

# A GUIDE TO HEALTH INSURANCE NAVIGATION as a Young Adult

This guide will help you **understand how and when your health insurance may change as a young adult**, how prescription medication coverage works, and what you can do to advocate for your own healthcare.

SpringWorks is providing this information for educational purposes only and nothing within this brochure should be considered insurance advice or a recommendation for any type of plan or coverage. Patients should always consult with the employer or insurance plan for questions and current information about insurance benefits and coverage.



# Challenges in Obtaining Healthcare Coverage Exist for Young Adults

As part of the Affordable Care Act, a healthcare reform aimed at making health insurance more affordable and accessible to Americans, health plans that offer dependent coverage are required to make the coverage available until a young adult reaches the age of 26. Whether you are married or not, you are still eligible to stay on your parent's health insurance plan until this age, **but what happens when you turn 26?**<sup>1,2</sup>

## Quick facts<sup>3</sup>

**ABOUT  
30%**

of young adults are uninsured, which is **higher than any other age group**

Young adults have the **LOWEST RATE OF ACCESS**

to health insurance through an employer

**1 in 6**

**YOUNG ADULTS HAS A CHRONIC ILLNESS**

and nearly half of uninsured young adults say they **can't pay their medical bills**

**Once you “age out” of coverage under your parent’s health insurance plan, you have options for obtaining your own health insurance coverage. The next page provides a summary of some of those options.**

# Securing Your Own Health Insurance Coverage<sup>2,4,5</sup>

Depending on your employment status after “aging out” of your parent’s health insurance plan, you have different options to consider when obtaining your own health insurance coverage.



## Enroll in a plan through a current employer

**If you (or your spouse) are currently employed and either employer offers health insurance...**

Consider contacting the human resources department at your employer or your spouse’s to inquire about potential eligibility for insurance coverage prior to turning 26 years old.

Typically, you are granted a special enrollment period but you must request this 30 days before coverage becomes inactive through your parent’s insurance plan.



## You may enroll in a Marketplace plan, also known as an exchange plan, but when to enroll will depend on what type of plan your parent has

OR

**If your parent has a Marketplace plan...**

Even if you turn 26 mid-year, most plans allow you to stay on your parent’s plan until coverage ends December 31.

Be sure to enroll in your own Marketplace plan for the next year during Open Enrollment (November 1-January 15 [but before December 15 to have coverage beginning January 1]).

You can find additional information and/or apply for Marketplace plans in your state by visiting [healthcare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/).

**If your parent has an employer-based plan...**

You will likely lose your coverage under your parent’s plan on or shortly after the day you turn 26.

However, you will qualify for a special enrollment period of 60 days before and 60 days after aging out of your parent’s employer plan to enroll in your own Marketplace plan, if desired.

## Alternatively...

**If your parent’s plan is sponsored by an employer with 20 or more employees, you may be eligible to purchase temporary extended health insurance for up to 36 months under the Consolidated Omnibus Budget Reconciliation Act (COBRA),** allowing you to stay on your parent’s plan while transitioning to another health insurance plan through either the Marketplace or through your own employer-based coverage. To do this, you will need to notify your parent’s employer within 60 days of turning 26.<sup>2</sup>

**If you have limited income or resources, you may qualify for health insurance through Medicaid.** You can view your state-specific eligibility requirements and learn how to apply here: [medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html](https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html).

# Understanding Health Insurance Coverage for Specialty Medications

Most health insurance plans include prescription medication coverage, also referred to as a **pharmacy benefit**, as part of the policy. If not, it can be purchased separately. The types of medications that a plan's pharmacy benefit will cover, and your out-of-pocket (OOP) responsibility, will vary. Specialty medications require special handling and have their own copay.<sup>6</sup>

When you're prescribed a specialty medication, health insurance plans, regardless of type, may use certain processes and techniques to ensure that their members are receiving the appropriate treatment and that the prescribed treatment is medically necessary, particularly for high-cost specialty medications.<sup>7,8</sup>

Specialty medications may require a **prior authorization (PA)**, which is a process completed by your doctor to obtain coverage approval from your health insurance plan by demonstrating that the drug is the right choice for you.<sup>8</sup>

## What is a Medication Formulary?

Regardless of your insurance type, each plan has its own formulary. A formulary is a list of prescription medications that a plan covers, also called a **drug list**.<sup>9,10</sup>

