

Taking Charge of Your Health Insurance

A guide for young adults

If you are changing insurance or coming of age,
this may help



EveryDay
Support.
FROM DAY ONE



Lydia, lives with pLGG.
Lydia's family was compensated
for sharing their experiences.

pLGG=pediatric low-grade glioma.

About This Guide

Understanding
Health Insurance

When Do I Have
to Get My Own
Insurance?

Choosing Your
Own Health
Insurance

Frequently Asked
Questions (FAQs)

EveryDay Support
From Day One®

Where to Go for
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Glossary of Health
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References

Getting Ready to Make Your Own Health Insurance Decisions

- ✓ At age 18, you become a legal adult. This means you may take on responsibility for your health insurance decisions instead of your parents. When it comes to health insurance, it is important to know what to expect and what support is available for you.
- ✓ Health insurance can be confusing. There are many terms, rules, and choices to sort through. It is completely normal to feel unsure about where to start.
- ✓ If you find yourself feeling frustrated or lost, know that you are not alone. This brochure was created to help break down complex information and guide you through important decisions about your health insurance coverage.
- ✓ You do not need to learn everything at once. Learn at your own pace, and come back to this brochure whenever you need a refresher.

The information provided here is for general reference only and all coverage should be confirmed.

Each health insurance program may be subject to additional eligibility requirements and restrictions.

The accurate completion of billing or reimbursement-related documentation is the responsibility of the healthcare provider and their office staff.

Day One makes no claims as to the accuracy of the information contained herein.

This information is current as of August 2026.

*Click the arrow to see
how this guide will help you*



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Getting Ready to Make Your Own Health Insurance Decisions

This guide will help you understand:



Your health insurance options and what costs you might have



When you are required to get your own health insurance plan



Key health insurance terms



Where to go for more information

**EveryDay Support
from Day One** is a
program that can help
you understand health
insurance options and
key deadlines as you start
making your own health
insurance decisions.



Click the arrow to go back

Learn More

Understanding Health Insurance

Types of Health Insurance

Health Insurance Costs

Understanding the different types of health insurance plans^{1,2}

Commercial Health Insurance

A health plan you get through a private health insurance company.

Examples include:

- Insurance through your job
- Insurance from the health insurance marketplace
- Insurance you buy directly from a health insurance company

[Learn More](#) +

Government-Funded Health Insurance

A government-funded health plan.

Examples include:

- Medicaid
- Children’s Health Insurance Plan (CHIP)

[Learn More](#) +

EveryDay Support can walk you through the basics of health insurance, so you can choose the plan that’s right for you.

Understanding Health Insurance

Types of Health Insurance

Health Insurance Costs

Health insurance costs

The amount you pay for your insurance [coverage](#), doctor visits, and medicines depends on your specific plan. The terms below will help you understand your health care costs.

Premium

- The amount you pay every month to have active insurance coverage; you may also have to pay a deductible, copays, or coinsurance (see below and next page)
- If you get health insurance through your job, this may come out of your paycheck automatically
- If you have an [Affordable Care Act \(ACA\) Health Insurance Marketplace](#) plan, you may be eligible for help with some or all of your premiums⁹

Example: James’s ACA plan costs him \$151 per month, whether or not he goes to the doctor.

Deductible

- The amount you must pay out of your own pocket before your health insurance pays anything

Example: Carly’s insurance has a \$2,000 deductible. Every calendar year, she has to pay her first \$2,000 in medical costs out of her own pocket before her insurance starts to pay.

Click the arrow to see **definitions and examples** on next page



Understanding Health Insurance

Types of Health Insurance

Health Insurance Costs

Copay

- A set amount you pay for health care services (such as doctor’s appointments) or medicines

Example: Mia’s health plan has a \$20 copay for prescription drugs. When Mia refills a prescription, she pays \$20 whether the drug costs \$25 or \$250.

