Health Insurance and Maryland Connection

Open Enrollment

Maryland Health Connection

Consumer Education and Advocacy Unit



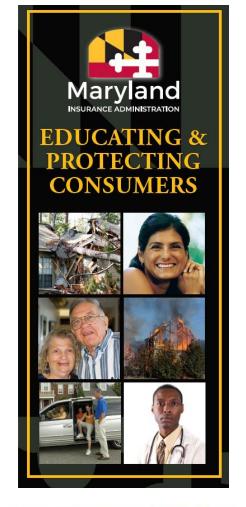




What is the Maryland Insurance Administration

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.





Health insurance is a contract between an individual (or group) and a health insurer.







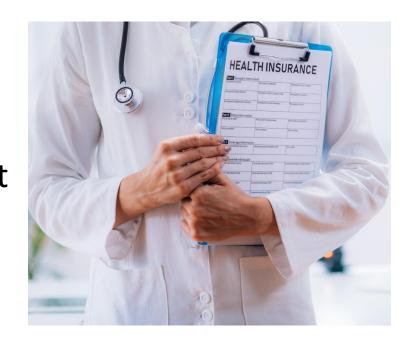
Health insurers includes insurance companies, health maintenance organizations (HMOs), and non-profit health service plans. These insurers agree to pay part or all of the health care expenses for that individual when health care has been provided and is covered under the contract. This is also known as the **benefit plan**.







Health insurance is based on the law of large numbers. Health insurers collect monthly premiums from many policyholders and pool that money to pay for the health care for all of its policyholders.







Some policyholders will use very few health care services and some will require expensive or extensive care.







1. Health Insurance through your employment

Ask your employer about health insurance benefits and whether you are eligible to participate in their group health insurance plan.

Some employers only offer this benefit to full-time employees; others offer it to part-time employees as well. Some employers also pay a portion of their employees' health insurance premiums.







2. A Family Member's Policy

- If you are married and your spouse has health insurance, you may be eligible for coverage under their policy.
- If you are under the age of 26, you may be eligible for coverage under a parent's policy.
- If your family member's health insurance is through an employer or another entity, your family member should check with the entity to determine whether it offers coverage for spouses or children.





3. Individual Health Insurance

Individual health insurance is health insurance you can purchase for yourself or your family during the annual open enrollment period, between November 1st and January 15th each year.

- Enroll November 1st December 31st for coverage beginning January 1st.
- Enroll January 1st January 15th for coverage beginning February 1st.





3. Individual Health Insurance

You can enroll by:

- Contacting the health insurer;
- Contacting a licensed insurance producer; or
- Contacting the Maryland Health Connection during the annual open enrollment period.





3. Individual Health Insurance (continued)

A change in your income or life may make you eligible for a "special enrollment period" through the Maryland Health Connection. You have **60 days** after the "qualifying life event" to enroll.







Examples of "Qualifying Life Events":

- You lose, or one of your dependents loses, health insurance that meets certain minimum standards under the Affordable Care Act
- You get married or divorced
- You have a child by birth or adoption
- You become a U.S. citizen or gain lawful status in the U.S.
- You move to Maryland and have access to new health plans
- You have a change in income or household status that affects your eligibility for financial assistance





4. Short-Term Medical Plans:

• If you need coverage for **three months or less**, you may be eligible to purchase a short-term individual health insurance policy.

- 3 MONTHS
- The health insurer may require you to provide information about your health history, and may deny issuing you a policy, or deny paying claims for pre-existing conditions.
- Make sure this type of policy will meet your needs before you purchase.
- Enrollment is permitted year round for these types of plans.
- For more information, visit:
- https://insurance.maryland.gov/Consumer/Pages/Is-a-Short-Term-Medical-Plan-for-You.aspx.





5. Medicare

A federal health insurance program for people:

- Age 65 or older
- Under 65 with certain disabilities
- People of any age who have end-stage renal disease

For additional information, view the federal government's consumer guide, "Medicare & You" or go to the website, www.medicare.gov or call 1-800-633-4227.





