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Underinsurance: What Can Families Do if Health Insurance Doesn't Cover Enough?

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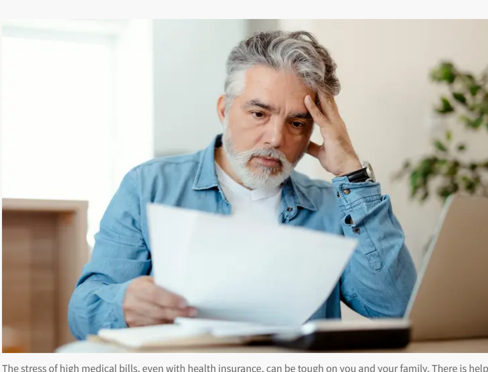
What Is Underinsurance?
Why Is the Hispanic Community Hit Hard?
What's the Cost of Treating MASH?
Consequences of Being Underinsured and Having MASH

9 min read

Metabolic dysfunction-associated steatotic liver disease, or MASLD, is the most common and fastest-growing chronic liver disease in the U.S. and worldwide. As it gets worse and causes liver swelling, inflammation, or scarring — a severe form known as metabolic dysfunction-associated steatohepatitis, or MASH — it gets more expensive to treat.



The stress of high medical bills, even with health insurance, can be tough on you and your family. There is help available. (Photo Credit: E+/Getty Images)

The U.S. Hispanic population faces a double hit when it comes to MASH and affording care. Not only are they most at risk for MASLD and MASH compared to other ethnic groups, they also have higher rates of underinsurance.

Hispanic adults are:

- 50% more likely than other ethnic groups to have MASLD
- 40% more likely than other ethnic groups to have MASH

Among Hispanic working-age adults:

- 21% are underinsured
- 18% had a gap in coverage throughout the year
- 16% are uninsured

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"It's important for people to understand that underinsurance is often not their fault," says Eva Stahl, vice president, Public Policy & Program Management at Undue Medical Debt, a national nonprofit that helps people pay down their medical debt. "Being underinsured is not necessarily a choice. Just as medical debt isn't a choice. It's a debt of necessity."

What Is Underinsurance?

Underinsurance means you have health insurance coverage for the full year, but you still don't have access to affordable care. Stahl says these are some ways your health plan may stop you from affording care:

- High deductibles — the amount you have to pay out of pocket before health insurance pays for care
- High co-pays — the amount you have to pay each time you see your doctor or specialist or get a medical procedure
- No or limited coverage for prescription medication (You may not be able to afford the medications you need.)

Underinsurance is the most common reason people seek medical debt relief, Stahl says. "This surprises a lot of people because they think if you have insurance, you have protection from medical debt, and often that's not the case."

Employer-based health coverage also is not a guarantee that you can afford care. Among all underinsured adults, 66% have coverage through an employer.

Why Is the Hispanic Community Hit Hard?

The reasons Hispanics are more at risk for MASLD and MASH are complex and include:

Genetic risk. The PNPLA3 gene allele is linked to an increased risk of MASLD. PNPLA3 is most commonly found in Hispanic people.

Cardiometabolic risk factors. Hispanics have disproportionately higher rates of diabetes, obesity, high cholesterol, and high blood pressure. All of these contribute to developing MASLD.

Food insecurity. For Hispanic children, living in a household with unreliable access to food at age 4 increases their risk for MASLD by nearly four times. Overall, 14% of Hispanic and Black children live in food-insecure households compared to 4.5% white non-Hispanic children. And 22% of all Hispanic households are food insecure compared to 10% white non-Hispanic households.

Environment. Many Hispanics live in food deserts, with limited access and affordability to fresh fruits and vegetables. A healthy diet can help prevent or manage MASLD/MASH.

There are many reasons Hispanics may fare worse getting insurance and care they need. These include:

Employment situation. About 31% of Hispanics are on Medicaid because they work in jobs with no or not enough health insurance. (But they make up only 28% of Medicaid recipients: Non-Hispanic whites make up the highest share, at 42%.) In general, employer coverage doesn't always mean you have an affordable choice, Stahl says. "You might have a high deductible plan relative to your income. So, you might be underinsured by default."

