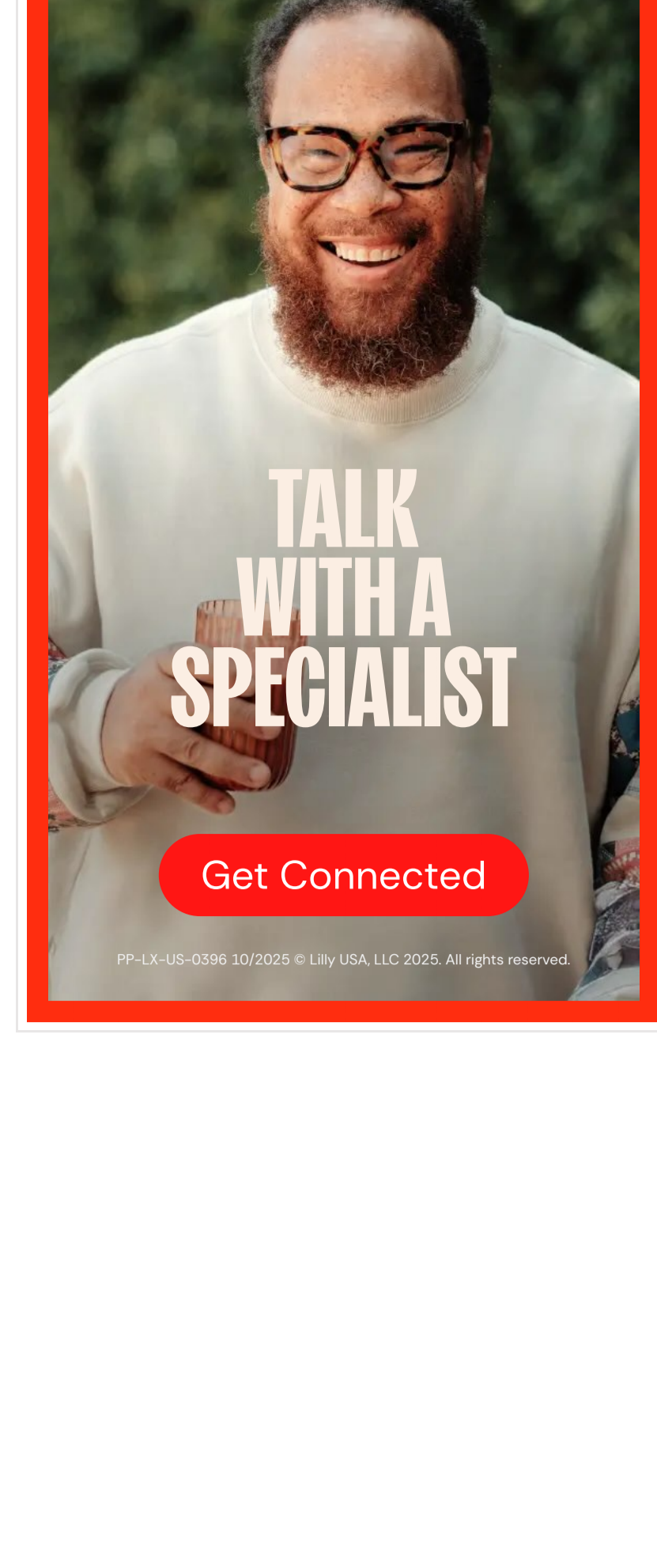
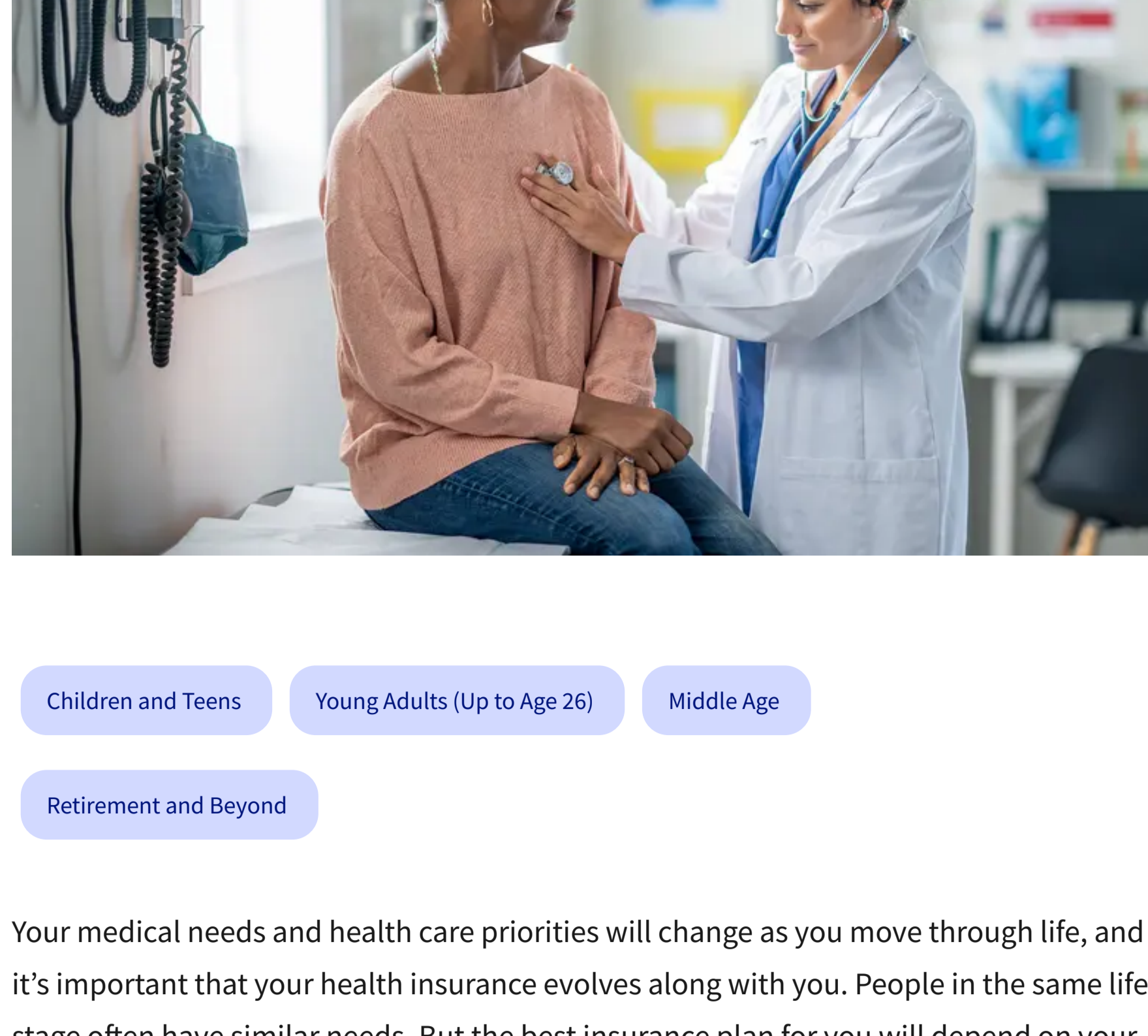
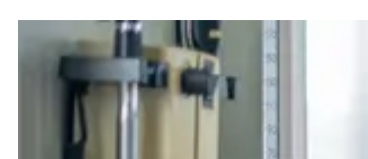


