



Maryland
INSURANCE ADMINISTRATION



How to Use Your Health Insurance Coverage



How to Use Your Health Insurance

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Goals & Topics



For Today's Discussion

1. We aim to build your knowledge and understanding around health insurance coverage.
2. We'll share resources for when you need help or have questions.

Key Topics:

- Top health coverage 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

Wellpoint: 833-476-1457;
wellpoint.com/individual-family

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](#) located [MarylandHealthConnection.gov](https://www.MarylandHealthConnection.gov) > After You Enroll.
 - It's always a good idea to call your provider and confirm.

Top Tip for Your Wallet:

You may save money by working with in-network providers that are 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
- ✓ Mental Health Care
- ✓ Doctor visits
- ✓ Hospitalization
- ✓ Maternity and newborn care
- ✓ Pediatric care, including dental and vision benefits
- ✓ Prescription drugs
- ✓ Laboratory tests
- ✓ Emergency care
- ✓ Substance use disorder treatment
- ✓ And more! For the full list, visit Marylandhealthconnection.gov/Health-coverage/Choose-a-plan

Free Preventive Services

- Free screenings for depression, domestic violence, blood pressure, cholesterol, diabetes, obesity, childhood & adolescent development, sexually transmitted infections, tobacco/alcohol screening for all adults
- Free vaccines for children from birth to 18 years and some vaccines are covered for adults
- Annual well-woman visits are covered for free, which includes a comprehensive physical exam
- Well-baby and well-child visits are free
- For the full list of preventive services, visit Marylandhealthconnection.gov/Health-coverage/Choose-a-plan



Understanding Plan Costs



Key Costs

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.

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.

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

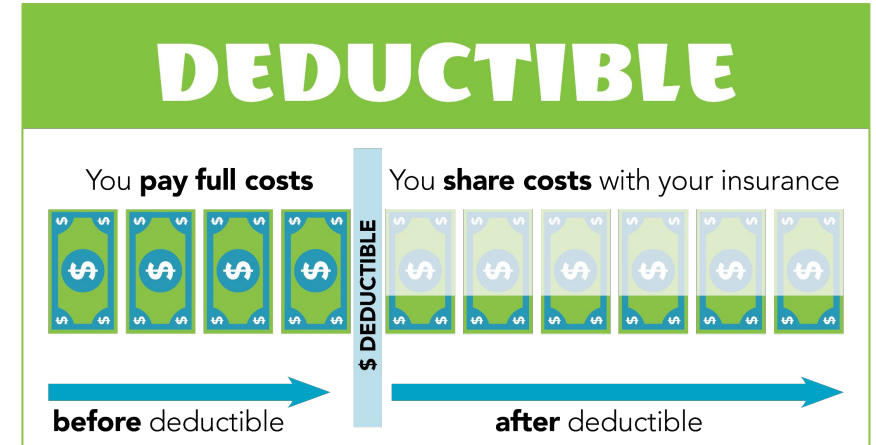
For example, you may pay a coinsurance of 20 percent of the cost for a medical test. Your plan pays for the rest.

Key Costs

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

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.



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.

Coverage Levels percent insurance pays	Monthly Premium	Out-of-Pocket Expenses
Platinum 90% 		
Gold 80% 		
Silver 70% 		
Bronze 60% 		

Top Tip for Your Wallet:

If you qualify, if you choose a Silver Plan, you may get extra savings through [cost-sharing reductions](#), which include reduced out-of-pocket costs like deductibles and copays.

Value Plans

Consider a Value Plan to Save Money on Health Care

- 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.
- For more details on Value Plans, visit MarylandHealthConnection.gov/GlossarySlug/Value-Plan/

Get More Information



We're here to help

1. **MarylandHealthConnection.gov**: Ask Flora, our virtual assistant, or chat with an expert
2. **Broker Connect**: Visit MarylandHealthConnection.gov/brokerconnect-form/ to get free expert help in 30 minutes or less.
3. **Consumer Assistance** – local, free, in-person and virtual/phone enrollment assistance. Go to MarylandHealthConnection.gov/find-help/ to find local help near you!
4. **Call Center: 1-855-642-8572** Help is available in more than 200 languages. Deaf and hard of hearing use Relay service.



Get In Touch

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How to Use Your Health Insurance

Part 2

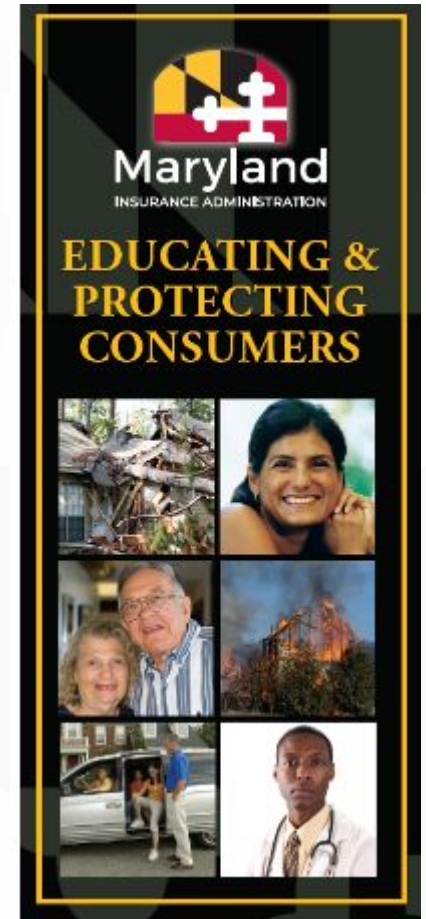
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What is the Maryland Insurance Administration

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.



[MIA YouTube Playlist](#)



Types of Health Insurance Complaints the MIA 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.

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.



Types of Health Insurance Complaints the MIA 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.

Medical Necessity

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.



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)



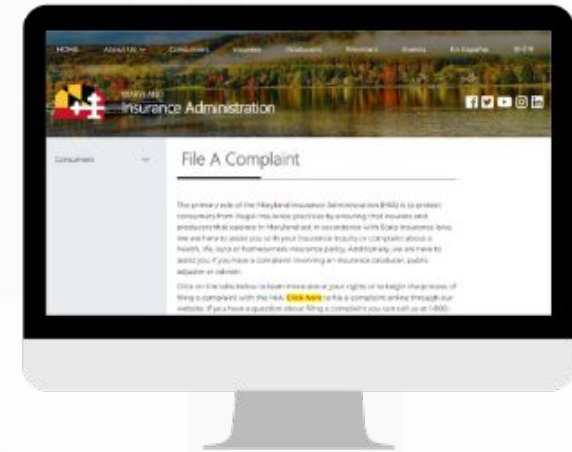
What the Consumer Needs to do to Receive Assistance from the MIA

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.



Available 24/7 for Medical Necessity and Emergency Appeals

1-800-492-6116



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 (medical necessity) 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



Questions?

