
How to Use Your Health Insurance
maryland health connection℠

Goals & Topics

Goal

1. Build your knowledge and understanding around health insurance coverage.

Key Health Insurance Coverage Topics:

- Top benefits and how to use them
- Key costs and how that impacts your wallet
- How to get more information

How to Use Your Coverage

Confirm Your Coverage

After you enroll, pay your bill.

It is important to pay your first **premium,** or monthly payment, immediately so your coverage can start.

Call your insurance company to pay if you don’t receive a bill.

Health Insurance Companies

Aetna Health: 844-365-7373 (TTY: 711); aetnaCVShealth.com/payment

CareFirst: 855-444-3121; member.carefirst.com

Kaiser Permanente: 844-524-7370; kp.org/paypremium

UnitedHealthcare: 800-691-0021; myuhc.com/exchanges

Find a Doctor

You will pay the lowest costs for services when you see an **in-network provider**, or doctor, nurse or licensed medical professional. **In-network** means the provider accepts your health insurance coverage.

How to know if they're in-network

1. Call your provider's office to ask if he or she accepts your insurance.
2. Check with your insurance company.
3. Or use our tool. It's always a good idea to call your provider and confirm.

Top Tip for Your Wallet:

You may pay more for out-of-network providers that are not accepted by your insurance company.

Use Your Coverage

All health plans sold through Maryland Health Connection provide the same **core benefits,** and some plans offer more.

Preventive services, like annual wellness checkups, shots, and screenings, are covered for free – even if you haven't met your yearly deductible.

Yes, free! Because we know that regular checkups or screenings can help find problems before they get worse. Research shows that regular visits will help you live a longer, healthier life.

Core Benefits Covered

- ✓ Preventive care
- ✓ Doctor visits
- ✓ Hospitalization
- ✓ Emergency care
- ✓ Maternity and newborn care
- ✓ Pediatric care, including dental and vision benefits
- ✓ Prescription drugs
- ✓ Laboratory tests
- ✓ Mental health care
- ✓ Substance use disorder treatment
- ✓ And more! See all the benefits covered

Free Preventive Services for Adults

- Get a screening for: blood pressure, cholesterol, depression, diabetes, obesity, sexually transmitted infections, tobacco/alcohol screening for all adults
- Some counseling is offered with preventive services, for example smoking cessation
- Some vaccines are covered
- See the full list of preventive services here

Free Preventive Services for Women

- Annual well-woman visits are covered for free, which includes a comprehensive physical exam
- Breast and cervical cancer testing, screening, counseling
- Domestic and interpersonal violence screening and counseling
- Sexually Transmitted Infections screening and counseling
- Services for pregnant women and women who may become pregnant including breastfeeding support, contraceptive coverage and more
- See the full list of preventive services here

Free Preventive Services for Children

- Well-baby and well-child visits are free
- Vaccines for children from birth to 18 years
- Blood pressure, autism, behavioral assessment, depression screenings, developmental screenings for children and adolescents based on age
- See the full list of preventive services here

Understanding Plan Costs

Key Costs

1. **Premium:** The amount you pay for health insurance every month.

   You'll get a monthly bill for health insurance, this is your premium payment. Stay on time with your payment in order to keep your coverage.

1. **Co-pay:** The cost you pay at the doctor's visit that is not covered by the insurance.

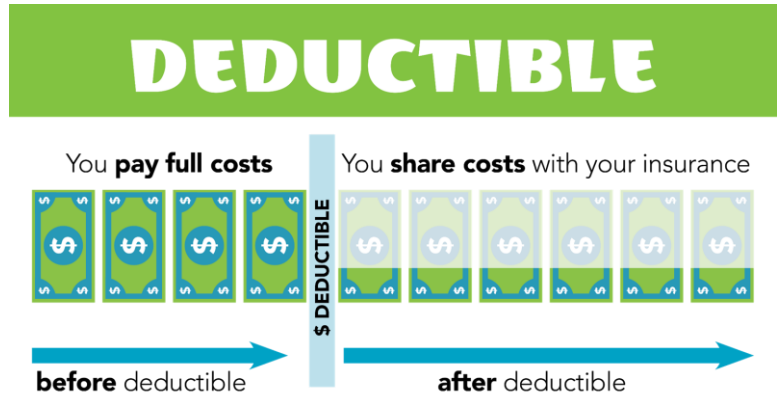
   This is a set amount. For example, a sick visit at the doctor's office may be a $15 co-pay.

