



Navigating Health Insurance

A guide by and for teens and young adults

This resource was prepared by the 2025-2026 YAC Youth Intern with the [2025-2026 Youth Advisory Council](#), with support from DOH Adolescent and Young Adult Health Staff and the Washington State Health Care Authority.

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Navigating Health Insurance: A Guide for Teens and Young Adults

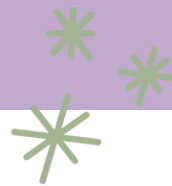
Health insurance is complicated, even for adults! That’s why the Washington State Department of Health (DOH) and the Youth Advisory Council teamed up to create this guide.

You’ll learn the basics of health insurance, including key terms, where to get it, and how to sign up.

Table of Contents

Step 1: Learn the vocabulary.....	4
Step 2: Know your options.....	8
Step 3: Pick a plan and sign up.....	12
Step 4: Get help if you need it.....	14
Step 5: Use your health insurance.....	15
Your Insurance Card: Decoded.....	22
My notes.....	27
Quick Guide.....	Back Cover

Step 1: Learn the vocabulary



Here are a few key words you'll find on health insurance forms, bills, and websites in Washington.

Appeal: If a service is denied, you can protest the decision and ask your insurance to reconsider, usually by sending a formal request.

Coinsurance: The percentage of the bill you pay after you've met your **deductible**. Example: If coinsurance is 20% and the visit costs \$100, that means you pay \$20 and your plan pays \$80.

Copay (Copayment): A fixed dollar amount you pay for a service, like \$20 for a clinic visit or \$10 for a prescription.

Coverage: This means you have health insurance that will help you pay for your medical care. When you hear about what your insurance will “cover” that usually means the amount your insurance will pay for a health care service.

Covered Benefits: These are the health treatments, services, and medication health insurance plans pay for some or all. All health insurance is required to cover “essential health benefits” like annual check-ups and emergency room visits.

Deductible: The amount you pay for your medical care each year before your plan starts paying its share. Even after you pay the deductible, you usually still pay copays or a percentage of the cost.

Denial: Your insurance may refuse to pay for a service for a variety of reasons, for example, it may not be a covered benefit, the provider may

be out-of-network, or there were documentation errors. You can **appeal** a denial.

Explanation of Benefits (EOB): A summary you get after a visit that shows what was billed, what the insurance paid, and what you may still owe. It is not a bill.

Group Number: This is an identifier that links a person's insurance coverage to a specific employer or organization's health plan.

Health Care Coverage: Having health insurance that will pay a portion of the cost for **essential health benefits**.

HMO Plan: HMO is short for Health Maintenance Organization. It is a type of insurance plan where you must use **in-network** providers and often need **referrals** for **specialists**. These plans tend to be lower in cost and less flexible.

In-Network: The doctors, clinics, hospitals, and pharmacies that have a contract with your plan and who accept your insurance. Staying "in-network" usually costs you less.

Marketplace: Online shop that allows individuals and families to shop for, compare, and enroll in health insurance plans and discounts based on your income.

Medicaid or Apple Health: Free or low-cost health insurance that helps people with limited income pay for doctor visits, hospital care, prescription and other health services. It is funded by both the federal and state governments. For Washington state, it is managed by the Washington Health Care Authority.

Medically necessary: The type of health care services, test, or treatment that a doctor or health care provider decides is needed to diagnose or treat a health condition.

Member ID Number: A unique number that health insurance companies use to identify you and your health coverage

Open Enrollment Period: This is the time of year when you can renew or change your insurance coverage. It usually occurs November 1 through December 31.

Out-of-Network: The doctors, clinics, hospitals, and pharmacies that do not accept your insurance. Care with these providers usually costs you more.

Out-of-Pocket Cost: Costs you pay yourself, out of your own “pocket,” rather than being covered by insurance. Sometimes it is shortened to OOP.