Language barrier. Among Hispanic adults, 33% are not fluent in English and may struggle talking about health insurance and medical care and costs. About 44% of Hispanics cite communication problems as a major reason they have worse health outcomes compared to other U.S. adults.

Lack of nearby care. Overall, 48% of Hispanics cite lack of access to quality care where they live as a major reason for worse health outcomes. Only 64% have a primary care provider.

Immigration status. Depending on your immigrant status, you may not have access to the Affordable Care Act (ACA) marketplace insurance plans or government-funded programs such as Medicare, Medicaid, or CHIP. Undocumented immigrants don't have access to any of these. For more information, go to Healthcare.gov/immigrants.

What's the Cost of Treating MASH?

MASH is an expensive disease to diagnose and treat. Here's some of what you can expect in direct related costs:

- Average annual cost for medical care the year following diagnosis: $7,804 for people with private insurance; $9,602 for people with Medicare Advantage
- Average annual cost for following years: $3,789 with private insurance; $5,363 with Medicare Advantage
- Average cost over five years of treatment: $30,994 with private insurance; $39,588 with Medicare Advantage
- Cost of liver biopsies to diagnose MASH: Range from $1,500 to $3,000
- Cost of imaging (ultrasound, CT scan, MRI, transient elastography): Range from $2,000 to $3,000

Treatment options

Treatment for MASH mainly focuses on lifestyle changes, such as getting regular exercise and choosing healthy foods, to keep a healthy weight or lose weight if you are overweight or have obesity. Managing high blood sugar and cholesterol also helps keep your liver healthy. Other treatments include:

Bariatric surgery. If you can't lose weight with diet and exercise alone, treatment may include different weight loss surgeries. The average cost ranges from $17,000 to $26,000.

Medications. Right now, two drugs are FDA-approved to work along with diet and exercise for people who have MASH with liver fibrosis:

- Resmetirom (Rezdiffra) activates a thyroid hormone receptor to reduce the amount of fat that accumulates in the liver. It has an annual wholesale cost of $47,400.
- Semaglutide (Wegovy) is a GLP-1 drug that can treat obesity and reduce scarring in the liver. It has an annual wholesale cost of approximately $18,000.

Consequences of Being Underinsured and Having MASH

Left untreated, MASH can lead to liver cirrhosis and early death. MASH is now the second leading cause of liver transplant in the U.S. and the fastest-growing risk factor for liver cancer. It's also strongly linked to heart disease. But getting the necessary life-saving treatments can be very hard for those who are underinsured.

Here's how underinsurance and health care cost affect Hispanics:

- 52% report not having access to needed care.
- 39% had a medical problem but didn't seek care.
- 37% skipped recommended tests, treatment, or follow-up visits.
- 33% did not get needed specialist care.
- 28% did not fill a prescription.

Alternative Affordable Care Resources

If you find yourself underinsured or uninsured, these resources can help you stretch your budget.

Provider	Help Available	Contact Info
Federally Qualified Health Centers (FQHCs)	FQHCs offer full primary care and preventive services on a sliding scale based on your income. Many provide dental and mental health care.	Online search tool at the Health Resources and Service Administration at https://findahealthcenter.hrsa.gov/
National Association of Free & Charitable Clinics	Free & charitable clinics/pharmacies are nonprofit organizations that offer free or low-cost medical, dental, vision, and mental health care, including reduced cost prescription medications.	Online search tool at NAFCclinics.org. Contact: info@nafcclinics.org or 703-647-7427
HealthWell Foundation	This nonprofit offers financial assistance for co-pays, premiums, deductibles, and out-of-pocket expenses based on disease funds and eligibility. For people with MASH who meet 500% of federal poverty level, HealthWell currently offers financial assistance to cover a range of treatments, including liver biopsy, imaging, lab tests, medications, doctor visits, and related transportation costs.	HealthWellFoundation.org Contact: grants@healthwellfoundation.org or 800-675-8416
American Liver Foundation (ALF)	ALF's online state resource center offers a searchable database to find free screenings, peer support groups, and clinical trials near you.	LiverFoundation.org Contact: 800-465-4837

How Do You Get the Right Care When Underinsured?