Health Insurance & Medicare
Smarter Health Spending: Your Path to Accessing Affordable Care

Insurance Needs by Life Stage

By **Beth Braverman**

Medically Reviewed by **Sarah Goodell** on January 25, 2026



- Children and Teens
- Young Adults (Up to Age 26)
- Middle Age
- Retirement and Beyond

Your medical needs and health care priorities will change as you move through life, and it's important that your health insurance evolves along with you. People in the same life stage often have similar needs. But the best insurance plan for you will depend on your specific situation, including your:

- Medical history
- Budget
- Availability of insurance

No matter your age, review your insurance policy every year during open enrollment. This will help make sure you have the right coverage for your changing needs.

"Every 10 or 20 years, people go through some pretty significant changes," says Michelle Long, KFF's senior expert on patient and consumer protections. "A lot of people go through some pretty significant changes or hit different milestones, for example, that would require taking a deeper look and thinking about the years ahead and what might be different for you now."

Children and Teens

While they're dependents, most children and teenagers have insurance through a parent's family plan. Children in low- and moderate-income families may also have access to insurance via Medicaid or a Children's Health Insurance Program (CHIP).

Such plans typically cover preventive care, including well visits, immunizations, and developmental screenings.

Key to Remember

If your child needs ongoing treatment for conditions like allergies or asthma, make sure their specialists are in-network.

"Kids get sick all the time, bringing stuff home from day care or school," Long says. "So, as opposed to when it was just the two of you, you now need to factor in another person who's at the beginning of life and going to probably require a lot of health services."

