



5 Tips for Making Your Health Benefits Work for You

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Helping workers and their families navigate the health care system is essential. October is Health Literacy Month which is an ideal time to recognize the importance of making health information easy to understand so that you can better navigate your health coverage. If workers and their families understand their protections under the law and the plan they have through their employment, they will be prepared to make informed decisions about their coverage.

The Department of Labor's Employee Benefits Security Administration administers several important health benefit laws covering employment-based health plans. These laws include your basic rights to information about how your health plan works, how to qualify for coverage and make claims for benefits, your right to continue health benefits when you lose coverage or change your job, and protections for special health conditions. Educating workers and their families about these rights is a critical part of the Department's mission.

To help increase your health literacy, here are five tips to make your health benefits work for you:

1. **Explore your health coverage options.** There may be many different types of health benefit plans available to you. Find out what is offered through your employment, then check out the available plan(s).

2. **Read your plan’s summary plan description for the wealth of information it provides.** Your summary plan description outlines your benefits and your legal rights under the Employee Retirement Income Security Act, the Federal law that protects your health benefits.
3. **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. What’s more, many plans cover certain preventive services, such as annual visits and mammograms, for free.
4. **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.
5. **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.

In addition, life and work events often require a change your health coverage. Are you getting married or divorced, getting ready to expand your family through childbirth or adoption? Do you have a dependent child who is reaching age 26? Are you starting a job, losing your job, looking for a new job, or retiring? [Life Changes Require Health Choices](#) and [Work Changes Require Health Choices](#) provide information about your health coverage rights when facing these milestones. These publications and more are available in multiple languages.

For more resources about understanding the health coverage available to you through your employment and protections under federal law, visit www.dol.gov/agencies/ebsa. You can also speak with a Benefits Advisor by calling 1-866-444-3272 or online at askebsa.dol.gov.

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