Avoiding underinsurance is easier said than done. "Insurance is really complex. It's often difficult to understand what you're purchasing. It's also difficult to foresee what you might think you need," Stahl says. "People often end up uninsured because it's a difficult landscape to navigate."

When signing up for a health plan, keep these in mind:

- Check that your doctor or specialists are part of the plan. Call their office to verify.
- Check that the services and treatment you need are covered. You can often find this under the explanation of benefits.
- Check the plan's pharmaceutical formulary to see whether the medication you need is covered.

To avoid or limit underinsurance

Work with a patient navigator. "Make sure you're looking for help when you try to select your plan," Stahl says. Patient navigators can help you figure out the best health plan to match your needs and budget. For Marketplace plans, you can find help near you at HealthCare.gov/find-local-help.

Don't focus on premium cost alone. The lowest premium plan may not cover all the services you need and may have a higher deductible. "It's not just that they have higher out-of-pocket payments if you use health care, it's that some services may not be covered," Stahl says.

Avoid short-term catastrophic coverage plans. These short-term plans are not found on the Marketplace and generally don't cover care for chronic medical conditions. "Enrolling in a catastrophic coverage plan will leave them without adequate coverage and very high medical bills," Stahl says. "They sidestep what we call the essential health benefits package that is required in an Affordable Care Act plan."

How Can You Improve Coverage Without Paying More Out of Pocket?

Whether it's through an employer or during the annual enrollment period for Marketplace coverage, make sure you sign up for health insurance as soon as you can. For example, Marketplace open enrollment is from November 1, 2025, to December 15, 2025, for coverage starting on January 1, 2026, or from December 16, 2025, to January 15, 2026, for coverage starting on February 1, 2026.

"Research consistently demonstrates the relationship between having health coverage and experiencing better health outcomes," says Chris Bond, spokesman for AHIP, the national trade association representing the health insurance industry. "Having comprehensive health insurance coverage encourages enrollees to engage with a primary care provider and access preventive care, manage preexisting conditions, and close gaps in care, while providing vital financial security and peace of mind."

Tips to limit costs and avoid surprise medical bills

Speak with a financial assistance representative. Most hospitals and health care systems have one. They can help figure out whether you qualify for any special discounts or community programs to help pay for health care costs. "Even if you have insurance, if you're underinsured, you can access some of those financial assistance policies, which can go up to 400%-500% of the federal poverty level," Stahl says.

Ask about zero-interest payment plans. Some health care groups and hospitals allow payment plans with no interest.

Don't pay for medical debt on a credit card. This turns it into consumer debt and removes your ability to negotiate with your provider, Stahl says. It can also leave you vulnerable to late fees, high interest rates, and damaging your credit.

Let your doctor know you need help. Your doctor may not realize you are struggling with health care costs. "Make sure your doctor knows you are trying to get what you need to stay healthy," Stahl says. Sometimes, they can prescribe other treatments and generic medications that are more affordable, which can be as good as more expensive ones.

Use free preventive vaccine and screening services. These can help you stay healthy and catch any health issues early.

Use only in-network providers. You can check this through your plan's online portal or by calling the number on the back of your insurance card. Some health plans charge more for out-of-network providers or don't cover that care at all.

Get and confirm pre-authorization. Before undergoing any treatment or procedure, make sure your doctor has received pre-authorization from your health insurance provider.

Appeal insurance denials. "Your provider should help you push back on those denials," Stahl says. Nonprofits such as the Patient Advocate Foundation can also help you file an appeal.

If you find yourself with medical debt you can't pay, you can work with a nonprofit such as Undue Debt Relief to get help. "There's a lot of stigma and shame around medical debt," Stahl says. "It's really important to know that the entire system is broken. It's too expensive for everyone. And everyone is struggling to pay medical bills. But patients should feel comfortable being vocal because it's not their fault. Accruing medical debt is not a debt of choice."

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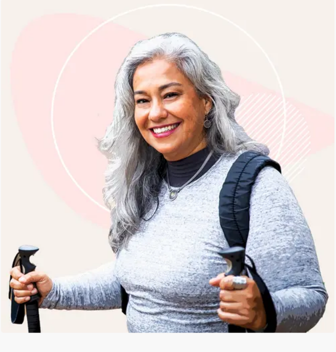

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