



Understanding Your Health Insurance Coverage

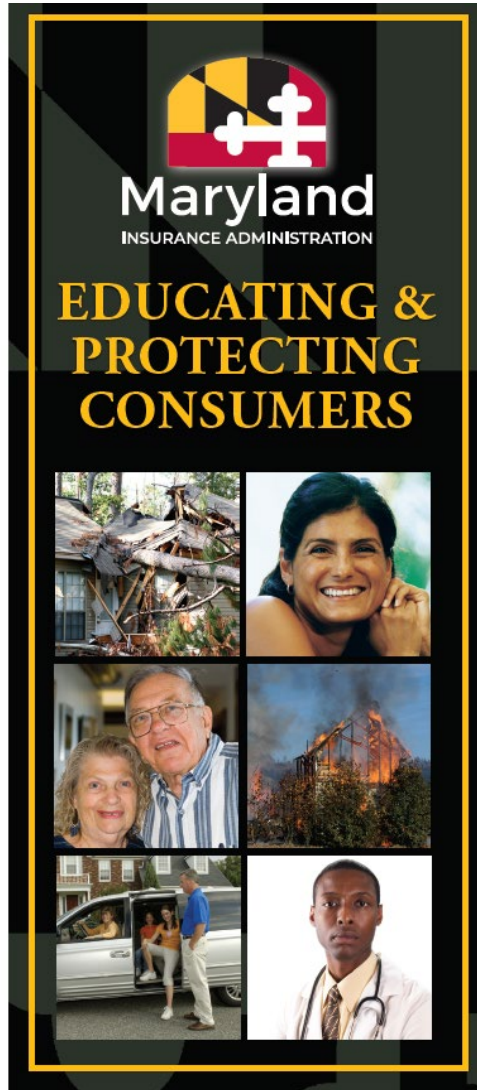
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Consumer Education and Advocacy Unit
patricia.dorn@maryland.gov

Understanding Your Health Insurance Coverage (The Basics)

Part 1

- What is the Maryland Insurance Administration
- What is health insurance
- Types of health insurance
- Ways to obtain health insurance
- What is not health insurance

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.



What is the Maryland Insurance Administration

If you feel that your insurer or insurance producer acted improperly, you have the right to file a complaint. Examples of improper actions include:

- Improperly denying or delaying payment of all or portions of a claim;
- Improperly terminating your insurance policy;
- Raising your insurance premiums without proper notice;
- Making false statements to you in connection with the sale of insurance or processing of insurance claims; and,
- Overcharging you for services, including premium finance charges.



What is Health Insurance?

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



What is Health Insurance?



- 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.
 - This is true even if the cost of the health care is more than an individual's health insurance premium payments.

What is Health Insurance?



- Health insurance is based on the law of large numbers meaning 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.



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Types of Health Insurance



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There are many types of health insurance. Some examples are:

- Comprehensive Major Medical Health Insurance Medicare Supplement Insurance
- Dental Insurance
- Vision Insurance
- Specified Disease Insurance (such as cancer-only coverage)
- Fixed Indemnity Insurance
- Long-Term Care Insurance
- Disability Insurance
- Accidental Death and Dismemberment Insurance

Ways to Obtain Health Insurance

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.



Ways to Obtain Health Insurance

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.



Ways to Obtain Health Insurance

3. Individual Health Insurance:

- a. Individual health insurance is health insurance you can purchase for yourself or your family during the annual open enrollment period, which is usually between November 1st and December 15th each year, either by:
- Contacting the health insurer;
 - Contacting a licensed insurance producer; or
 - Contacting the Maryland Health Connection during the annual open enrollment period.



The coronavirus emergency special enrollment period for uninsured Marylanders is currently in effect and runs until Sunday, August 15



Ways to Obtain Health Insurance

3. Individual Health Insurance (continued):

- b. 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.



Ways to Obtain Health Insurance

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



Ways to Obtain Health Insurance



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.
- 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>.

Ways to Obtain Health Insurance

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

Enrollees may choose between the “Original Medicare Plan” and a “Medicare Advantage Plan.” 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.



Ways to Obtain Health Insurance



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>

Your 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/>



Ways to Obtain Health Insurance

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).

