



6 Things to Do if You Don't Have Health Insurance Through an Employer



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In the U.S. health insurance helps us access medical services and pay for part of our healthcare costs. It can help mitigate the risk of the number one cause of bankruptcy and debt in the U.S., medical bills.

Although most people get their health insurance from their employer, almost half of the population ([45.5% in 2022](#)) does not have access to employer-sponsored health insurance. This group often includes entrepreneurs, independent contractors, small business owners, gig economy workers, service workers, and freelancers.

So, what should you do if you don't have health insurance through an employer?

Table of Contents

	page
1. Marketplace ACA Plans	2
2. Insurance Outside the Marketplace	3
3. Health Care Sharing Ministries	4
4. Direct Primary Care	4
5. Retail Clinics	5
6. Community Clinics and Local Resources	5
<i>Learn More</i>	6
<i>Sources and Further Reading</i>	7



Marketplace ACA Plans





Where to Start

If you don't have health insurance through your employer, a good place to start is the Health Insurance Marketplace, or [Healthcare.gov](https://www.healthcare.gov). If your state has its own state-based Marketplace, Healthcare.gov will redirect you to the appropriate website. The Marketplace was established by the Affordable Care Act (ACA) for people who don't have insurance through their job or other means. These websites let you see and compare features and prices of individual insurance plans offered by companies in your area.

Get Comprehensive Coverage

Through the Marketplace, you can shop for a [Qualified Health Plan or QHP](#). A QHP is an individual health plan that meets certain standards established by the ACA.

Qualified Health Plans

-  Coverage for preexisting conditions
-  Coverage for essential health benefits
-  No lifetime or yearly limits on coverage
-  Coverage for preventive care services at no cost to you

Financial Assistance for Premiums and Cost-Sharing

Depending on your household income, you may be eligible for financial assistance for QHPs purchased on the Marketplace. [Premium Tax Credits](#) can help pay for your monthly insurance premiums. Furthermore, you may be eligible for [cost-sharing reductions](#) that lower your out-of-pocket costs, such as deductibles, copays, and coinsurance.



Insurance Outside the Health Insurance Marketplace

Health insurance can also be purchased outside the Marketplace from brokers, issuers, and insurance agents. Insurance carriers may sell different plans on and off the exchange (ACA Marketplace). With different options outside the Marketplace, you could potentially find lower premiums.

More Flexibility In Terms of Coverage and Pricing

Plans available outside the Marketplace may offer more flexibility in terms of coverage and pricing. In addition to QHPs with the features listed above, you can also buy less comprehensive individual plans that aren't ACA-compliant, like short-term or limited plans. They may offer less coverage and protection, such as not covering preexisting conditions, reproductive health, substance abuse or behavioral health treatment, prescription drugs, sports injuries, etc.

These non-ACA insurance plans can also impose lifetime limits and employ medical underwriting. Medical underwriting is a process used by insurance companies to try to figure out your health status and risk when you're applying for health insurance coverage. They then use this information to determine whether to offer you coverage, at what price, and with what exclusions or limits to put on your health plan. Additionally, plans purchased outside the Marketplace don't qualify for ACA subsidies to help you pay for costs.

While some insurance policies available outside of the Marketplace may not provide the same level of comprehensive coverage, they can be a viable option if you are looking for more affordable premiums or don't require certain benefits mandated by the Affordable Care Act.



Health Care Sharing Ministries

Health Coverage That is Not Insurance

Health Care Sharing Ministries (HCSMs) are medical cost-sharing plans. Members with common ethical or religious beliefs pay monthly fees and share medical costs. Some HCSMs have certain providers who have agreed to accept ministry payments and others reimburse members for part of what they paid any doctor of their choice. As of 2021, [107](#) Health Care Sharing Ministries were certified by the U.S. Department of Health and Human Services.

Cost-Sharing Plans are not health insurance, so there is no guarantee of coverage, and they are not regulated by state insurance agencies or the ACA. They don't have to comply with ACA mandates such as covering preexisting conditions, preventive care, reproductive care, or substance abuse or behavioral health treatment. However, they're attractive because they're often more affordable than insurance premiums.