Key Costs

1. **Coinsurance** – your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service.

   For example, you may pay a coinsurance of 20 percent of the cost for a medical test. Your plan pays for the rest.

1. **Deductible** – the amount you owe for covered health care services before your health insurance or plan begins to pay.



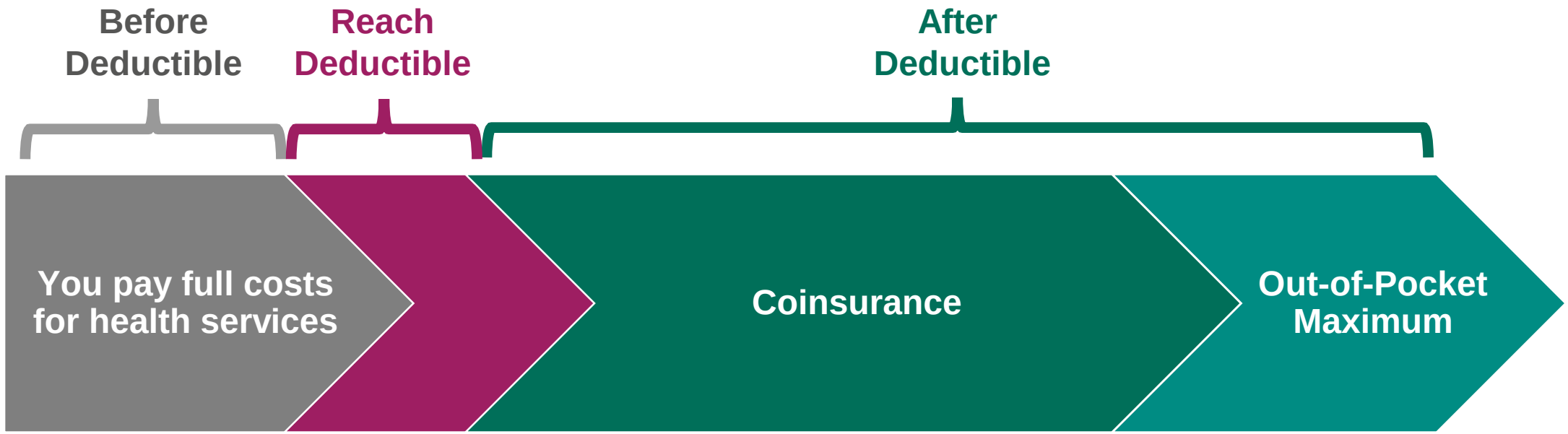
Key Costs

1. **Annual Out-of-Pocket Maximum:** the most you would pay for covered services in one year.

   For example: You have to meet a deductible; and may make coinsurance payments.

   Those payments can only reach a certain amount every year, that is called the out-of-pocket maximum.

Key Costs


Before Deductible
Reach Deductible
After Deductible
You pay full costs for health services
Coinsurance
Out-of-Pocket Maximum

Metal Level

- Metal levels describe different types of plans– Bronze, Silver, Gold, and Platinum.
- Generally, the lower your monthly payment, the higher your out-of-pocket costs.

Top Tip for Your Wallet:

If you qualify, you can get savings through cost-sharing reductions, which include reduced out-of-pocket costs like deductibles and copays, by choosing a Silver plan.

Value Plans

Top Tip for Your Wallet: Consider a Value Plan

- Value plans are health plans that offer lower deductibles and useful coverage for more health care services before your deductible is met.
- Value plans are designed to lower your out-of-pocket costs for the health care services the majority of people use most frequently.
- All value plans include doctor and specialist visits, generic drugs, urgent care and more before you meet the deductible.
- More info on Value Plans

Get More Information

We're here to help

MarylandHealthConnection.gov: Ask Flora, our virtual assistant, or chat with an expert

Call Center: **1-855-642-8572**

- Deaf and hard of hearing use Relay service.
- Help is available in more than 200 languages.