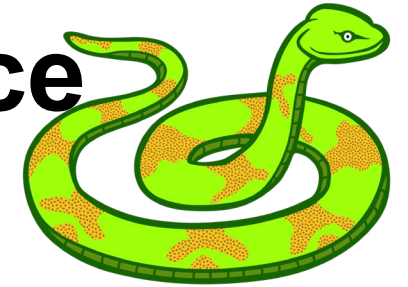
Contact your local department of social services, or <http://dhr.maryland.gov/local-offices>

Your local health department <https://health.maryland.gov/Pages/departments.ASPX>

You also may contact the Maryland Health Connection at www.marylandhealthconnection.gov or 1-855-642-8572.



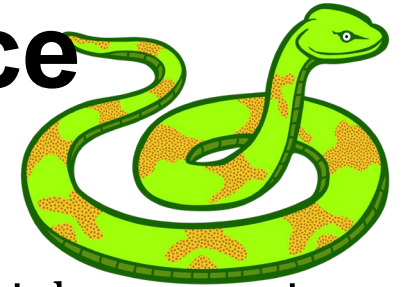
Ways to Obtain Health Insurance



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.
- COBRA only applies to employers with 20 or more employees. The Maryland Continuation of Coverage law applies to employers of any size, but only applies to group policies that are issued in Maryland.

Ways to Obtain Health Insurance



8. COBRA:

If you are covered by a group health benefit plan issued by an employer, and lose your job or experience another qualifying event, you may be able to continue your coverage under COBRA. The new federal law, “COBRA Premium Assistance under the American Rescue Plan Act of 2021,” known as, “The American Rescue Plan” may also provide you with additional protections and benefits.

This law provides premium assistance to help certain individuals continue their health benefits under COBRA. The premium assistance is also available for continuation coverage under certain State laws. The premium assistance applies to periods of health coverage on or after April 1, 2021 through September 30, 2021.

Those who are eligible are not required to pay their COBRA continuation coverage premiums are legally required to send notices of eligibility, but if you thinks that you may be eligible, contact your employer or refer to the document below for more information:

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/cobra-premium-assistance-under-arp.pdf>

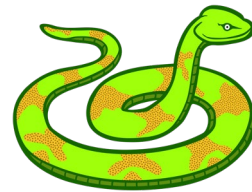


Ways to Obtain Health Insurance

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/bulletinh08-13continuationcoveragechart-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 (con't):

- 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, go to:

<https://insurance.maryland.gov/Pages/newscenter/NewsDetails.aspx?NR=20131>



HealthCare Access Maryland

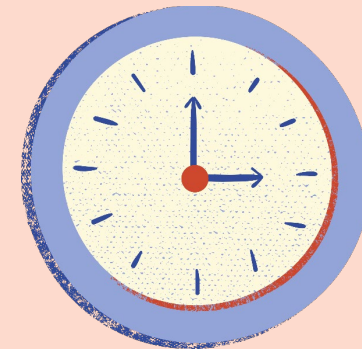
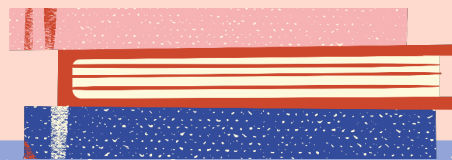
Thanks for Having me!

HealthCare Access Maryland

www.hcamaryland.org

410-500-4710

Toll-free 855-288-3667



Today you'll learn:




- ✓ What is Maryland Health Connection
- ✓ Health insurance options
- ✓ Open Enrollment and Special Enrollment
- ✓ Filing your taxes

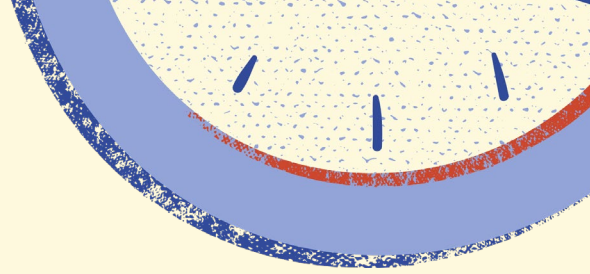




Maryland Health Connection

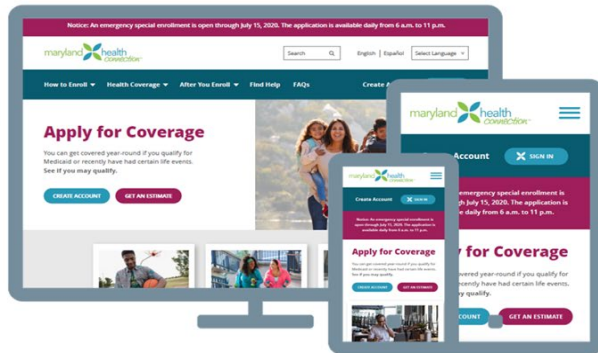
Maryland Health Connection is our state's official health insurance marketplace.