6. Maryland Medical Assistance (Medicaid)

Depending on your household income, you may be eligible to receive Maryland Medical Assistance (Medicaid) benefits. If you qualify, you can enroll in Medicaid at any time. To find out if you qualify, contact your:

local department of social services http://dhr.maryland.gov/local-offices

local health department https://health.maryland.gov/Pages/departments.ASPX,

A hospital's social work department, or

The Maryland Health Connection

https://www.marylandhealthconnection.gov/





7. Maryland Children's Health Program

If you are pregnant, have a newborn child, or have a child up to age 19, you may be able to obtain health coverage through the Maryland Children's Health Program (MCHP).

Contact your local department of social services http://dhr.maryland.gov/local-offices
Your local health department https://health.maryland.gov/Pages/departments.ASPX

You also may contact the Maryland Health Connection at www.marylandhealthconnection.gov







8. COBRA:

If you are enrolled in your employer's group health plan and lose your employment, you may be eligible to continue your existing health insurance coverage under COBRA, a federal law (the Consolidated Omnibus Budget Reconciliation Act) that gives some employees the ability to continue health insurance coverage after leaving employment, or under Maryland's Continuation of Coverage law.



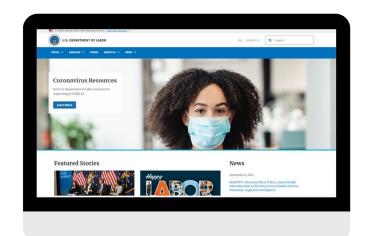


8. COBRA

Additional information about COBRA is available at www.dol.gov.

A comparison of the Maryland Continuation of Coverage law and COBRA is available here:

https://insurance.maryland.gov/Insurer/Documents/bulletins/bulletinlh08-13continuationcoveragechart-attachment.pdf







What is Not a Health Insurance Policy

1. Health Care Sharing Ministries

Entities that qualify as Health Care Sharing Ministries are **NOT** health insurance and are not required to offer the essential health benefits offered by traditional health plans.

Health Care Sharing Ministries, called Religious Publication Arrangements in Maryland, are groups whose members share a common set of ethical or religious beliefs and agree to share health care expenses among their members.





What is Not a Health Insurance Policy

1. Health Care Sharing Ministries (cont.)

Members of Healthcare Sharing Ministries agree to make contributions to help pay all or some portion of the eligible health care expenses of fellow members. Members are not guaranteed that any part of their health care expenses will be paid by fellow members, and members are responsible for all expenses related to their health care.

Before joining, read the description of the program carefully and make sure you understand the guidelines and limitations of the program.



What is Not a Health Insurance Policy

2. Discount Medical Plans and Discount Drug Plans

These plans are NOT health insurance and do not pay any of your health care costs. Instead, discount plans offer savings to plan members on various health care goods and services. Depending upon the plan, this can include discounts on:

- Prescription drugs
- Doctor visits
- Eyeglasses
- Vision care
- Dental services
- Lab tests

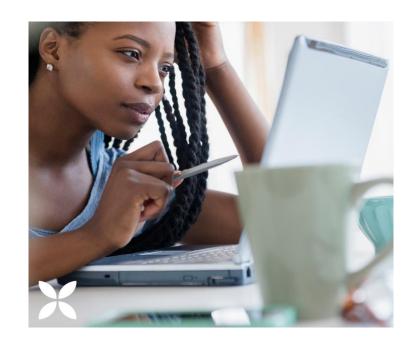
The discounts are made available through arrangements between health care providers and the organization offering the discount plan. For more information: https://insurance.maryland.gov/Pages/newscenter/NewsDetails.aspx?NR=20131





Shopping for a plan during Maryland Health Connection Open Enrollment

- Identify your needs
- Compare policies
- Compare and understand the costs





Shopping for a plan: Identify your needs

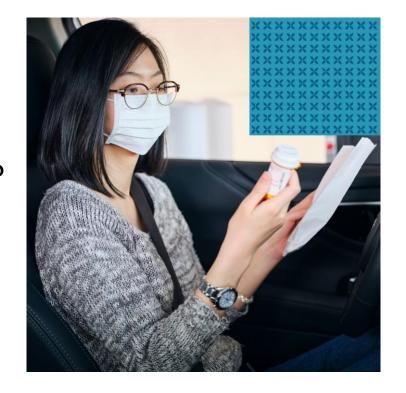
- Who will the policy cover?
- What health care services or medications do you or members of your family currently need?
- Do you have specific healthcare providers you want to keep seeing?