Out-of-Pocket Maximum: The most you will pay in a year for covered care through copays, deductibles, and coinsurance. After you reach this amount, the plan pays 100% of covered services for the rest of the year.

Policy Holder: This is the person who pays for the insurance.

PPO Plan type: PPO is short for Preferred Provider Organization. These plans let you choose your providers, and see specialists without referrals, and go to and out-of-network providers. These plans typically have a premium and coinsurance.

Premium: The amount you pay every month to keep your health insurance active. This is like a regular bill, and if you stop paying, you can lose your health insurance coverage.

Primary Care Provider (PCP): The main provider or clinic you go to for regular health care like annual checkups. Some insurances require you to have a PCP or may choose one for you.

Primary Insurance: This is your main insurance that pays first for any services.

Prior Authorization (pre-approval): Permission from the insurance company before you get certain services, tests, or medications so they'll be covered. If you don't have this for some services, your insurance might not pay for it.

Referral: A formal "OK" from your primary doctor to see a specialist (like a cardiologist or therapist). Some plans require referrals for specialty care to be covered.

Secondary Insurance: This is like a backup insurance that covers some or all the costs your primary insurance doesn't pay for. If you have 2 insurances, it's important to know which is primary and which is secondary.

Specialist: A doctor or other provider who specializes in care for something, like a cardiologist specializes in care for your heart. Some plans require you to get a referral from your PCP for a specialist before your insurance will pay.

Step 2: Know your options

Whether you are a student, working, or are between jobs, you have options for getting health insurance in Washington.

Through a Parent or Spouse

- **Most young people have health insurance through their parent or guardian until age 26**—even if you don't live at home. Check with your parent or guardian to know about your options.
- You may also get coverage through a spouse or domestic partner's job-based plan.



Good to know: If you are still on your parents' plan, get a copy of your insurance card and ask how to log in to their insurance's online portal. This helps you learn about your benefits and how to use your coverage.

If you need to get health insurance on your own, here are some common options:

College or University Options

If you attend a college or university, some schools offer student health insurance plans. These plans usually require you to get health care services in campus clinics.

Through Your Job (Employer Coverage)

- Many employers offer health insurance as a benefit. Your employer pays part of the premium, and the rest comes out of your paycheck
- You usually sign up when you're first hired or during an annual "open enrollment" period (often in November or December).
- If you are or were in the military, you have access to coverage through [TRICARE](#) or [Veteran's Affairs \(VA\) benefits](#).

Health Insurance for Native Youth

If you are American Indian or Alaska Native (AI/AN) and live in Washington, there are several health care coverage options.

- **Apple Health (Medicaid):** You can enroll in Apple Health if you meet the income requirements. [Learn more about Apple Health for AI/AN.](#)
- **Marketplace plans:** If you are a member of a federally recognized Tribe or a shareholder in an Alaska Native Corporation, you may qualify for free or low-cost health insurance. Native youth in Washington can learn more about their options on [Tribal Members | Washington Healthplanfinder](#).
- **Indian Health Service, Tribal, and Urban Clinics (I/T/Us):** As a Tribal member or descendant, you may have access to Indian Health Service, Tribal, or urban Indian clinics, whether you have insurance or not. [Find a tribal clinic or urban Indian clinic near you.](#)

Washington Apple Health (Medicaid)



Washington's Apple Health (Medicaid) provides free or low-cost health insurance for people with lower incomes, children, pregnant people, and some adults with disabilities. It is funded through federal and state taxes.