## What are drug tiers?

A formulary is divided up into different tiers, or levels, based on the type of drug or its usage. The out-of-pocket costs you're expected to pay will depend on what tier a drug appears within your plan's formulary.<sup>11</sup>

The number of tiers on a plan's formulary varies, but most prescription drug plan formularies usually have between 3 and 5 drug tiers.<sup>9</sup>

When enrolled in SpringWorks CareConnections™, we will complete a **benefits investigation** to find out if your SpringWorks medication is on your health insurance plan's formulary, and if so, at what drug tier. You will also have a better idea of what your **OOP costs** for your SpringWorks medication might be. Specialty medications are usually placed on the highest tier because of their high cost (typically tier 4 or 5).<sup>9</sup> Refer to table on next page for an example of tier coverage.

Below is an example of what a formulary with 5 drug tiers might look like. Sometimes when more than one medication is available to help treat the same disease, one drug is preferred on a formulary over another. In these cases, a plan might require a patient to try and fail a **preferred medication** first before approving coverage of a **nonpreferred medication**.

#### Tier 1

Low-cost, generic drugs (usually have lowest copays)

#### Tier 2

Preferred brand-name drugs and some higher-cost generic drugs

#### Tier 3

Nonpreferred brand-name drugs (usually have a lower-cost brand or generic available, which increases patient's cost share)

#### Tier 4

Preferred specialty drugs (safe, effective, favorable cost over Tier 5 drugs)

#### Tier 5

Nonpreferred specialty drugs (highest-cost drugs; usually have a preferred brand available, which increases patient's cost share)

### What if my medication is not on my plan's formulary?

Health insurance plans can change their formularies at any time. If a medication you have been prescribed is not on your plan's formulary, or has been taken off the formulary, you or your doctor may submit a formulary exception by formally requesting that they cover your medication, even though it is not on formulary.<sup>12</sup>

To do this, be sure to contact your health insurance plan to obtain any specific forms that you or your doctor may need to complete when submitting a request. You can also check your plan's website to see if you have the option to submit a request electronically.<sup>12</sup>

Once submitted, your plan should provide a decision within 72 hours or as outlined by your plan. If your request is denied, you or your doctor may be able to submit a letter of appeal asking for reconsideration of the coverage decision. Your health plan will help you determine if you and/or your doctor have the right to appeal and what the timeline is for the appeal submission.<sup>12</sup>

While navigating your insurance plan coverage can sometimes seem confusing,

**SpringWorks  
CareConnections™ is  
here to help.**

SpringWorks CareConnections is a free, personalized patient support program to help you navigate your insurance coverage, answer questions about your SpringWorks medication, and help you start and stay on track during your treatment journey.

Call us today at  
**844-CARES-55 (844-227-3755)**  
Monday - Friday,  
8 AM - 10 PM ET or visit  
[springworkstxcare.com](https://springworkstxcare.com)

# Helpful Tips for Organizing Your Health Information and Advocating for Your Healthcare



**Create a directory of key contact information.** It's important to keep a list of contact information for all the people who are involved in your treatment journey, including the office contact for your primary care doctor and any specialists you see, the Specialty Pharmacy that ships your medication, your SpringWorks CareConnections™ Nurse Advocate, and others.



**Keep important health information easily accessible.** This can include a variety of things, such as family medical history, current medications list, recent doctor visits and after care summaries, upcoming appointments, lab results, invoices, and several others. Some health plans and healthcare providers use patient portals, which allow you 24-hour access to add, store, view, and print this type of information on a secure website, which makes it easier to keep track of your care.



**Keep track of upcoming appointments and follow-ups.** Whether you prefer to write things down on a calendar, save them to a calendar on your phone, or view your appointments through an online patient portal, it's important to organize this information in a place or way that's easily available to you to ensure you don't miss important appointments with your doctors.



**Save copies of your Explanation of Benefits (EOB) documents that you receive in the mail from your health insurance plan.** EOBs explain what costs will be covered for medical care or for a medication you have been prescribed. These documents are not bills. The purpose of the EOB is to provide a breakdown explaining how both you and your health insurance company will share the cost of the service or medication.



**Create a medication routine.** Pair taking your medication with other daily activities, so it's easier to remember to take it. Or, if it's easier, you can always set reminders on your phone or other devices.



**Keep track of your symptoms and side effects.** Keep a log of any symptoms you are experiencing from your condition as well as any potential side effects you may experience while taking your medication. Be sure to report any changes to your healthcare provider.



**Always ask questions.** The various people involved in your healthcare are available to answer questions that might come up. Don't be afraid to ask!

# Understanding Key Insurance Terms

**Benefits investigation** - The process of verifying your insurance coverage and requirements, as well as determining your OOP costs for a particular medication.<sup>13</sup>

**Coinsurance** - Percentage-based payments for medical care or prescription medications instead of flat fees. You would pay the coinsurance plus any deductibles you may owe.<sup>14</sup>

**Commercial health insurance** - Any type of health insurance plan that is administered by a private company versus through the government, such as through your employer.<sup>6</sup>

**Copay** - What you pay out of pocket for medical care or prescription medications. The amount will vary by the type of service or medication.<sup>14</sup>

**Cost sharing** - Your share of costs that you must pay out of pocket for services or prescription medications that your health plan covers (eg, copayments, deductibles, coinsurance).<sup>14</sup>

**Deductible** - How much you pay in total each year before health insurance cost sharing begins.<sup>14</sup>

**Drug tiers** - Different levels of drugs within a formulary that are categorized by tiers based on the type of drug or its usage.<sup>11</sup>

**Explanation of benefits (EOB)** - A document from your health plan summarizing the total charges for services and/or medications you received and explaining how much both you and your plan will have to pay.<sup>14</sup>

**Formulary** - A list of prescription drugs covered by a prescription drug plan, also referred to as a drug list.<sup>10</sup>

**Medicaid** - A joint federal and state program that provides health coverage for eligible patients with limited income and resources.<sup>15</sup>

**Nonpreferred medication** - A drug placed on an insurance plan's formulary, or drug list, in a less favored position because of its more expensive cost to the health insurance plan.<sup>16</sup>

**Out-of-pocket cost** - Your costs for medical care that are not reimbursed by your insurance plan, including deductibles, coinsurance, and copays for both covered and noncovered services and medications.<sup>17</sup>

**Out-of-pocket maximum (or limit)** - The most you're expected to pay during a coverage period (usually one year) for your share of the costs of covered services, after which your plan will usually cover 100% of costs remaining for the coverage period.<sup>14</sup>

**Pharmacy benefit** - Plan benefit that covers medications patients can administer at home or have administered (depending on delivery method) at a doctor's office. These include oral, injectable, infusible, or topical, such as creams and lotions.<sup>13</sup>

**Preferred medication** - A drug placed on an insurance plan's formulary, or drug list, in a favored position because of its more affordable cost to the health insurance plan.<sup>16</sup>

**Premium** - How much you pay each month for health insurance.<sup>18</sup>

**Prior authorization** - The process of your doctor's office requesting approval from your health insurance plan for a service or prescription to be covered.<sup>8</sup>

**Specialty medication** - High-cost prescription medications used to treat complex, chronic conditions.<sup>19</sup>

**Specialty Pharmacy** - A licensed pharmacy that provides medications used to treat rare or complex health conditions to patients. Medications dispensed through a Specialty Pharmacy are usually mailed directly to you or to your doctor's office.<sup>20</sup>

**Step therapy (or step edit)** - A requirement from a patient's health insurance plan to try a lower cost prescription drug that treats their condition before "stepping up" to a similar-acting, but more expensive drug.<sup>21</sup>

**IF YOU HAVE BEEN PRESCRIBED A SPRINGWORKS MEDICATION,**  
ask your doctor to help you enroll in SpringWorks CareConnections™, so you can have access to



### **INSURANCE NAVIGATION AND FINANCIAL HELP**

We do not want concerns about cost or insurance coverage to come between you and your medication. Our Nurse Advocates are here to offer information about financial assistance options, as well as explain your insurance coverage and help determine if your SpringWorks medication is covered.



### **PERSONALIZED EDUCATIONAL AND EMOTIONAL SUPPORT**

Your Nurse Advocates can provide treatment support as it relates to your condition as well as ongoing, personalized support no matter where you are in your treatment journey with your SpringWorks medication.