Shopping for a plan: Compare policies

- Are providers that you want to see in the policy's network? What about hospitals?
- Does the policy cover the prescription drugs you take?
- Is there coverage for your pre-existing conditions?

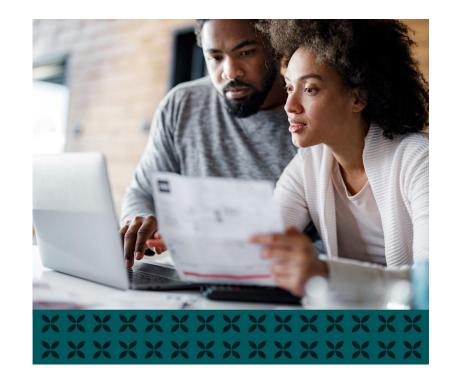




Shopping for a plan: Compare policies

In-Network Providers

These are providers that have a contract with your insurance company. If you receive covered services from an in-network provider, generally you will only need to pay your deductible and any applicable copay or coinsurance. You may not be billed for the balance by the provider.





Shopping for a plan: Compare policies

Out-of-Network Providers

These are providers that do not have a contract with your insurance company. If you receive covered services from an out-of-network provider, the insurance company may not be required to pay any portion of the charges, or your copay or coinsurance may be larger than if the services had been provided by an in-network provider. However in some circumstances you may be able to see an out-of-network provider for the same costs as an in-network provider. For more details about going out-of-network with your insurer visit:

https://insurance.maryland.gov/Consumer/Pages/Commercial-Carrier-Process-to-Request-a-Referral-to-a-Specialist-or-Non-Physician-Specialist.aspx





In order to fully understand the cost of your health insurance, it is important that you know the different costs for which you may be responsible and the terms used to describe them.

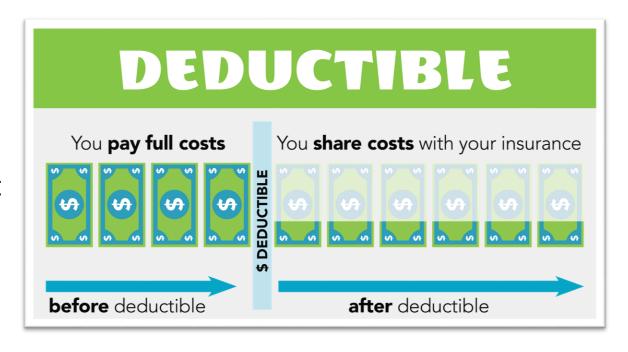
Coverage Levels percent insurance pays	Monthly Premium	Out-of-Pocket Expenses
Platinum 90%	(5) (5) (5)	§
Gold 80%	\$ \$ \$	\$ \$
Silver 70%	(5) (5)	(5) (5) (5)
Bronze 60%	(5)	(5) (5) (5)





What **out-of-pocket costs** will I have to pay when I need services?

Depending on your insurance policy, your insurance company may pay most of the cost of your care. But you're responsible for premiums and out-of-pocket costs such as copays, deductibles and coinsurance.







Compare **premiums** for different policies.

The premium is the amount you'll pay to have coverage (often monthly). You need to pay your premium each month or you'll lose your coverage.

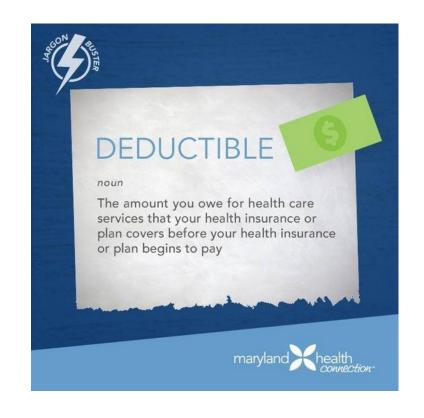






Compare the deductibles.