Here's what you should know about Apple Health:

- If you are 19 or older, you can apply on your own. If you are under 19, call to find out if you qualify: 1-855-923-4633.
- You can apply any time, but you must reapply every 12 months. Coverage can start right away and go back up to three months.
- **Foster care coverage:** This program serves people up to age 26 who were or are part of Washington's Child Protection System or Foster Care. Call 1-800-562-3022, ext. 15480 or go to their website.
- **Apple Health for you:** You can apply for Apple Health as a household of 1 if you are living on your own.
- **Family Planning Only:** Get coverage for sexual health services like contraception or sexually transmitted infection (STI) testing - and keep them private.
- **Coverage for legally present non-citizens:** Apple Health covers young people and others who are recognized as legally present non-citizens. There are limited spots each year and options will change in October 2026 due to new federal rules.
- **Starting January 2027, there will be changes to Apple Health rules,** including new work requirements for people 19 and older, how often members must reenroll, and how far back coverage will start.

Washington HealthPlanFinder (Marketplace Plans)

The [HealthPlanFinder](#) is a “one-stop shop” to find, compare, and sign up for affordable health insurance. It offers plans based on your income and where you live in the state. You can also find out if you qualify for discounts that lower your copays and deductibles.



- Available plans include a mix of private health insurance and Apple Health.
- You can sign up for many plans during the **Open Enrollment Period**, usually in the fall.
- You can sign up anytime for Apple Health or after a qualifying life event—like losing insurance or a job, moving, or turning 26.

Good to know: No health insurance? You still have options for low-cost care.

- **Community health centers:** Visit your [local federally qualified health centers, community health center or rural health center](#). They provide low-cost care with or without health insurance.
- **Sexual and Reproductive Health Network:** They offer low-cost sexual and reproductive health care with or without health insurance.
- **Charity care:** Hospitals and clinics sometimes participate in this program that lowers medical costs based on income, regardless of health insurance status.
- **Emergency services:** [Federal law requires emergency rooms](#) to treat all patients, regardless of immigration status, health insurance status, or ability to pay.

Step 3: Pick a plan and sign up



All insurance plans have a sign up or enrollment process. These processes typically vary from plan to plan, but there are similarities, too. Here's how to sign up for Apple Health or a plan through the Washington HealthPlanFinder.

Gather Your Info

Before you start, have these ready:

- Social Security number, Temporary Identification Number (ITIN), or other ID (if you have one).
- Recent income information like pay stubs, financial aid details, or last year's tax return.
- Home address and the names of people who live with you.
- A phone number.



Create an Account and Application

- Go to [Washington Healthplanfinder](#).
- Create a username and password and set up your profile.
- Fill out the application. Answer questions about your income, household size, and where you live.
- The site will tell you the types of plans you qualify for, including Apple Health or a discounted marketplace plan.

Compare Your Plan Options

Each insurance plan has different benefits and costs. Review the options you qualify for carefully and choose what works best for you.

- Consider the monthly **premium, deductible, and copays.**
- Check if your current providers are **in-network** or **out-of-network.**
- You can also check if your current medications and treatments are covered.

Good to know: If you see a counselor for therapy or substance use care, be sure to select a plan that will cover mental health and behavioral health services. Some plans limit the number of mental health visits covered. Also check if your provider is in-network.

Pick a Plan and Enroll

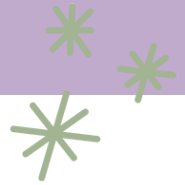
- Choose the plan that best meets your health care needs and follow the steps to sign up; this is called **enrollment.**
- If you owe a premium, set up payment right away so coverage starts. Consider setting up autopay (automatic payments) or reminders so you don't miss a payment.

Check the Mail for Your Insurance Card

After you enroll, your insurance plan mails you an insurance card. Bring this card to all appointments and when you pick up prescriptions. Save your insurance information somewhere easy to find, including **your online account info, ID and group number, covered benefits, and your certificate of coverage.**



Step 4: Get help if you need it



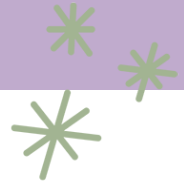
Navigating health insurance can be confusing. If you can, ask a parent, guardian, caregiver, or a trusted adult for help. They may know important information, like your family and personal health history. Knowing this information can help you select the most suitable plan for your health needs.