Coinsurance

- A percentage of the cost you pay for health care services (such as doctor’s appointments) or medicines

Example: Carly’s plan has a 20% copay for prescription drugs. If the drug costs \$100, Carly will pay \$20 when she fills her prescription.

Out-of-pocket maximum

- The most you will have to pay for deductibles, copays, or coinsurance each year
- After you reach this amount, insurance pays all qualifying costs for the rest of the year

Example: James’s [ACA Health Insurance Marketplace](#) plan has set the individual out-of-pocket maximum at \$10,600 in 2026. He will not pay more than \$10,600 for deductibles, copays, and coinsurance in any given year, no matter how high his medical bills are.



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When Do I Have to Get My Own Health Insurance?

Health Insurance Through Your Parents’
Job or Directly From the Insurance Company

Affordable Care Act (ACA)
Health Insurance Marketplace Plan

Medicaid or the Children’s
Health Insurance Plan (CHIP)

Employer-sponsored health insurance plans¹⁰

Most health insurance plans that are offered through a parents’ job allow you to stay [covered](#) under your parents’ plan until age 26, but each plan sets its own age limits. Some states also have different rules.

Most employer-sponsored plans let you stay covered under your parents’ plan, even if you:



Get married



Have or adopt a child



Start or leave school



Live in or out of your
parents’ home



Are not claimed as a
dependent on their taxes



Turn down insurance
through your job



Call the customer service number on the back of your insurance card(s) to find out how long you can stay covered.

*Click the arrow to see an **example***

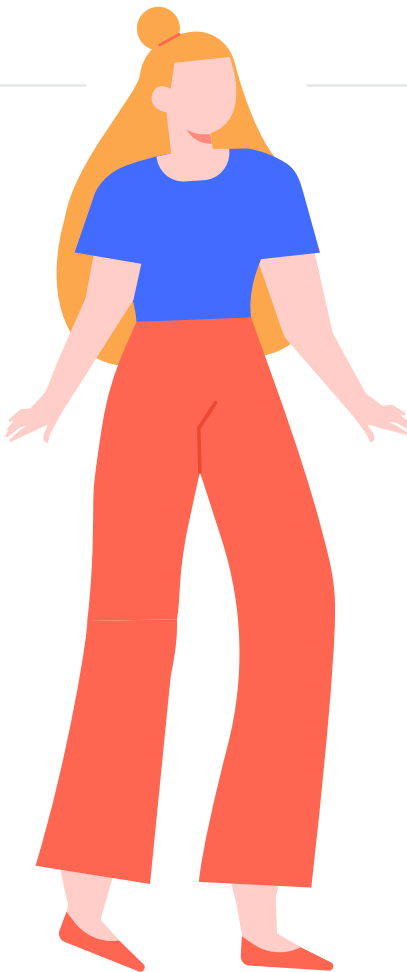


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Example

Learn about Carly*

- Carly was insured by her parents’ health insurance plan
- When she got her full-time job at age 22, she decided to stay on her parents’ health insurance plan
- Now she’s 25, and her parents’ health insurance plan will only [cover](#) her until the end of the month that she turns 26
- She turns 26 in April, and would like to sign up for insurance through her job
- [Open enrollment](#) for the plans provided by her job is not until November

What can Carly do?

- Turning 26 is a [qualifying life event](#)—an event that allows you to enroll in health coverage outside the normal open enrollment period. She can enroll in a new health plan up to 60 days before and after she turns 26
- Each health plan is different. If your situation is like Carly’s, please call your employer’s health insurance plan to see how long you have to enroll

*Carly is not a real patient. This information is for example only.



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Affordable Care Act (ACA) Health Insurance Marketplace Plans^{10,11}

If your parents have health insurance through a plan from the [ACA Health Insurance Marketplace](#), you can stay covered until December 31 of the year you turn 26 (or the age permitted in your state). Call the customer service number on the back of your insurance card to verify how long you can stay covered.