Coverage priorities

The health insurance priorities of parents of young children may differ from those parents whose kids are older. Babies, for example, typically need more well visits and immunizations. Adolescents and teenagers may have more frequent doctor visits for sports-related injuries or need more mental health services.

Making the most of your plan

Since your kids are typically covered, schedule regular well-child visits for overall health checks. Use covered screenings to catch any issues early. While CHIP and Medicaid provide dental coverage, you may have to pay extra if you have a private plan.

Young Adults (Up to Age 26)

At this age, you have several options for obtaining health insurance. These include staying on a parent's plan or buying your own plan coverage through work or the marketplaces. College students may also be able to buy health insurance through school, and low-income young adults may qualify for Medicaid.

Coverage priorities

If you're living at college or moving frequently, where you live may be the most important thing in choosing your insurance plan. Staying on your parent's plan may lower your costs, but you may have limited options for in-network medical care if they live in a different state.

"[If you live in another state] you might want to choose a plan on the marketplaces where you would have access to a more local network of providers," says Sara Collins, a senior scholar at the Commonwealth Fund.

Note that your parent's plan doesn't have to (but can) offer labor and delivery coverage to dependents. If starting a family is on your radar, be sure your plan covers for the necessary services.

Making the most of your plan

If you're living away from home and staying on a parent's plan, make sure that you understand out-of-network or out-of-state limitations. Look into any telehealth services covered by your plan, which can be particularly useful for students or those in jobs with less flexibility.

"Telehealth is a very common thing, and it's absolutely something a young person would want to make sure is part of their plan," says Anthony Martin, CEO of the Choice Mutual insurance agency.

On your own

You can no longer stay on your parent's plan after age 26, but don't wait until then to figure out how you'll get health insurance.

"Prior to turning 26, you should have already reviewed your options and started the enrollment process, so that coverage will be in effect right away, so there is no gap in coverage," says Tony Steuer, a financial preparedness advocate and author of *Insurance Made Easy: A Comprehensive Roadmap to the Coverage You Need*.

The most cost-efficient option for coverage is usually through your employer's plan. If you're a freelancer or your employer doesn't offer coverage, you may have to buy a plan through the Affordable Care Act Marketplace in your state.

Coverage priorities

If you're young and healthy, cost is likely your main concern. At this time, you're trying to balance affordability with protection against unexpected accidents or illness. If it's possible, many young people find it makes sense to choose a high-deductible health plan with lower premiums that covers preventive care. With such plans, however, you'll have to pay for other medical costs out of pocket if you need them, until you reach a predetermined limit.

Making the most of your plan

If you opt for a high-deductible health plan, consider opening a health savings account (HSA). This allows you to set aside tax-free money to cover out-of-pocket medical costs. If you don't use the funds, you can keep them for future expenses.

Starting a family

Keep In Mind

Keep in mind that getting married or having children are "qualifying life events" for health insurance. This means that when they happen, you can change your insurance plan, even outside of the open enrollment period.

Your health insurance needs will change again as you start to grow your family. If you get married, you can compare the health insurance plans available to both you and your spouse to see if one offers better coverage and whether it makes sense to remain on two separate plans.

Coverage priorities

Once you've reached this life stage, you need health insurance that provides comprehensive maternity and newborn care. In some cases, you may also want a policy that has coverage for fertility treatments.

"If that's a route that you think you want to go, you would want to read the benefits for different plans," Martin says. "There is a difference in the amount certain plans will contribute toward that, or how often."

Making the most of your plan

Review your maternity benefits and hospital network participation, ideally before you need them, so you know which providers to visit when the time comes. Your plan may also offer a calculator that lets you estimate your out-of-pocket costs for prenatal, delivery, and pediatric care. This can help you better plan.

Middle Age

Chronic health conditions often become more common when you reach your 50s and early 60s, so you may be using your health insurance more than you did earlier in your life.

"As you get older, you gradually get more problems," says Sara Collins, a senior scholar at the Commonwealth Fund. "It's just a natural course of aging, and there are more screenings and more things you need as you get older."

As your needs grow, you might consider moving from a high-deductible health plan to a traditional plan with lower out-of-pocket costs.

Coverage priorities

At this age, you want to make sure that your health insurance covers management of any chronic conditions as well as prescription drugs that you need to take. Another priority at this age is coverage of physical therapy and rehabilitative care should you need it.

"It is a good idea to look at the details of PT, such as the number of visits covered, network, and out-of-pocket responsibilities," Collins says.