-  It's where you can apply for either **Medicaid** or **Private Health Plan** coverage.
-  Maryland Health Connection.gov offers quality health and dental insurance that fits your needs and budget.
-  It's the **only** place to get financial help with health coverage.



Maryland's Official Health Insurance Marketplace

Desktop



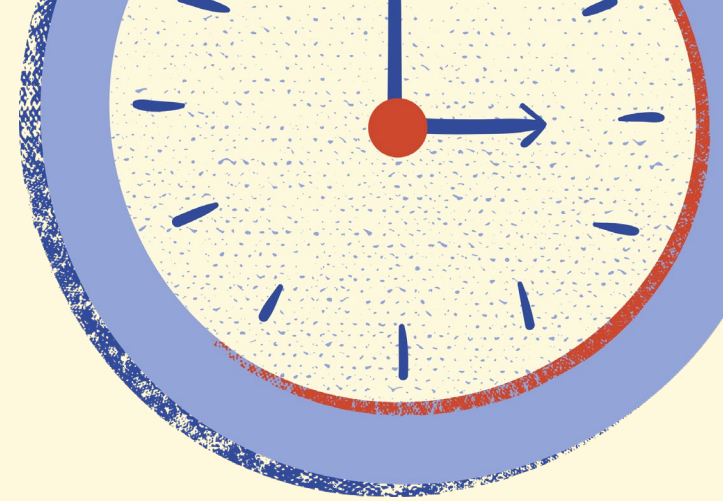
Tablet

Mobile

www.MarylandHealthConnection.gov
www.MarylandHealthConnection.gov/es

Maryland Health Connection





Open Enrollment

November 1 – December 15

- ✓ All Private Health Plan coverage must be renewed for the following year
- ✓ Anyone not already covered can shop without having a qualifying life event

**Affordable
health insurance
is a call away.**

Call HCAM today.
Getting health insurance has never been so easy.

maryland  health
connection

 HealthCare
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[LEARN MORE](#)

Health Insurance Options

- _____
- _____
- _____

Medicaid



Medicaid and the Children's Health Insurance Program (CHIP) provide free or low-cost health coverage. This includes some low-income people, families and children, pregnant women, and people with disabilities.

You can enroll into Medicaid year-round if you qualify.

Private Health Plans



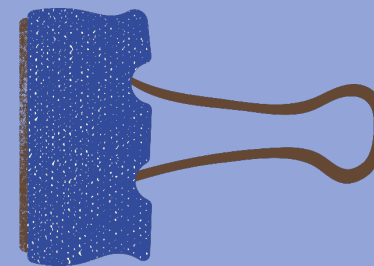
Insurance plans that are certified by the Maryland Health Connection.

Our plans:

- ✓ Provides essential health benefits
- ✓ Follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts)
- ✓ All health plans meet the Affordable Care Act requirement for having health coverage, known as “minimum essential coverage.”

These plans require a monthly premium payment

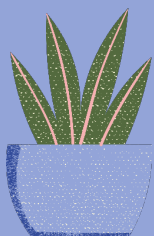




Private Health Plans

The Advance Premium Tax Credit (APTC) lowers the cost of the health insurance monthly premium. The amount someone can save is based on their household size and income.

A cost sharing reduction (CSR) lowers the amount someone pays for out-of-pocket costs like deductibles, coinsurance, and copayments. Cost-sharing reductions only apply to silver level plans.