If you decide to enroll in an ACA Health Insurance Marketplace for your own insurance, you can enroll as soon as you turn 26 or during open enrollment. [Open enrollment](#) for the ACA Health Insurance Marketplace is from November 1 through January 15.

Your next steps depend on whether your parents will claim you as a [dependent](#) on their taxes the year **after** you turn 26:



If you **will not** be claimed as a dependent the year after you turn 26:

- Create your own ACA Marketplace account
- Enroll during open enrollment at the end of the year you turn 26



If you **will** be claimed as a dependent the year after you turn 26:

- Stay on your parents’ application for ACA Marketplace coverage
- Do not create a separate account
- Your parents can enroll you in your own ACA Marketplace plan during open enrollment

*Click the arrow to see an **example***

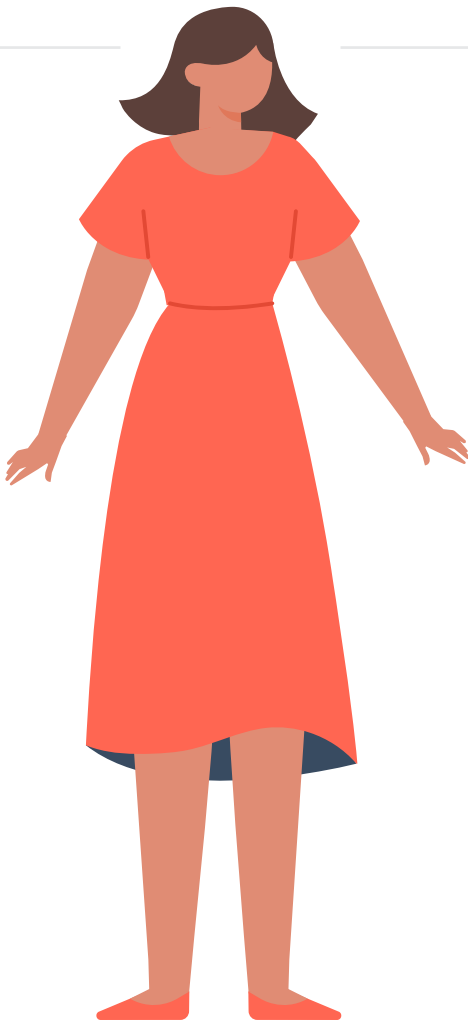


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Example

Learn about Mia*

- Mia moved out of her parents’ house last year, and her parents no longer claim her as a dependent on their taxes
- She’s covered on her parents’ [ACA Health Insurance Marketplace](#) plan
- Mia turns 26 in November; she’ll lose [coverage](#) on January 1 of next year
- She wants to enroll in an ACA Health Insurance Marketplace plan, like her parents

What can Mia do?

- Mia must create her own ACA Marketplace account. Since she turns 26 during open enrollment, she can enroll in a plan right away
- She will be covered by her parents’ health insurance plan until the end of the year. Coverage from her own plan will start on January 1

*Mia is not a real patient. This information is for example only.



Click the arrow to go back

Click the arrow to see *another example*



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Health Insurance Through Your Parents'
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Example

Learn about James*

- James lives at home with his mom, Cindy
- Cindy claims James on her taxes as a dependent
- Cindy is covered by an [ACA Health Insurance Marketplace](#) plan
- James turns 26 in July and would like to enroll in an ACA Health Insurance Marketplace plan, as well

What can James do?

- Cindy's ACA Health Insurance Marketplace plan will cover him until the end of the year. Since turning 26 qualifies him for a Special Enrollment Period, James can get his own plan right away.
- However, Cindy claims James as a dependent on her taxes. That means she has to be the one to enroll him, using her Marketplace account

*James is not a real patient. This information is for example only.



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Medicaid or the Children's Health Insurance Program (CHIP)⁸



Your state decides the age limit for [Medicaid](#) or [CHIP](#). It is usually between 19 and 21 years of age. Check with your state Medicaid or CHIP plan to see how long you can remain covered.