The deductible is the amount you pay before your insurance company starts paying its share of the costs. Most policies with lower premiums have higher deductibles. You will pay the full cost of most services until you meet your deductible.





Are there **copays**? If so, how much? For which services?

This is a set dollar amount that you must pay for a particular service. The amount may be different based on the type of service and whether the service is provided by an in-network or out-of-network provider. For example, your plan may require a \$20 copay for an office visit to an in-network provider and a \$40 copay for an office visit for an out-of-network provider. This fee may be in addition to any deductible for which you are responsible under the plan.







What about **Coinsurance**?

This is your share of the costs of a covered health care service. The coinsurance is applied after any deductible is satisfied. Your share is a percentage, such as 20%, of the allowable amount for the service.

Here is how it works:

- Your x-ray costs \$200.
- The insurance company has an allowable amount of \$150.
- Your coinsurance is 20%. Assuming your deductible has already been satisfied, you
 pay 20% of \$150, which is \$30 and the insurance company pays the remaining \$120.





What is the **Out-of-Pocket Maximum** for the policies?

This is the maximum amount that you pay before your insurance company will pay 100% of the allowable amount for covered health care services. Depending upon the terms of your policy or plan, this amount can include deductibles as well as copays and coinsurance. Check with your insurance company to determine what is included in this amount under your policy or plan.





Additional things to consider when shopping for a plan from the Maryland Health Connection

Insurance companies use metal levels to describe different types of plans. These are Bronze, Silver, Gold, and Platinum. Generally, the lower your monthly payment, the higher your out-of-pocket costs when you need medical services.

If you qualify for cost-sharing reductions (reduced out-of-pocket costs like deductibles and copays), you can access these savings only **by choosing a Silver plan.**





Additional things to consider when shopping for a plan from the Maryland Health Connection



All plans offer **essential health benefits**:

- Doctor visits
- Hospitalization
- Emergency care
- Prescriptions
- Mental and behavioral health care
- Maternity and newborn care
- Pediatric care
- Preventive care (wellness visits, shots and screenings)





Additional things to consider when shopping for a plan from the Maryland Health Connection



People under 30 may buy catastrophic coverage.

A Catastrophic health plan offers lower premiums, but has higher out-of-pocket costs than other plans on the marketplace. They offer protection against very high bills if you're seriously hurt or injured.





Additional things to consider when shopping for a plan from the Maryland Health Connection

People under 30 may buy catastrophic coverage.



These plans cover three visits to a primary care doctor per year at no cost. They also include free preventive benefits, like vaccines and screenings, even if you haven't paid your deductible. Unlike other plans, if you enroll in a Catastrophic plan, you won't be eligible for tax credits that may lower your premium costs or for other savings.





Contact Information

Maryland Insurance Administration

Life and Health/Appeals and Grievance

200 St. Paul Place, Suite 2700

Baltimore, MD 21202

410-468-2000 or 1-800-492-6116

www.insurance.maryland.gov













Thanks for Having Me!

- ► Tamara Cannida-Gunter
- Director of Consumer Assistance and Eligibility
- **10-547-6784**
- ► <u>tamara.cannida-gunter@maryland.gov</u>

ABOUT MARYLAND HEALTH CONNECTION



Maryland Health Connection

- Maryland Health Connection is the state's official health insurance marketplace. It's your one-stop-shot to browse and compare health plans, find savings, and get covered.
- Open enrollment to sign up for a 2023 health plan runs from November 1, 2022 through January 15, 2023.
- Go to MarylandHealthConnection.gov to enroll.
- You can start comparing health plans now. Use the Get an Estimate tool to browse plans and see how much you can save.
- If you want to be covered in the new year, make sure you enroll by December 31, 2022. If you enroll in January, your coverage will start February 1, 2023.