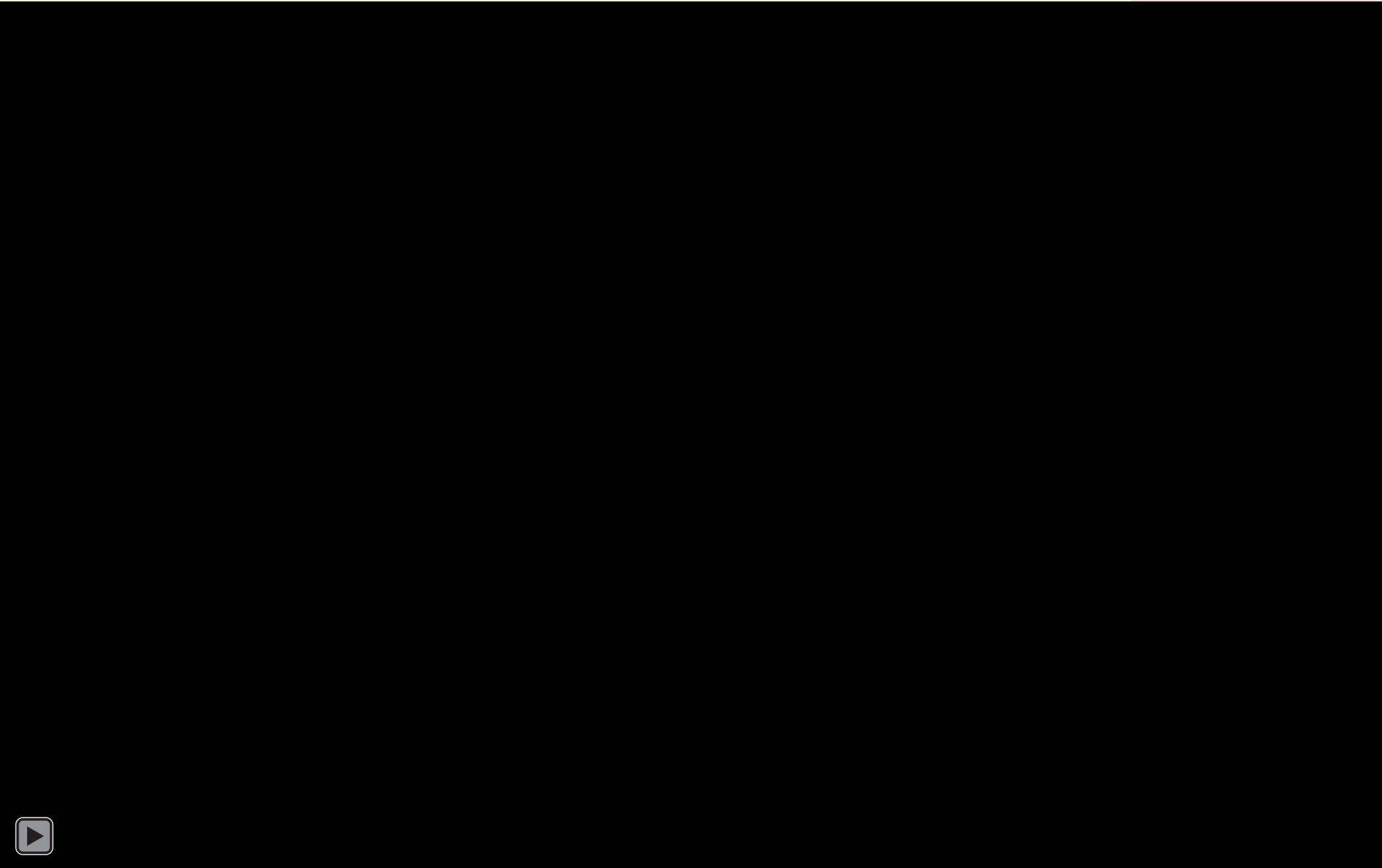


Maryland Medicaid income Limits

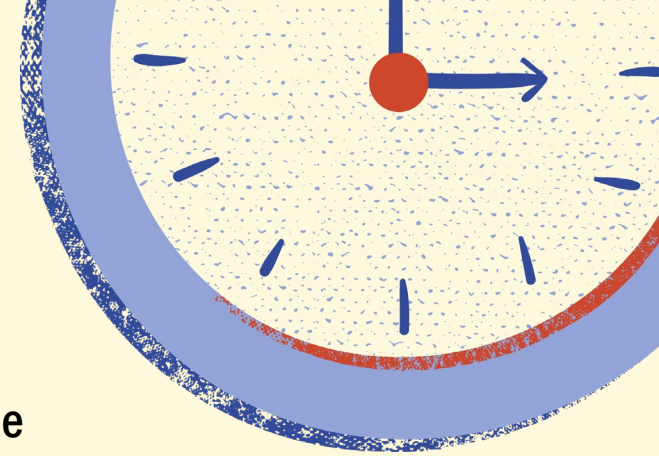
Find your family size on the left. If you are pregnant, skip to line 2.