Broker Connect: Go to MarylandHealthConnection.gov/brokerconnect-form/ to get free expert help in 30 minutes or less.

Consumer Assistance – local, free, in-person and virtual/phone enrollment assistance

- Go to MarylandHealthConnection.gov/find-help/ to find local help near you!

Recap

Test Your Knowledge: Pop Quiz!

Goal: Build your knowledge and understanding around health insurance coverage.

Type in Chat

- What was your biggest takeaway from this presentation?
- What is one preventive service you may use that you didn't know was offered?
- Where can you get more info on your health insurance?

Get In Touch

Jenny.Garrison@maryland.gov

Outreach Program Manager

Thank you!

Follow us on social media @MarylandConnect

How to Use Your Health Insurance Part 2

Patricia Dorn, Health Insurance Administrator
Patricia.dorn@maryland.gov

Jannifer Argueta, Health Insurance Specialist
jannifer.argueta@maryland.gov

Nicolas Copper, Health Insurance Specialist
nicolas.cooper@maryland.gov

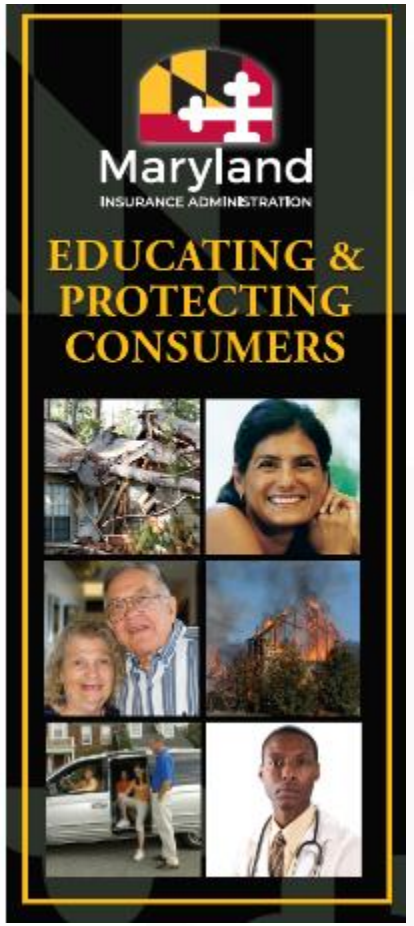
Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

What is the Maryland Insurance Administration

The Maryland Insurance Administration (MIA) is the state agency that regulates insurance in Maryland. The MIA:

- Licenses insurers and insurance producers (agents or brokers).
- Examines the business practices of licensees to ensure compliance.
- Monitors solvency of insurers.
- Reviews/approves insurance policy forms.
- Reviews insurance rates to ensure rates are not inadequate, excessive or unfairly discriminatory.
- Investigates consumer and provider complaints and allegations of fraud.



Maryland
INSURANCE ADMINISTRATION

[MIA YouTube Playlist]

insurance.maryland.gov

Types of Complaints the MIA's Life & Health Unit and Appeals & Grievance Unit Can Review

Generally, the MIA can review complaints involving health benefit plans delivered or issued in Maryland, including:

- claim denials based on medical necessity;
- denials of all or part of a claim for other reasons;
- appeals of a carrier's denial; or
- other possible violations of Maryland's insurance laws.

Types of Complaints the MIA's Life & Health Unit and Appeals & Grievance Unit Can Review

Denials may include:

- A claim denial. This is where your carrier or HMO has denied payment for a service or medication that was provided.
- An authorization denial. This is when a medication or treatment requires a referral or prior authorization from your provider, but this authorization has been denied by your insurance carrier or HMO.

You are entitled to a written denial unless you or your provider agrees to an alternative care plan.

Appeals and Grievance

If your health care provider tells you that a certain service or medication is needed (medically necessary), but your health insurance carrier or HMO denies your claim, that is a denial based on medical necessity and you have the right to appeal that decision.

Generally, you must file a grievance with the carrier first before you can file a complaint with the MIA. In some cases, though, including, for example, when you have a compelling reason, you can file a complaint with the MIA first.

Appeals and Grievance

In addition, you can appeal if:

- you were approved for a lower level of care than you asked for; or
- you believe the in-network or approved provider is too far away or the wait is too long; or
- you received an approval for fewer visits than your provider thinks you need.