SUPPORT

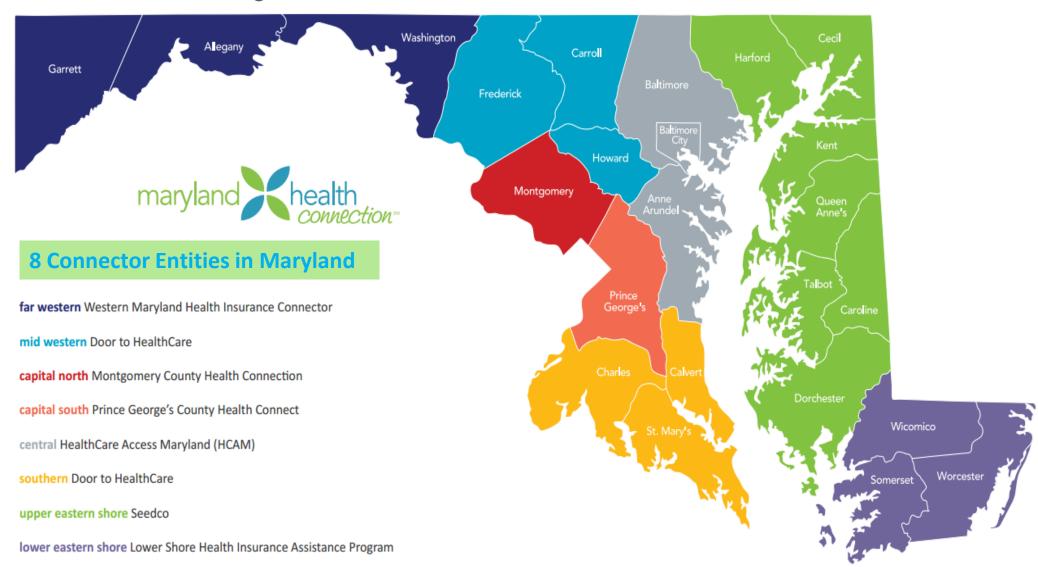




- Navigators throughout the state are trained experts who will assist you with your enrollment.
- Education & enrollment assistance
 - Information: in person, over the phone and online
 - Enrollment assistance
 - Problems & issues
 - Health literacy
 - Health care related resources & access to care

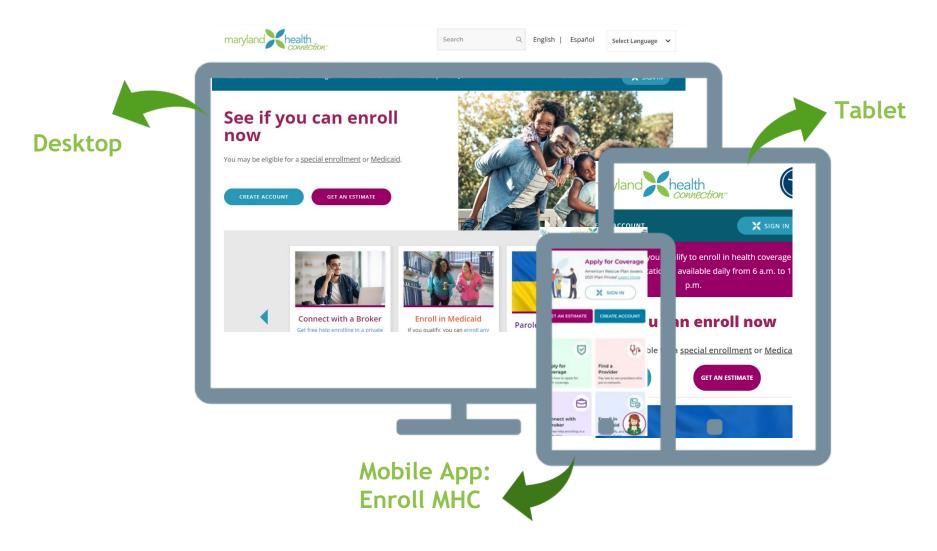


Consumer Assistance Regions





Maryland's Official Health Insurance Marketplace





The Only Place to Get Financial Help

Maryland Health Connection is the only place Marylanders can get financial help to pay for their health plan. In fact, 9 out of 10 who enroll get savings.