If you no longer qualify for CHIP based on your age, you will need to apply for your own health insurance. If you apply to your state Medicaid program, there may be extra criteria you have to meet to qualify.



Some states have programs that offer help finding and enrolling in other health insurance.
Contact [your state's Medicaid office](#) [↗](#) to find out if they offer such a program.

*Click the arrow to see an **example***

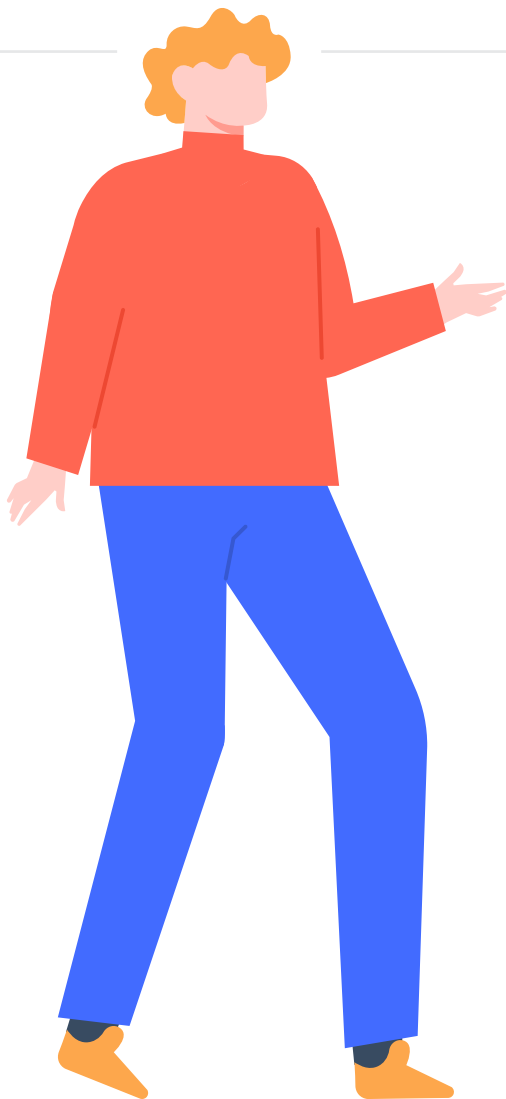


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Example

Learn about Michael*

- Michael's parents are covered by Medicaid and he is covered by CHIP
- He turns 19 in August and will no longer qualify for his state's CHIP
- Michael would like to apply for a Medicaid plan

What can Michael do?

- Michael's CHIP plan will cover him until the end of the year. Since turning 19 qualifies him for a Special Enrollment Period, Michael can enroll in his own plan right away

*Michael is not a real patient. This information is for example only.



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Choosing Your Own Health Insurance

Choosing Your Own Insurance

When and How to Enroll

Questions to Think About When Choosing Your Health Insurance

When deciding which health insurance plan to choose, there are some questions you may want to think about. Visit your health insurance company’s website and check the plan’s [policy](#), or call the health insurance company to find answers to these questions.

1 Are my doctors in the plan’s network?	4 Do I need referrals to see any new doctors?
2 Are my medicines covered?	5 Do I have a deductible or out-of-pocket maximum?
3 How much will it cost for each of the medicines I take?	6 How much will it cost for other health care services (such as tests or hospital stays)?

