1D.

Use your resources! While navigating the ins and outs of health insurance may be brand new to you, there are people in your life who already have experience with insurance. They can help you make the right decisions on what plan would fit you best. Your insurance company will be able to help you as well, and answer specific questions about your needs in an insurance plan.

10 IF YOUR EMPLOYER DOES NOT HAVE APPROPRIATE COVERAGE, NEGOTIATE YOUR BENEFITS.

Your employer may not have a policy that covers your needs; therefore, you may have to seek insurance from an outside provider. You can negotiate your benefits and salary with your employer in order to compensate for the cost of your health insurance. Our friends at the Affordable Insulin Project created employee and employer guides for understanding your coverage and how you can work with your employer to make sure you have the coverage you require. These guides are free to download at affordableinsulinproject.org.

Have other questions about health insurance? Check out JDRF's resources for navigating health insurance at jdrf.org/insurance.