In 2022, the average customer buying private health insurance

saved \$289 a month

on their monthly premium.



Am I Eligible to Apply?

To be eligible for health insurance through Maryland Health Connection, you must:

1. Live in Maryland



- 2. Be a U.S. Citizen or be lawfully present
- 3. Not be incarcerated, except if you are incarcerated pending disposition

Additional Notes:

- If an individual and family are offered insurance by their employer, deemed affordable by the state's 9.12% rule, you will not be eligible to receive financial assistance toward your MHC plan.
- An individual (over the age of 19) must be lawfully present for 5 years before they
 are eligible for Medicaid.



Medicaid or Private Health Plan?

Eligibility:

- Household Size
- Household Income

Determination:

- Medicaid/ MCHP
- Private Health Plan











Medicaid

- Maryland Children's Health Program (MCHP)
- Government insurance at little to no cost
- Enrollment year-round

You may be eligible for Medicaid if your monthly income is up to approximately:							
If your household size is this	Adults	Children (MCHP)	Children (MCHP Premium*)		Pregnant Women		
1	\$1,564	\$2,391	\$2,991	\$3,648	N/A		
2	\$2,106	\$3,220	\$4,029	\$4,914	\$4,029		
3	\$2,650	\$4,051	\$5,069	\$6,182	\$5,069		
4	\$3,192	\$4,880	\$6,106	\$7,448	\$6,106		
5	\$3,734	\$5,710	\$7,144	\$8,713	\$7,144		
6	\$4,278	\$6,541	\$8,184	\$9,982	\$8,184		
7	\$4,820	\$7,370	\$9,222	\$11,247	\$9,222		
8	\$5,363	\$8,199	\$10,259	\$12,513	\$10,259		
Each person add	\$542	\$829	\$1,038	\$1,265	\$1,038		
You Pay	\$0	\$0	\$61	\$76	\$0		

Effective February 1, 2022 *Premium cost is per family/household each month.



Private Health Plans

- Licensed and approved by the state
- CareFirst, United Health Care and Kaiser Permanente



- Advanced Premium Tax Credit (APTC):
 - Government assistance for the consumer
 - Reduces monthly premium
- Cost Sharing Reduction (CSR):
 - Reduces plan deductible
 - Decreases out-of-pocket costs for the consumer
- Only eligible to enroll during Open Enrollment
- Dental is a separate enrollment, only during OE



UnitedHealthcare[®]





Young Adult Premium Assistance

For 2023 health plans, young adults ages 18-34 may be able to receive help paying for their monthly health insurance costs thanks to a new state program. This financial help is in addition to the Advance Premium Tax Credit (APTC).

Examples of Young Adult Premium Assistance								
Age	Location	Plan Type	Income	Monthly Payment	New Monthly Payment with Premium Assistance			
25	Allegany County	Lowest cost gold plan	\$25,520	\$40	\$1			
28	Baltimore City	Lowest cost gold plan	\$31,900	\$76	\$9			
30	Prince George's County	Lowest cost gold plan	\$38,280	\$158	\$78			



Family Status

- There are many immigration statuses that allow someone to qualify for health coverage – such as lawful permanent resident or temporary protected status.
- If you have someone in your household that is eligible, they should apply. We don't need status information from others in the household.



Enrollment and Eligibility Information for Immigrant Families

You may be eligible to enroll in a private health plan through Maryland Health Connection, the state's official health insurance marketplace, if you are present in the U.S. under certain immigration statuses or if you have applied for certain lawfully present statuses.



You can still apply for health coverage through Maryland Health Connection even if not all of your family members have an immigration status that qualifies them for coverage. Individuals who are not requesting coverage will not be asked about their immigration status.

You do not need a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to apply for coverage. However, if you are requesting financial help and file taxes, you will be asked to provide your SSN.

Visit MarylandHealthConnection.gov to find out if you are eligible for free or low-cost health insurance.