Appeals and Grievance

- The Appeals and Grievance process begins when a carrier renders an "adverse decision," which includes a determination that a proposed or delivered healthcare service is not medically necessary, appropriate or efficient.

- The member, the member's representative, or the treating provider on behalf of the member has the right to protest this decision through the carrier's internal review process.

Appeals and Grievance

- When a protest is filed with the carrier regarding an adverse decision, this is a "grievance.“

- If the carrier again determines the proposed or delivered healthcare service is not medically necessary, the member, the member's representative, or the treating provider on behalf of the member may ask the Maryland Insurance Administration (MIA) to review the carrier's grievance decision by filing a "complaint."

What the Consumer Needs to do to Receive Assistance from the MIA

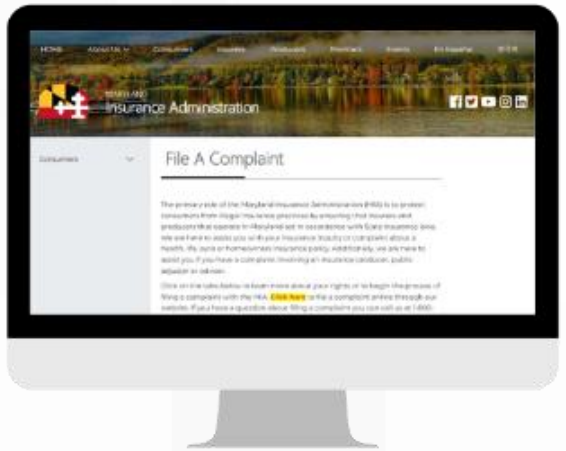
- Complaints can be filed online, mailed in, or faxed.
- Forms to file a complaint are available on our website.
  - www.insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx

- Mail or fax your complaint to:

  Maryland Insurance Administration
  Attn: Consumer Complaint Investigation
  Life and Health/Appeals and Grievance
  200 St. Paul Place, Suite 2700
  Baltimore, MD 21202
  Fax: 410-468-2260 (Life and Health) or 410-468-2270 (Appeals and Grievance)

What the Consumer Needs to do to Receive Assistance from the MIA

- Online Complaint Portal
  - https://enterprise.insurance.maryland.gov/consumer/ConsumerPortalWelcomePage.aspx
- If you have a disability and need to file a complaint by phone, you can call the MIA at 410-468-2244.
- The patient's signed consent is required for an Appeals & Grievance complaint.



Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

Available 24/7 for Medical Necessity and Emergency Appeals

1-800-492-6116

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

What a Consumer Should Expect as Part of the MIA's Complaint Process

- You should receive an acknowledgment of the complaint within a few days. The acknowledgment will include the contact information for the MIA's investigator.
- You can call the investigator any time you have questions.
- Life and Health contract complaints can take between 30 to 90 days to resolve. When the MIA first writes to the insurance company, the law allows them 15 business days to respond.
- Appeals and Grievances complaint investigations are concluded within 45 days, unless an extension of an additional 30 days is granted.

Additional Resources: Videos

- Appealing A Denial of Services
  https://www.youtube.com/watch?v=yCZ0_aNfsSc
- Medical Necessity and Emergency Appeals
  https://www.youtube.com/watch?v=SXIW6nU6xII
- Mental Health Parity
  https://www.youtube.com/watch?v=DEgEjuW7jZE
- Provider Networks
  https://www.youtube.com/watch?v=V12tNuC_au0

Additional Resources: Brochures

- How the Appeals and Grievance Process Works https://insurance.maryland.gov/Consumer/Pages/AppealsAndGrievances.aspx
- Consumer Guide to Using your Health Plan https://insurance.maryland.gov/Consumer/Documents/publicnew/UsingYourHealthPlanGuide.pdf
- Consumer Advisory: Request to see an Out-of-Network Provider https://insurance.maryland.gov/Consumer/Documents/publicnew/Consumer-Advisory-Request-to-See-an-Out-Of-Network%20Provider.pdf
- Understanding Medical Necessity https://insurance.maryland.gov/Consumer/Documents/publicnew/HealthCareBills_UnderstandingMedicalNecessity.pdf

Questions?

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov