



Know the Details When You Shop for Health Insurance Coverage

Shopping for ways to pay for medical treatment can be extremely confusing because there are so many options to pay for medical treatment, from traditional health insurance, to short-term policies, to special membership programs. Before you make your purchase, it is important that you understand:

- whether you are purchasing insurance, a discount plan or some other type of arrangement;
- how much the coverage you are purchasing will cost. The fees you pay can include any combination of the following expenses: program fee, premium, deductibles, copays, mandatory and/or voluntary contributions, administrative fees, and/or coinsurance;
- how much the coverage you are purchasing will cover. This includes limits on amounts it will pay, when it will pay, and any other restrictions. the rights you have if it does not pay, for example, can you appeal the decision and to whom? And which provider, medical devices/equipment and hospital services will be covered.



You can compare and enroll in private health plans, Medicaid, or dental coverage through the Maryland Health Connection, the state's health insurance marketplace under the Patient Protection and Affordable Care Act of 2010 (ACA). The Maryland Health Connection is also the only place to qualify for financial help to make coverage more affordable.



If you have questions about your application, call the Maryland Health Connection at 1-855-642-8572 (TTY: 1-855-642-8573) or find free, in-person help near you. You can also download the free Enroll MHC mobile app to shop, enroll, find local help, view notices and upload documents.

If you are looking for health insurance, you may be able to purchase it through your employer (or your spouse's or parents' employer), a private insurer, an insurance producer, or the Maryland Health Connection.

If you are considering a traditional insurance plan, the Maryland Insurance Administration's Health Insurance Shopping Tool is a good way for you to compare the features of the insurance, including coverage, deductibles, and copayments.

Here is the link to the publication:
<https://tinyurl.com/y6hm98j4>

WHAT TO ASK
WHEN SHOPPING FOR
**HEALTH
INSURANCE**



Some health plans help pay the cost of covered prescription medicines. These plans use a “formulary” that determines how much of the cost you’ll pay. A formulary usually has different tiers. Prescription medicines listed in one tier may cost you more than those in another tier. Always show your pharmacy your health insurance card. If your health insurance provides prescription drug coverage, typically, the amount you pay for a covered medication will count toward your annual out-of-pocket maximum.

To find out which prescriptions your plan covers, visit your insurer’s website to find your online health plan formulary, or check your insurance policy or certificate to learn more about your formulary.






You can find a link to your plan’s formulary in the plan’s “Summary of Benefits Coverage”. This summary appears in the “Common Medical Events” section in the row labeled “if you need drugs to treat your illness or condition.” If you need help, call your insurer directly to find out what’s covered.

Tier 1—Generic drugs. These are lower-cost drugs.

Tier 2—Preferred, brand-name drugs. These drugs cost more because they’re unique, and just one drug company makes them.

Tier 3—Non-preferred, brand-name drugs. These are also brand-name drugs, but they may cost you more than other brand name drugs that treat the same condition.

Tier 4—Some plans use this tier for specialty drugs. Other plans have a separate “specialty” tier. These are high-cost drugs that treat rare or complex diseases.

TIER	DRUG TYPE	COST
1	Preferred Generics 	\$
2	Generics 	\$\$
3	Preferred Brands 	\$\$\$
4	Non-Preferred 	\$\$\$\$
5	Specialty 	\$\$\$\$\$

It’s a good idea to talk with your providers about the best, affordable medications for you, based on your plan. If the pharmacy says that your plan doesn’t cover a prescription drug you’ve been taking, you may want to check with your insurer to make sure. It is also a good idea to talk with your provider about other options, including whether the provider can ask your health plan for an exception. Providers may be willing to ask for an exception, for example, when all other drugs the plan covers haven’t worked or won’t work as well as the drug the provider prescribed, or all other drugs the plan covers have caused or could cause harmful side effects. If your insurer approves an exception, prescription medicine that your plan doesn’t normally cover will be covered, at least in part. You may need to request approval for an exception each time you get a new prescription or refill so be sure to ask your insurer if it requires special authorization each time the prescription is filled.



Your health plan may not cover all of the health care services that you may need. For example, there may be limits on the number of visits for physical therapy, or the number of days covered in a skilled nursing facility. Even if your doctor says you still need these services, if your health plan has a limit, it will not pay for the treatment beyond the limits specified in your policy. Also, covered services may require cost sharing such as a copay, co-insurance, and/or deductible.

You can avoid unexpected costs for health services by becoming familiar with the specifics of your health insurance plan and planning a budget. When planning a budget, make sure to consider premium payments, co-payments and any charges that will not be covered by your insurance, including amounts above your policy limit.



Health Insurance Tips

Health Insurance Edition

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