### **FOR QUESTIONS AND FURTHER INFORMATION**

on the support available through SpringWorks CareConnections, please call 844-CARES-55 (844-227-3755) Monday – Friday, 8 AM – 10 PM ET or visit [springworkstxcares.com](https://springworkstxcares.com)

**References:** 1. Affordable Care Act. HealthCare.gov. Accessed October 18, 2024. <https://www.healthcare.gov/glossary/affordable-care-act/> 2. Young adults and the Affordable Care Act: protecting young adults and eliminating burdens on businesses and families FAQs. U.S. Department of Labor. Accessed October 18, 2024. <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/young-adult-and-aca> 3. Young adults and the Affordable Care Act: protecting young adults and eliminating burdens on families and businesses. Centers for Medicare & Medicaid Services. Accessed October 18, 2024. [https://www.cms.gov/ccio/resources/files/adult\\_child\\_fact\\_sheet#:~:text=While%20the%20Affordable%20Care%20Act,Premium%20Are%20Excluded%20from%20Income](https://www.cms.gov/ccio/resources/files/adult_child_fact_sheet#:~:text=While%20the%20Affordable%20Care%20Act,Premium%20Are%20Excluded%20from%20Income) 4. Getting your own health coverage when you turn 26. HealthCare.gov. Accessed October 18, 2024. <https://www.healthcare.gov/turning-26/> 5. Turning 26? What you need to know about the Marketplace. Published June 2023. HealthCare.gov. Accessed October 18, 2024. <https://www.cms.gov/marketplace/outreach-and-education/turning-26.pdf> 6. Understanding commercial health insurance. MedicalBillingandCoding.org. Accessed October 16, 2024. <https://www.medicalbillingandcoding.org/health-insurance-guide/commercial-health-insurance/> 7. Institute of Medicine (US) Committee on Utilization Management by Third Parties. *Controlling Costs and Changing Patient Care? The Role of Utilization Management*. Gray BH, Field MJ, eds. Washington (DC): National Academies Press (US); 1989. PMID: 25144100. 8. A primer for medical specialty drug utilization management strategies. *Pharmacy Times*. Published August 3, 2022. Accessed October 18, 2024. <https://www.pharmacytimes.com/view/a-primer-for-medical-specialty-drug-utilization-management-strategies> 9. Health Policy Brief: Formularies. *Health Affairs*, September 14, 2017. doi: 10.1377/hpb2017.12 10. Formulary. HealthCare.gov. Accessed October 16, 2024. <https://www.healthcare.gov/glossary/formulary/> 11. Understanding drug tiers. Patient Advocate Foundation. Accessed October 18, 2024. <https://www.patientadvocate.org/explore-our-resources/understanding-health-insurance/understanding-drug-tiers/> 12. Filing a formulary exception. Patient Advocate Foundation. Accessed October 18, 2024. <https://www.patientadvocate.org/explore-our-resources/insurance-denials-appeals/filing-a-formulary-exception/#:~:text=Most%20health%20plans%20have%20a,exceptions%20to%20be%20submitted%20online> 13. The importance of a thorough benefits investigation to help navigate medical vs pharmacy benefit. National Association of Medication Access & Patient Advocacy. Accessed October 20, 2024. <https://www.namapa.org/medical-vs-pharmacy-benefit#:~:text=Benefits%20investigation:%20A%20review%20of,equally%2C%20if%20not%20more%20important> 14. Health insurance terms you should know. Centers for Medicare & Medicaid Services. Accessed October 16, 2024. <https://www.cms.gov/medical-bill-rights/help/guides/health-insurance-terms> 15. What's the difference between Medicare and Medicaid? U.S. Department of Health and Human Services. Accessed November 7, 2024. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html> 16. Prescriptions: why they're so complicated. American Academy of Family Physicians. Accessed October 16, 2024. <https://www.aafp.org/pubs/fpm/issues/2002/0200/p25.pdf> 17. Out-of-pocket costs. HealthCare.gov. Accessed October 16, 2024. <https://www.healthcare.gov/glossary/out-of-pocket-costs/> 18. Premium. HealthCare.gov. Accessed October 16, 2024. <https://www.healthcare.gov/glossary/premium/> 19. What is a specialty drug. HealthInsurance.org. Accessed October 16, 2024. <https://www.healthinsurance.org/glossary/specialty-drug/> 20. The ins and outs of specialty pharmacy. *Pharmacy Times*. Accessed October 16, 2024. <https://www.pharmacytimes.com/view/the-ins-and-outs-of-specialty-pharmacy> 21. What is step therapy? HealthInsurance.org. Accessed November 7, 2024. <https://www.healthinsurance.org/glossary/step-therapy/>