If you need more support, here are some options.

- Certified helpers called navigators or [community health workers](#) can walk you through the whole process for free. Check out these links:
 - Find a [free navigator through Washington Healthplanfinder](#).
 - Information about navigators on the [Washington HealthBenefitExchange](#).
 - Find support through a [community care hub near you](#).
- Your college or university campus offices may have navigators or may be able to connect you with a local one.
- Local community health centers and hospitals sometimes have community health workers or social workers who can also help.



Step 5: Use your health insurance



Once you pay your first month's premium, your coverage is ready to use. Use these tips to get started.

Find an In-Network Provider

Before your first health care visit, make sure your provider is **in-network**. If they aren't, your health insurance may pay less or pay nothing at all.

- **If you have Apple Health:** Use the [Find a Provider](#) tool to search for providers on your specific plan or watch this [2-minute video on how to find a provider](#).
- If you are enrolled with a Managed Care Organization, check their website or call them directly.
- **If you have private insurance:** Go to your insurance company's website and look for an option to find providers.
- **Any insurance:** Call the provider's office and ask the staff if they accept your health insurance. Have your insurance company's name, plan type, and ID number ready.



Learn About Your Benefits



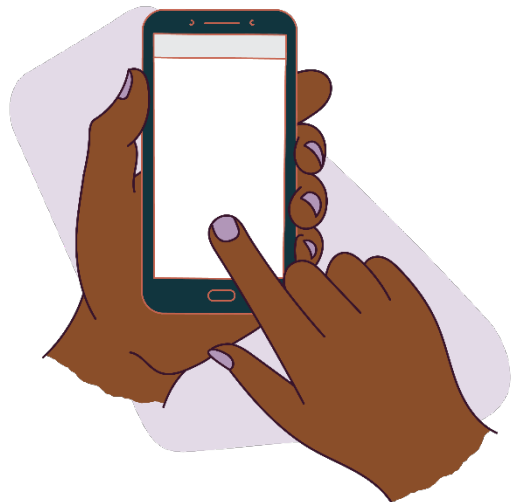
Knowing your benefits helps you understand what health care services will be covered by your health insurance and what services you may pay out of pocket.

- Every health insurance plan is required to cover certain **essential health benefits** you need to stay healthy. However, the amount an insurance plan pays for each essential health benefit varies.
- Some insurance plans cover services beyond essential health benefits. Check your specific insurance plan to find out.

To learn what your plan covers:

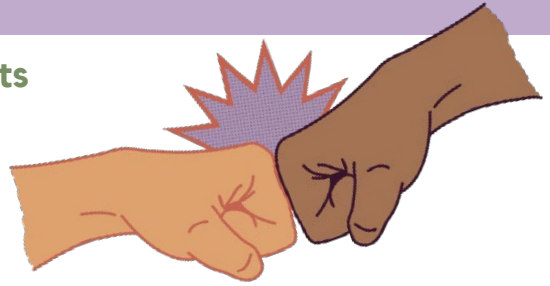
- Look for “Benefits” on your insurance company’s website.
- You can also ask your health insurance plan for a “Summary of Coverage” document. This document has examples of common health scenarios and what the insurance would pay for in those situations.

You can call (or sometimes chat) the customer service number on the back of your card to find out.



Know Your Health Care Rights

[Washington minor consent laws](#) let young people consent to many services on their own:



- **Mental health and substance use:** If you are 13 or older, you can consent to outpatient mental health or drug and alcohol treatment.
- **Reproductive health:** At any age, you can consent to birth control, pregnancy testing, prenatal care, and abortion services.
- **STI testing and treatment:** If you are 14 or older, you can consent to testing and treatment for sexually transmitted infections (STIs), including HIV, without a parent’s permission.
- **Emergency care:** In a life-threatening emergency, doctors can treat you immediately without waiting for a parent or guardian approval.
- **The Mature Minor Rule:** Sometimes, a provider may decide you are mature enough to understand your treatment and allow you to consent for treatment for routine health issues (like yearly checkup, vaccines, or illness care), even if you are under 18.
- **Unaccompanied and unhoused youth:** If you are under 18 and not living with a parent, in some situations, you are legally authorized to consent to your own routine health care, like dental exams, eye exams, vaccines, illness visits and regular check-ups.
- [Legally present non-citizens](#) have rights to confidential health care, regardless of immigration status.