Choosing Your Own Health Insurance

Choosing Your Own Insurance

When and How to Enroll

Insurance Options

HEALTH INSURANCE PLAN OPTION	WHEN CAN I ENROLL?	HOW DO I GET STARTED?
A plan through your job, if available ¹¹	During open enrollment or after a qualifying life event	Your union or Human Resources (HR) department can help you enroll
A plan bought directly from an insurance company ¹¹	During open enrollment or after a qualifying life event	Visit the health insurance company's website to see the plans offered and enroll
An Affordable Care Act (ACA) Health Insurance Marketplace plan ¹¹	During open enrollment or after a qualifying life event	Visit HealthCare.gov ↗ to shop for plans and enroll. Some states may offer “starter” health plans at a lower cost ¹⁶
Medicaid ⁸ <i>Check with your state's Medicaid program to find out if you qualify</i>	Any time of year	Visit Medicaid.gov ↗ and select your state to see if you qualify and apply for coverage
Children's Health Insurance Program (CHIP) ⁸ <i>Check with your state's CHIP to find out if you qualify</i>	Any time of year	Visit Medicaid.gov ↗ and select your state to see if you qualify and apply for coverage
Student health plans ^{13,14}	Differs for each educational institution	Check if your college automatically enrolls you or if you need apply separately
Your spouse's plan, if you are married ¹⁵	During open enrollment or after a qualifying life event	Have your spouse contact their HR department to find out next steps

Frequently Asked Questions (FAQs)

Q If I get a job that offers health insurance before I turn 26, can I switch to that health insurance instead of staying on my parent’s health insurance plan?

A Yes. You may switch to a new health insurance plan as soon as you turn 18. If you are considering changing health insurance plans, make sure the new health insurance plan covers all your doctors and medicines.

Q My parents’ health insurance plan does not cover me after I turn 26. Will I stop being covered the day I turn 26?

A Some plans allow you time to get your own health insurance coverage. Check with your parents’ health insurance plan to find out how much time you have.

Q How much will I have to pay for my medicine once I have health insurance?

A The exact amount you pay is different for each plan. If your pediatric low-grade glioma (pLGG) medicine is covered, it will likely be placed on a specialty [tier](#). This means you may have to pay a [deductible](#), [copay](#), or [coinsurance](#), or meet other health plan requirements.

Q What if I can’t afford my pLGG medicine?

A EveryDay Support has programs to help you pay for your Day One medicine. These include:

- A **copay program** if you have [commercial](#) insurance
 - With this program, you may pay as little as \$0 for your medicine
- A **Patient Assistance Program** if you have no insurance or your medicine is not covered by your plan
 - If you qualify for this program, you will receive free medicine

We can also connect you to nonprofit organizations that may be able to help with other costs.

[Learn More](#) 

All programs subject to eligibility criteria and terms and conditions for enrollment.

EveryDay Support From Day One

EveryDay Support from Day One was designed with your unique needs in mind.

If you are enrolled, EveryDay Support offers:



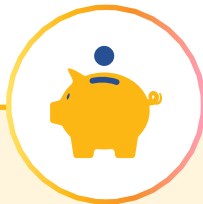
Dedicated Patient Navigators

A Patient Navigator will work with you and your care team throughout the treatment journey. They can let you know about important milestones ahead of time so you can be ready.



Insurance coverage support

If you have a gap in insurance coverage at any point, EveryDay Support may be able to provide free medication for a short period of time while you get new insurance coverage.



Financial assistance

We provide financial assistance programs to help you and your family pay for your medicine.

[Learn More](#) +



Shipment and medication support

We work with our [Specialty Pharmacy](#) partners to ship your medicine right to your home. We also provide ongoing prescription and treatment support.



[Enroll Now](#) 

Where to Go for More Information

Contact EveryDay Support if you:

- ✔ Need help understanding your health insurance options
- ✔ Will have a gap in health insurance coverage
- ✔ Need help affording your Day One medicine



Visit www.everydaysupport.com



Call 855-DAY1-BIO/855-329-1246

You can also check out the below resources if you have questions.

Insurance company websites

HealthCare.gov

Medicaid.gov

Benefits.gov

Glossary of Health Insurance Terms

Below are some key terms you may come across as you review your health insurance options.

