



Maryland
INSURANCE ADMINISTRATION

HOW TO USE YOUR HEALTH PLAN

HOW TO READ YOUR SUMMARY OF BENEFITS AND COVERAGE

Information on your insurance card about your plan and your cost-sharing can help you figure out what your out-of-pocket costs will be. You also can find more information to help you on the Summary of Benefits & Coverage or SBC. For example, you'll find information about deductibles on the SBC. The SBC also tells you the types of services your health plan covers and what co-pays or coinsurance you'll pay.

A Summary of Benefits & Coverage is usually available when you shop for a health plan on your own or through work, or when you renew or change your plan. If you can't find an SBC for your plan, ask the insurer, your insurance producer, or your employer for one. Just remember, short-term health plans aren't required to give you an SBC. (A short-term plan is one that only covers you for 3 months or less and doesn't have to follow the rules in the Affordable Care Act.)

You can find a sample of an SBC at <https://www.healthcare.gov/health-care-law-protections/summary-ofbenefits-and-coverage/>.

HealthCare.gov



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Below is a picture of the first page of an SBC to give you an idea of what an SBC looks like and the kind of information it gives. If you have questions about what the underlined words mean, remember to check the Glossary that can be found here:

<https://insurance.maryland.gov/Consumer/Documents/publicnew/UsingYourHealthPlanGuide.pdf>

Insurance Company 1: Plan Option 1 Coverage Period: 01/01/2013 – 12/31/2013
Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Spouse | Plan Type: PPO

! This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.\[insert\]](#) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The <u>out-of-pocket limit</u> is the most you can pay (per year) for your share of the cost of covered services.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward your <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care provider, you'll pay less for the costs of covered services. Be aware, you may need to use an out-of-network <u>provider</u> for some services. Participating for <u>providers</u> in their <u>network</u> plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose with this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed in the plan document for additional information about them.

Important Questions	Answers
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Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.
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What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.
Is there an overall annual limit on what the plan pays?	No.
Does this plan use a <u>network of providers</u> ?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers.
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.
Are there services this plan doesn't cover?	Yes.

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You can get a list of the services your health plan covers, along with which costs you'll have to pay. You'll find this list in the Schedule of Benefits (if your plan is through work) or in the Outline of Coverage (if you bought your plan outside of work). Both list the various services a health plan covers, along with what costs you'll have to pay. This document also shows which services the plan covers and doesn't cover.

Many health insurers send a printed copy of your Schedule of Benefits (Schedule) or Outline of Coverage (Outline) when you first enroll in a plan. It's usually with your insurance policy or certificate. You also may have access to an electronic copy in your member portal on the plan's website. This list will help you get an idea of how much you'll pay for services.

Keep this document with your insurance papers. "Benefits" is the term health plans use for health care services the plan covers. The Schedule (or Outline) lists the various categories of benefits your plan covers, such as preventive, hospital, medical, surgical, diagnostic, therapeutic, urgent care, and prescription drug services. For example, under preventive services, the schedule may list "Adult physical examination (1 exam per calendar year)."



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A Schedule or Outline is usually broken into several sections:

The **heading** gives the basic information about your health plan. It explains what type of health plan you have (HMO, POS, EPO, PPO, or FFS/Indemnity), who the plan is through, the benefit year, and your plan's start date. If you get your health plan through work, this start date will be for the company, not just you.

The **responsibilities** section tells you the deductible, co-payments, and coinsurance and what the annual out-of-pocket maximums are.

The **health benefits** section lists the specific covered benefits. This section also often has information about your cost-sharing.

The **pharmacy benefits** section identifies the prescription drug benefits in your health plan and the co-payment.

The **network(s) section** tells you the provider network(s) your health plan has contracts with. When you use providers in the network (sometimes called preferred providers), your costs will be lower than if you use providers outside the network.

The **dependent benefits** section lists which dependents your plan covers and for how long.

NEED ASSISTANCE?

The Health Coverage Assistance Team (H-CAT) can help you:

- Get answers to your health insurance questions.
- Address health insurance problems or concerns.
- File a complaint about your health insurance issue or concern.
- Connect you to resources.



 hcat.mia@maryland.gov
 410-468-2442



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