Making the most of your plan

Take advantage of any no-cost screenings, such as colonoscopies and mammograms, offered by your plan. If your medication costs are high, review your plan's formulary and talk to your doctor about switching to generics if possible.

Retirement and Beyond

Once you reach age 65, you'll likely use Medicare for your health insurance. Depending on your health status and provider preferences, you may opt for Original Medicare and or a Medicare Advantage Plan.

<p>Key Differences Between Original Medicare and Medicare Advantage</p> <ul style="list-style-type: none"> • Your choice of doctors and hospitals • Services covered • Whether referrals are required to see a specialist • Out-of-pocket costs 	<p>You'll need to compare both plans carefully to make the best choice for your needs. If you also have insurance from your employer or a union, you may be able to use it along with your Medicare coverage.</p> <p>Coverage priorities</p> <p>As you move to Medicare, you may want to look for a plan that allows you to go on seeing your current doctors. If you can't, look for one that has a wide network of doctors that can provide you with care. For the largest provider network, you can choose to stay on Original Medicare. If you do this, you may also want to consider enrolling in a Medigap plan to lower your cost-sharing. If you take medication regularly, make sure your prescription drug plan (Medicare Part D) provides coverage.</p>
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Making the most of your plan

Spend some time getting to know the ins and outs of your new plan, which will not work the same as your previous insurance.

"You probably had employer-sponsored insurance, and now you have to learn how to manage or navigate Medicare, which is a whole different thing," Long says.

Take advantage of your free "Welcome to Medicare" visit within the first year of enrollment. This is where you can:

- Get a baseline health assessment
- Review your medical history
- Talk about preventative care needs

If you go the Medicare Advantage route, focus on using extra benefits like vision and dental. Stay within your network to keep costs low.

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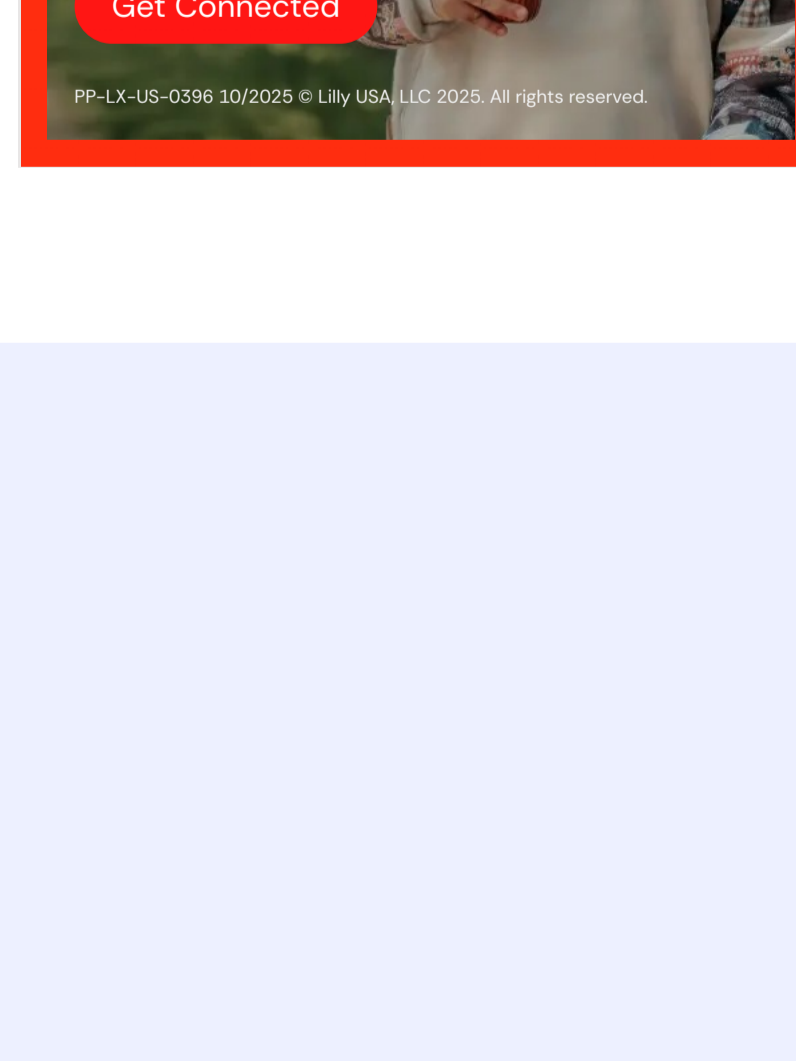
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