Schedule an Appointment



Call your health care provider's office and ask to make an appointment. If you are not sick and just need a check-up, you can ask for an **annual physical** or an **adolescent well-visit**. In Washington, these are usually free once a year with health insurance.

Tell them if you have a specific concern, like a sports injury, skin issue, or feeling anxious. [Check out this video to learn how to schedule your own doctor's appointment.](#)

Get Prepared

Bring the following to every medical or behavioral health visit:

- **Your insurance card:** This can be a physical card or a digital version on your phone. Your insurance company mails it to you after you sign up and pay your first premium.
- **Your ProviderOne Card:** If you have Apple Health, bring your blue card along with your specific health insurance plan card.
- **Photo ID:** A driver's license, learner's permit, or school ID.



You may also want to bring:

- A list of any medications you take.
- Names and phone numbers of other providers who care for you.
- A list of health questions or concerns you want to talk about.

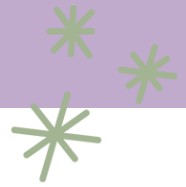
Checking In at the Front Desk

- Arrive about 15 minutes early to fill out paperwork.
- The receptionist will scan your insurance card.
- They might ask for a **copay**. The amount depends on the type of service or the provider you see. To find out if you have a copay, check your insurance card or call your provider's office. You can also call your insurance company.
- **To keep your visit private:** Tell the front desk if you are there for a confidential visit. You can also ask to speak with their "privacy officer." They help make sure patient data is protected and manage privacy policies in compliance with HIPAA laws.
- Ask what steps you need to take to keep your visit information and billing private. You may need to send a form to your health insurance company.

Good to know: During your visit, you can ask to speak with the doctor privately without a parent or guardian in the room. Try to be honest about your health habits and concerns so your provider can give you the best care. Ask clarifying questions if you don't understand something.



After Your Visit



Your provider will send your insurance a **claim**—a bill for the services you received. Your insurance company will decide how much to pay based on your deductible, their contracted rate with your provider, and what your specific insurance plan covers.

- After the insurance company pays your provider, you may still get a bill from your provider’s office for any remaining balance. You are responsible for the remaining balance amount.
- You will also get an **Explanation of Benefits** (EOB) statement in the mail or as an email. This is not a bill; it is a summary of what the insurance paid and what you may still owe. Apple Health does not send EOBs.
- If your insurance didn’t pay for something you think they should or didn’t pay the right amount, you can **appeal** their decision. You must make a formal request through your insurance company. You can call the customer service phone number on the back of your insurance card to get help with the process. Sometimes just a single phone call can help get you the coverage you’re entitled to!
- Washington’s Office of the Insurance Commissioner has more information and a video on [how to appeal a health insurance denial](#).
- Washington Law Help also has more information on [how to appeal a denial by your health plan](#).



Keep Your Visit Private

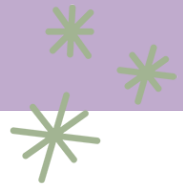
If you are on a parent's insurance plan, they typically get an **EOB** in the mail or a call from the insurance company to ask about the services you used. They may also get a bill from your provider for any cost that your insurance did not cover.