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	\$1,482	\$2,266	\$2, 835	\$3,458	N/A
2	\$2,004	\$3,064	\$3,833	\$4,675	\$3,833
3	\$2,525	\$3,861	\$4,831	\$5,893	\$4,831
4	\$3,048	\$4,661	\$5,832	\$7,113	\$5,832
5	\$3,570	\$5,459	\$6,830	\$8,330	\$6,830
6	\$4,092	\$6,256	\$7,828	\$9,547	\$7,828
7	\$4,615	\$7,056	\$8,828	\$10,786	\$8,828
8	\$5,136	\$7,853	\$9,826	\$11,985	\$9,826
Each person add	\$522	\$798	\$998	\$1,217	\$998
You pay	\$0	\$0	\$58	\$72	\$0

Subsidy Example



Filing your taxes




- ✓ You are not eligible for a tax credit if you are eligible for Medicaid or have access to affordable coverage through your job.
- ✓ You must file taxes to get the tax credit, even if you would not usually file.
- ✓ If the household or income information in your Maryland Health Connection application isn't correct, and you receive more tax credit than you're due, you will have to pay that money back to the IRS when you file your taxes. This is called reconciling the advance payments of the premium tax credit based on your actual yearly income.
- ✓ If you are married and enrolling in a Private Health Plan with the Maryland Health Connection, you must file your taxes together (Married filing jointly) to receive an advanced premium tax credit.

Special Enrollment Period Overview







Special Enrollment Period



A time outside the yearly Open Enrollment Period when you can sign up for health insurance. You qualify for a Special Enrollment Period if you've had certain **life events**, including losing health coverage, moving, getting married, having a baby, getting pregnant, or adopting a child.



Depending on your Special Enrollment Period type, you may have **60 days before or 60 days following** the event to enroll in a plan. If you miss your Special Enrollment Period window, you may have to wait until the next Open Enrollment Period to apply.



You can enroll in Medicaid or the Children's Health Insurance Program (CHIP) any time of year, if you're eligible, whether you qualify for a Special Enrollment Period or not.

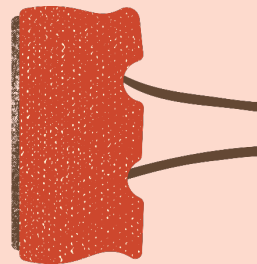
You might qualify for a special enrollment if you...



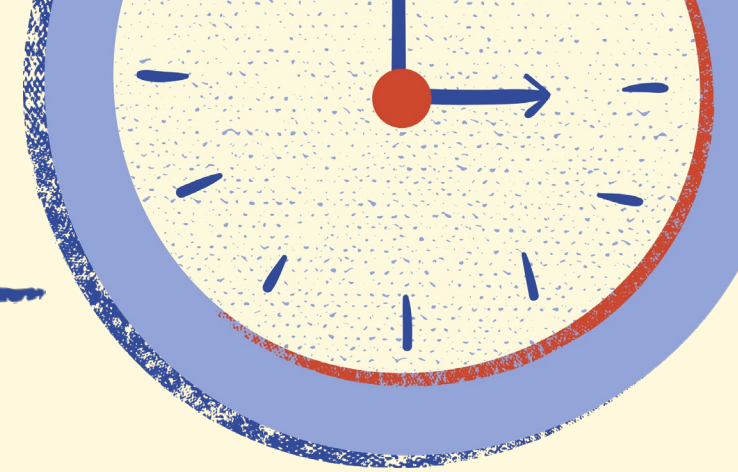
- ✓ Get married or divorced
- ✓ Become pregnant, have a child, adopt a child, or place a child for adoption or in foster care
- ✓ Certain changes in income
- ✓ Move to or from Maryland, and certain moves within the state (different plan coverage areas)
- ✓ Have a change in disability status
- ✓ Gain or lose a dependent
- ✓ Certain losses of other health coverage
- ✓ Become ineligible for Medicaid or MCHP
- ✓ Turn 26 years old if you are enrolled in coverage through your family's plan
- ✓ COBRA coverage period ends

Other changes that may affect eligibility include:

- ✓ Change in tax filing status
- ✓ Change of citizenship or immigration status
- ✓ Incarceration or release from incarceration
- ✓ Change in status as an American Indian/Alaska Native or tribal status




Covid-19 Special Enrollment Period




- ✓ A special enrollment period was created to ensure all Marylanders have access to affordable health care at this critical time.
- ✓ Uninsured Marylanders can enroll in health insurance coverage through the Coronavirus Special Enrollment Period.
- ✓ When enrolling, people should request or select “Coronavirus Emergency Special Enrollment Period.”