Direct Primary Care

Primary Care That Doesn't Require Insurance Coverage

Direct Primary Care (DPC) is a new healthcare payment and delivery model that circumvents health insurance. It offers affordable primary care services for a flat monthly or annual fee, which often costs less than a cell phone bill. The membership gives you access to unlimited primary care visits, discounted lab tests, and sometimes even telemedicine.

DPC does not replace health insurance, as it doesn't cover emergency services, specialists, and hospital services. But for people not using insurance either because they are uninsured or underinsured due to a high deductible plan, it can be a cost-effective option for routine care and preventive services. Use this map to locate your nearest Direct Primary Care facility.

DPC Directory: <https://mapper.dpcfrontier.com/>

5

Retail Clinics

Retail health clinics are walk-in clinics located inside pharmacies, grocery stores, and retail stores. They offer preventive care and vaccinations and treat minor illnesses and injuries. They don't require insurance and typically cost less than the same services offered in physician offices, urgent care centers, and emergency rooms. Fixed, transparent pricing makes them especially attractive to those paying cash for healthcare.

Note: Many retail health clinics have recently closed, citing high operating costs, such as [Walmart's clinics](#).

6

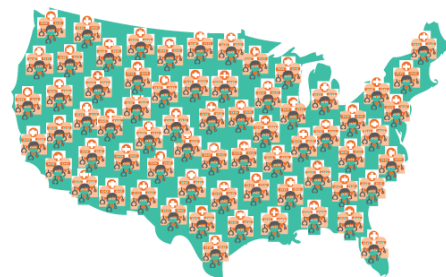
Community Clinics and Local Resources

Community Clinics

Federally Qualified Health Centers (FQHCs) are commonly known as Community Health Centers (CHCs) and Rural Health Clinics (RHCs). They provide primary healthcare services regardless of insurance status or ability to pay. They offer sliding-scale discounts based on income/assets and are part of our nation's safety net system.

Find a Federally qualified health center (FQHC) near you.

Map of FQHCs: <https://findahealthcenter.hrsa.gov/>

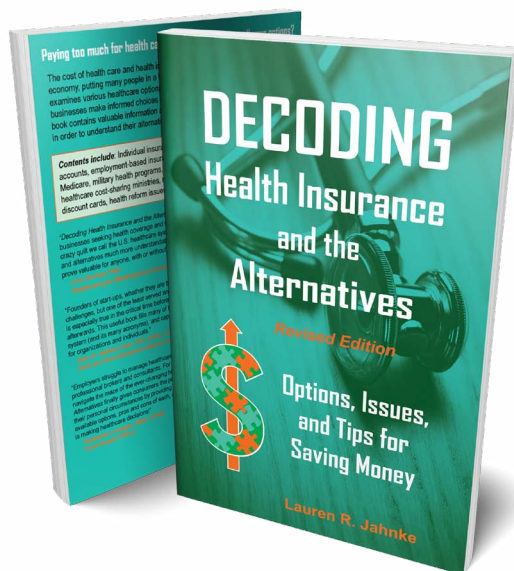


Local Resources

Additionally, the area you live in may have local resources available like charity clinics, sliding-scale healthcare services, or financial assistance. Contact 2-1-1 to find out what is available in your area.

You can dial 2-1-1 on your phone or go online to 211.org

Learn More



Health Insurance Literacy

The items in this article do not represent an all-inclusive list but are some first steps to getting access to primary healthcare. To learn more about the types of healthcare coverage and how to navigate out-of-pocket medical expenses and healthcare access, read [*Decoding Health Insurance and the Alternatives: Options, Issues, and Tips for Saving Money*](#) by Lauren R. Jahnke and follow decodinghealthcoverage.com.

With Decoding Health Insurance as your guide, you can gain the basics of choosing and using health coverage, minimizing out-of-pocket expenses, and accessing medical care whether you have insurance or not.

Sources and Further Reading

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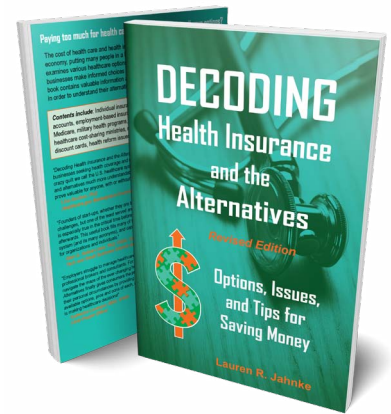
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