Affordable Care Act (ACA) Health Insurance Marketplace	A government service where you can compare and shop for health plans. Benefits can vary by state. You will need to reapply for a plan if you move across state borders. Visit HealthCare.gov for more information. ^{17,18}
Children’s Health Insurance Plan (CHIP)	A health insurance plan that provides low-cost health coverage to uninsured children and teens (up to age 19). It is meant for people who earn too much to qualify for Medicaid but cannot afford private insurance. Most children qualify for CHIP if their parent or guardian loses their job and no longer has health insurance. ⁸
Coinsurance	This is a percentage of the cost you pay for health care services (such as doctor’s appointments) or medicines.
Commercial health insurance	A health plan you get through a private health insurance company. This could be a plan you get through your job or from the ACA Health Insurance Marketplace. Medicaid and CHIP are not commercial health insurance plans.
Copay	This is a set amount you pay for health care services (such as doctor’s appointments) or medicines.
Coverage/covered	The health insurance plan will pay for part or all of the cost for a health care service (such as a doctor’s visit) or prescription drug. Just because a service or drug is covered doesn’t mean that the plan will pay all of the costs. Be sure to check carefully with the health care plan to see how your doctors and medicines are covered.
Deductible	This is the amount you must pay before your health insurance pays anything.
Dependent	A person who is claimed as a personal tax exemption by a parent or guardian.

Click the arrow to see **more terms**



Glossary of Health Insurance Terms

Exclusive Provider Organization (EPO)	A type of health insurance plan that covers certain doctors and hospitals (unless there is an emergency). You don't always have to pick 1 main doctor (sometimes called a "primary care doctor"). You will not need to get referrals to see other doctors. ³
Formulary	A list of prescription drugs covered by the health insurance plan.
Health Maintenance Organization (HMO)	A type of health insurance plan that covers doctors and hospitals in the health plan's network (unless there is an emergency). It requires you to have 1 main doctor (sometimes called a "primary care doctor"). You will also need to get referrals to see other doctors. ³
Medicaid	A federal and state program that provides health care coverage to people with limited income and resources. Each state runs its own Medicaid program, but the federal government has rules that all states must follow. ⁸
Network	The group of doctors and hospitals that have a contract with the health insurance plan.
Open enrollment	A period of time when anyone can enroll in a given health insurance plan. This is different for each health plan, but is usually at the end of the year.
Out-of-pocket costs	The costs you pay yourself for health care services and prescription drugs. This includes costs like your deductible and your copays . It does not include the part that your health insurance covers .
Out-of-pocket maximum	The most you will have to pay for health care services and/or medicines each year.
Policy	The health plan's rules about how they will cover certain drugs or services.



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Click the arrow to see **more terms**



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Glossary of Health Insurance Terms

Point of Service (POS)	This type of health insurance plan combines some features of an HMO and a preferred provider organization (PPO). You choose 1 main doctor (sometimes called a “primary care doctor”) and need referrals for specialists (like an HMO), but have the option to pay more to use out-of-network providers (like a PPO). ³
Preferred Provider Organization (PPO)	A type of health insurance plan that offers lower costs for doctors or hospitals that are in the health plan’s network. You can see other doctors or hospitals for a higher cost. ³
Premium	The amount you pay for active health insurance coverage . If you get health insurance through your job, this may come out of your paycheck automatically.
Prior authorization	Sometimes, the health insurance plan must approve a medicine or procedure before they will pay for it. A prior authorization is the process of getting that approval.
Public health insurance	A health plan that is sponsored by the government, for example a Medicaid or CHIP plan.
Qualifying life event	A change in your situation, such as moving, losing health insurance, or getting married, that allows you to enroll in health insurance outside the yearly open enrollment period.
Specialty Pharmacy	A type of pharmacy that handles complex prescription drugs. A Specialty Pharmacy will deliver your medicine to your home or other preferred location.
Tier	Health plans cover medicines at different levels, called tiers. Lower tiers are often lower cost and have set copays . Higher tiers or specialty tiers are higher cost and sometimes require coinsurance .