Washington law gives you ways to keep sensitive care private, but you must take steps to make sure that happens. **Talk to your provider about how they can help keep your information private.**

- **Privacy protection:** By law, insurance companies can't share information with the main policyholder, such as your parent or guardian, for services you can legally consent to receive on your own.
- To help keep your information private, you must give your provider **and** your insurance company alternative contact information for follow up phone calls, bills, and other communications.
- **Confidentiality request:** You may need to contact your insurance plan to ask how to keep your information private. They may have a form you need to fill out. The Office of the Insurance Commissioner has a general [Confidentiality Request Form](#) you can also use. This form tells your provider and your insurance plan to send all communications to you and not your parents.
- Watch [this short, animated video](#) about keeping your health care visits confidential!

Your Insurance Card: Decoded



Insurance cards for different plans may look different, but they share common terms and abbreviations. Knowing these terms can help you fill out forms at the doctor's office, understand your coverage, and expect what you'll possibly pay for your care.

If you have Apple Health insurance, your insurance card might look like these examples:

Amerigroup
An Anthem Company
www.myamergroup.com/WA
Washington Apple Health + Behavioral Health

Effective Date:
Date of Birth:
Subscriber #:

Member Name:
Medical or CHP ID Number:
Primary Care Provider (PCP):
PCP Telephone #:
PCP Address:
Clinic/Group:
Vision: 1-855-225-2640
Member Services/Pharmacy and Behavioral Health: 1-800-600-4441
Crisis Hotline: 1-800-852-2923
Amerigroup On Call: 1-866-864-2544

COMMUNITY HEALTH PLAN
of Washington™

Name: JOHN M SAMPLE
Member #: 12345678 01
Plan: Washington Apple Health
Group: Apple Health - Family
Clinic (PCP): Clinic XYZ
Clinic Phone: 555-555-5555
Copayment: OV \$0 / ER \$0 / RX \$0
Rx Bin: 003855
Rx Group: CHWA
State ID #: 200000000WA

UnitedHealthcare Community Plan
Health Plan (80840) 911-87726-04
Washington Apple Health

Member ID: 000000000 Group Number: WAHLOP
Member: MEMBER NAME Payer ID: 87726
PCP Name:
PROVIDER NAME
PCP Phone: (000)000-0000
PROVIDER ADDRESS
CITY, STATE, ZIP

coordinated care.
Washington Apple Health

NAME:
MEDICAID ID#:
MEMBER ID#:
DOB:

RXBIN: 004
RXPEN: MK
RXGRP: RX



MOLINA
HEALTHCARE

Member: John Doe
Identification #: 12345678910
Date of Birth: 01/01/1970
Client ID: 987654321WA
Program: IMC-4HA (Apple Health Adult)
PCP Name: Mary Anderson, M.D.
PCP Phone: (202) 333-4444
PCP Location: 123 Anytown, WA 98765
PCP EIT: 01/01/2022
Auth: (800) 869-7185
Member Services: (800) 869-7185
Teladoc: (800) 839-2362 or
Teladoc.com/MolinaWA
MyDec Group

RXBIN: 000000
RXPEN: 000000
RXGRP: 000000

0501
Administered by UnitedHealthcare of Washington, LLC

If you have private health insurance, your card will have the name of your insurance company. **Use your own insurance card to get familiar with how the information is listed.**

1		Insurance Company Name	Plan Name/Type	4
2	Member/Subscriber Name: Cameron Cougar Member ID#: 123456789	Effective (eff.) date	5	
3	Group Name Group Number		Rx Bin: Rx GRP: Rx PCN: Rx Ded Rx OOP Max Copay/Coinsurance	6
	Med Ded Med OOP Max			
	(360) 555-5555		(206) 555-1234	

1 Policy holder / subscriber name: Name of the person who signed up and pays for the health insurance plan. If you use your parent or guardian’s health insurance, you’ll see their name here. You may also see your name listed as a “dependent” or “additional member.” If you have your own health insurance plan, your name will be listed here.

Member ID / Policy ID (ID# or ID No.): A number assigned to you by your health insurance plan. It may also be called the “Policy ID” or Policy #”. Your health insurance, providers and pharmacies use it to identify who is insured by the insurance plan or confirm your coverage.