The following immigration statuses are eligible to enroll in a qualified health plan:

Lawful Permanent Resident (LPR) who entered the U.S. after August 22, 1996

- entered the U.S. after August 22, 1996
 Often called "Green Card holders."
- Applicant for LPR Adjustment with approved visa also may be eligible.

Granted Deferred Action Status

- Note, this does not include DACA (Deferred Action for Childhood Arrivals) because residents in the U.S. through DACA may not enroll through the marketplace.
- An administrative order to pause expulsions may be granted for a limited number of reasons, such as age, physical condition or "compassionate reasons."

Asylees

- Ån applicant for this status with employment authorization also may be eligible.
 Aliens who entered the U.S. before August 22, 1996
- Often called "Green Card holders."
- Applicant for Adjustment with approved visa also may be eligible.

Refugees

Deferred Enforced Departure

Battered spouse, parent or child (Under the Violence Against Women Act or VAWA)

Alien paroled into the U.S. for at least one year

marylandhealthconnection.gov

© 2022 Maryland Health Benefit Exchange | MHC044 _052022



What's 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!



When Marylanders Can Enroll

NOW! Open Enrollment

Nov. 1–Jan. 15

Medicaid

Year round

Special Enrollment Periods

60 days from life event, such as:

- Losing your job-based coverage
- Getting married or divorced
- Moving to Maryland
- COBRA coverage ending
- Easy Enrollment Programs
 - Check a box on state tax form
 - Check a box on unemployment form
 - And more...



When You're Ready to Enroll

You'll need to have...

- Photo ID
- Social Security number
- Immigration/citizenship information (for some residents)
- Pay stubs or W-2 wage and tax statement (if employed)
- Employer & Income information for everyone in your household
- Policy numbers for other insurance
- Information about any job-related health insurance available to your family



Life can be unexpected.

- Be ready for those unexpected times.
- Get low-cost, quality health insurance you can count on.
- All plans available through Maryland Health Connection cover many health services at no cost. For example, vaccines, screening for diabetes, high blood pressure and many cancers are included.
- You won't have to pay a copay or a portion of the bill.
- From mental health services to prescription medicines and visits with your health care provider, you're covered.





La vida es impredecible.

Obtenga un seguro de salud de calidad y a bajo costo que siempre lo acompaña.

Maryland Health Connection es el mercado oficial de seguros de salud del estado. También es el único lugar donde puede acceder a ayuda financiera para pagar por su plan. Ya sea una visita al médico o servicios de salud mental, obtenga la atención que necesita, jolvidese de los imprevistos!

Nuestros expertos están listos para responder todas sus preguntas y ayudarlo a aplicar, ¡en inglés o español!

Llame al 1-855-642-8572 para comunicarse con nuestro centro de atención. Hay ayuda disponible en más de 200 idiomas. Las personas sordas o con dificultades auditivas cuentan con servicios de relevo.



Visite MarylandHealthConnection.gov/es para comprar y comparar los planes disponibles. También puede solicitar que lo contacten: un agente se comunicará con usted en menos de 30 minutos para ayudarlo aplicar, sin ningún costo.





WE'RE HERE TO HELP

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.

BrokerConnect – New!

Get free expert help in 30 minutes or less.

https://www.marylandhealthconnection.gov/brokerconnect-form/

• **Consumer Assistance** – free, in-person and virtual/phone enrollment assistance.



Local, In-Person and Virtual Enrollment Assistance

Our navigators and brokers have **adapted to safely provide support** from the comfort of your home. Help is available:



Over the phone. Navigators and producers are standing by to provide one-on-one support and answer questions.



Virtually. Navigators are available to walk through the enrollment process on a computer.



In Person. Navigators and brokers are available to meet in person to assist with the enrollment process.



Meet the Team







Questions? Thank You!

Tamara Cannida-Gunter

Director of Consumer Assistance And Eligibility 410-547-6784

Tamara.cannida-gunter@maryland.gov

Enrollment ends Jan. 15 for 2023 health plans.

#GetCoveredMD