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Types of **commercial** health insurance plans³

Health Maintenance Organization (HMO)

- You pick 1 main doctor (primary care)
- You need a referral to see other doctors
- You can only use doctors in the plan's [network](#) (except in emergencies)

Preferred Provider Organization (PPO)

- You can see any doctor and go to any hospital
- Doctors or hospitals in the plan's network cost less
- Doctors or hospitals out of the plan's network cost more

Exclusive Provider Organization (EPO)

- You don't always have to pick 1 main doctor (primary care)
- You do not need a referral to see other doctors
- You can only use doctors in the plan's network (except in emergencies)

Point of Service (POS)

- Combines some features of both HMOs and PPOs
- You pick 1 main doctor (primary care) and need referrals for specialists (like you do with HMO plans)
- You can pay more to see doctors outside the plan's network (like you do with PPO plans)





ACA Health Insurance Marketplace plans^{4,5}

The [ACA Health Insurance Marketplace](#) is a government service where you can compare and shop for health plans.



There are several different types of Marketplace plans to choose from. They are put into 4 categories, called “metal levels”:

- Bronze
- Silver
- Gold
- Platinum

The difference between the metal levels is not based on the quality of care of the plan. It is based on your share of the costs for covered services.

Some states also have a 5th category, called Catastrophic.



Extra savings

If you choose a Silver plan and meet certain income requirements, you may qualify for extra savings. The income requirements are different for each state.



Visit [HealthCare.gov/lower-costs](https://www.healthcare.gov/lower-costs) to find out if you qualify for extra savings. [↗](#)

ACA=Affordable Care Act.



[Click the arrow to go back](#)

[Click the arrow to learn about **Catastrophic plans**](#)





Catastrophic plans^{6,7}

Some states also offer Catastrophic plans through the ACA Health Insurance Marketplace. These plans have low monthly [premiums](#) and very high [deductibles](#).

Who can get a Catastrophic plan?

- People under 30 years of age
- People over 30 years of age who do not qualify for savings on an ACA Health Insurance Marketplace plan
- People who qualify for certain exemptions based on Marketplace or employer-based insurance being unaffordable



Each state has its own rules to qualify for an exemption. Visit [HealthCare.gov/health-coverage-exemptions](https://www.healthcare.gov/health-coverage-exemptions) to apply. [↗](#)



Click the arrow to go back



Types of **government-funded** insurance for young adults^{8,9}

Medicaid

- A low-cost health insurance program available through the state
- Provides free or low-cost health coverage to low-income adults or children
- Every state has different limits for how much money you make and the value of what you own to qualify

Children's Health Insurance Program (CHIP)

- Provides low-cost health coverage to uninsured children and teens (up to age 19)
- For families who do not meet the income limits for Medicaid, but cannot afford private insurance
- Most children and teens qualify for CHIP if their parent or guardian loses their job and no longer has health insurance



Financial Assistance From EveryDay Support

PROGRAM	WHO IT HELPS	HOW IT HELPS ELIGIBLE PATIENTS
Copay Program	Patients with commercial health insurance	May help reduce the out-of-pocket cost for your pLGG medicine to as little as \$0 per month*
Patient Assistance Program	• Patients who don't have health insurance • Patients who have limited health insurance coverage • Patients who meet certain income requirements	May provide your pLGG medication for free
QuickStart and Coverage Interruption Programs	Patients who experience a delay or interruption in insurance coverage	May be able to provide options to help you start or continue your treatment



We can also connect you to nonprofit organizations that may be able to help with other expenses.[†]

*Restrictions and eligibility requirements apply. Not available for those with government insurance. Maximum benefit applies. [Please see full terms and conditions here.](#)

[†]These organizations have their own eligibility criteria. EveryDay Support From Day One does not influence or control the decisions of these outside organizations.