2

Group number: If someone gets health insurance through their employer, that plan has a group number. Not all insurance cards have a group number.

3

Medical deductible: The amount you pay for health care services before your insurance plan starts paying. The deductible resets to zero every year. Medical care services and prescriptions often have separate deductibles.

Out-of-pocket maximum (Med OOP Max): The most you will pay for covered health care services in a year. Once you reach this amount, your health insurance plan pays for all your covered services for the rest of year.

Copay is a fixed amount you pay for every visit. **Coinsurance** is a portion of the visit cost you pay in addition to your copay. Your insurance plan will pay the rest. Remember: your provider must be **in-network** for insurance coverage to apply! Most health insurance plans require you to pay 100% of the cost for **out-of-network** providers.

4

Plan type: There are many types of health insurance plans. Common ones are **HMO** (Health Maintenance Organization), **PPO** (Preferred Provider Organization), **EPO** (Exclusive Provider Organization), and HDHP (High-Deductible Health Plan)

5

Effective date: The date your health insurance coverage starts.



6

Prescription (Rx) benefits: Some insurance cards list prescription information on the front; others list it on the back or have it on a separate card. This information helps pharmacists confirm if you have full or partial coverage for the cost of your medications. Here's how to understand it:

- RxBin helps pharmacists send your insurance company a bill for your medications electronically.
- RxPCN helps pharmacists make sure your prescriptions are covered under the correct plan.
- Rx Group or Prescription Group # identifies your specific coverage under employer-provided insurance.
- Medical and prescription benefits are often managed by different companies. They may have separate customer service phone numbers and different processes for getting reimbursed.

Other details listed on health insurance cards:

- Your primary care provider's name, address, or phone number.
- Your date of birth (DOB).
- A Medicaid ID if you have Apple Health.
- PCP is your primary care provider, including your regular doctor or nurse practitioner.
- SPC is a specialist visit (for example, an orthopedic doctor). Some plans may require referrals from a PCP to see a specialist.
- ER is an emergency room visit.
- If 2 prices are listed, 1 is usually in-network cost and the other is out-of-network cost.
- Don't forget: the back of the card has more useful information, too!



Find More Information

- **Apply for health insurance**
 - [Washington Healthplanfinder](#)
 - [Washington State Apple Health](#)
- **Learn more about health insurance**
 - [Basics of Health Coverage \(WashingtonHealthBenefit Exchange\)](#)
 - [Health Insurance Basics for Teens \(Nemours KidsHealth\)](#)
 - [Learn how health insurance works \(Office of the Insurance Commissioner\)](#)
 - [Find out if you're eligible and how to apply for Apple Health coverage](#)
 - [Understanding your Apple Health coverage](#)
 - [How to use your Apple Health coverage](#)

Good to know: You can always find credible health information about health insurance, scheduling appointments, your health care rights, and more at [Teen Health Hub WA](#).

How to get health insurance



Learn the Vocabulary

Learn key words and what they mean: premium, copay, deductible, coinsurance, in-network, out-of-network, and covered benefits.

Know Your Options

Check with your parents or guardians first - you may already be covered. If you need health insurance, sometimes you can get it through your employer or university, or you can apply at wahealthplanfinder.org.

Sign Up

Most health insurances have a sign up process. For example, wahealthplanfinder.org has an online application. Create an account and enter your social security number, contact and income info to see plans and discounts you qualify for.

Choose what works

Once you're signed up, review the plan options available to you based on your income and where you live. Choose a plan that covers the health care services and medications you need, and your providers are in-network.

Get help if you need it

Most insurance goes into effect once you pay your premium. Save your insurance information. You'll get your insurance card in the mail. Still need help? wahealthplanfinder.org has navigators to support you.

teen health hub WA

doh.wa.gov/teenhealthhub



Scan to visit the Hub!