



Types of health insurance: Private, state-run, and federal

Health insurance coverage comes from either private companies, or federal or state governments. The kind of insurance you have depends on your financial background, work status, age, and health or disability status. The kind of plan you have may impact which doctors you can see, your out-of-pocket expenses, and the costs you must pay on your own.

Private insurance

If you have employer-sponsored health insurance, you bought a plan directly from an insurance company, or you got insurance through the health insurance marketplaces established by the Affordable Care Act (ACA), you have private health insurance. It's important to know which type of coverage you have.

The types of private insurance are:

- Health Maintenance Organization (HMO)
- Point-of-Service (POS) Plan
- Preferred Provider Organization (PPO)
- Fee-For-Service (FFS) Plan
- State Health Insurance Marketplaces/ Exchanges

More information about these types of private insurances can be found on LBBC's [Health insurance options](#) page.



State-run and federal insurance

Your state may offer health insurance plans tailored to your specific needs. Some states offer coverage based on your job — for example, to public school teachers or government employees.

The federal government manages health insurance options for people who meet special criteria. The two most widely used federal healthcare programs are **Medicare** and **Medicaid**.

A complete [Guide to Medicare](#) is available at lbbc.org.



Medicaid

Medicaid is a joint federal and state program that helps cover medical costs for Americans with limited income and resources. Medicaid is run by each state, so eligibility and benefits vary.

If you were diagnosed through **The National Breast and Cervical Cancer Early Detection Program (NBCCEDP)** you are eligible to have your treatment covered by Medicaid. In some states, even if you were not diagnosed through NBCCEDP, you may still be able to have Medicaid cover your treatment costs.

More details about Medicaid are available on our [Health insurance options](#) page. You can also contact your state Medicaid agency, local Department of Social Services, or the Centers for Medicare and Medicaid Services for more information.

Children's Health Insurance Program (CHIP)

CHIP offers low-cost health coverage for children to families whose income does not qualify them for Medicaid. CHIP is run by your state, which sets rules for eligibility and coverage.

Talk to a financial navigator or social worker at your doctor's office or your state's department of health and human services to learn more or visit [medicaid.gov](https://www.medicaid.gov).



Other insurance options

In addition to state-run and federal health insurance programs, there are some other ways you may be able to get health insurance coverage:

The **Consolidated Omnibus Budget Reconciliation Act (COBRA)**. A federal law that allows you and your family to continue employer-based group insurance on a short-term basis. More information is available on lbbc.org's [Work accommodations and disability insurance and benefits](#) page.



Veterans' healthcare benefits. Contact the Department of Veterans Affairs (VA) at va.gov or (877) 222-8387 to find out if you are eligible.

Some unions, civic groups, and associations.

Employers. Many employers offer group health coverage.

A spouse. If your spouse has a work-sponsored insurance plan, you are eligible to join.

A domestic partner. While domestic partners do not receive the same federal rights as spouses, some states and employers may offer coverage to domestic partners.

Your parents, if you are under age 26.



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