*You can enroll in a private health plan now through
August 15, 2021.*



American Rescue Plan





American Rescue Plan

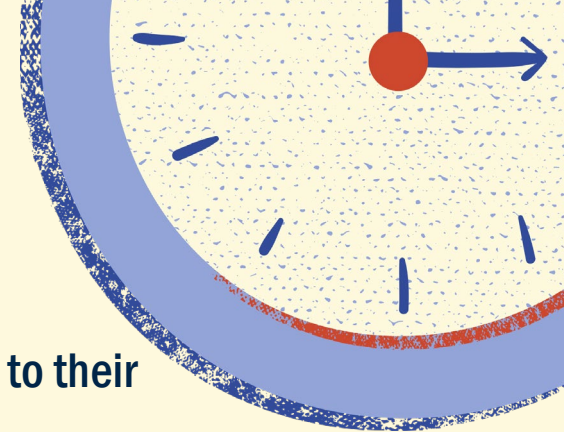
The Basics

This new law offers more financial help for individuals and families who qualify for a private health plan. It provides private health insurance to people who lost their jobs and pays 100 percent of COBRA premiums for laid-off workers. COBRA premiums are eligible to be paid through September 30, 2021.

What this means for you

- **If you are uninsured-** Check out your health plan options.
- **If you have a Private Health Plan through Maryland Health Connection-** Many individuals and families will see bigger discounts on their monthly premiums in the form of increased tax credits.
- **If you are enrolled in a Private Health Plan without financial assistance-** For the first time, you may be eligible for savings even if you were not eligible before.

American Rescue Plan- Premium Examples



- A 27-year-old Marylander making around \$25,000 per year may now get \$240 in savings to apply to their monthly premiums. For some plans, that could mean your monthly premium is \$1 or close to it.
- A 40-year-old Marylander making around \$25,000 per year may now get \$300 in savings to apply to their monthly premiums. For some plans, that could mean your monthly premium is \$1 or close to it.
- A family of four with a household income around \$53,000 per year may now get \$1,000 in savings to apply to their monthly premiums. For some plans, that could mean your monthly premium is \$1 or close to it.
- A 60-year-old couple with a household income around \$35,000 per year may now get \$1,400 in savings to apply to their monthly premiums. For some plans, that could mean your monthly premium is \$1 or close to it.



To Apply:



For those eligible for **Medicaid** – Applications are accepted at anytime

- For those eligible for **Private Health Plans** – Applications are accepted during open enrollment, or in the event of a special enrollment period
- **What you need to apply:**
 - ✓ Valid I.D
 - ✓ Your Social Security Number
 - ✓ The Social Security Number of all the members of your tax household
 - ✓ Birthdates
 - ✓ Income information: federal tax return, pay check stubs for each income earner, proof of any other household income
 - ✓ Immigration status (green card, work permit, visa, etc.)
 - ✓ Current medical insurance policy information
 - ✓ Cost information and details on medical insurance offered by employer if applicable

Virtual Support

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



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



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

**Call HCAM today at
410-500-4710 to schedule an appointment to
enroll with a Navigator.**




Maryland SHIP for Medicare



The State Health Insurance Assistance Program (SHIP) meets **the most universal needs of Medicare beneficiaries**. Needs such as understanding their health insurance benefits, bills, and rights. Trained staff and volunteer counselors in all 23 counties and Baltimore City provide in-person and telephone assistance.

Get Answers to Questions About:

- Coverage Changes
 - Preventive Services
 - Out of Pocket Expenses
 - Eligibility Criteria
 - Coverage Gaps
 - Who Pays First
 - Financial Help w/Copays
 - Medicare Fraud
 - Your Rights
- 

Call for free assistance

Allegany County
301-783-1710

Anne Arundel County
410-222-4257

Baltimore City
410-396-2273

Baltimore County
410-887-2059

Calvert County
410-535-4606

Caroline County
410-479-2535

Carroll County
410-386-3800

Cecil County
410-996-8174

Charles County
301-934-9305

Dorchester County
410-376-3662

Frederick County
301-600-1605

Garrett County
301-334-9431

Harford County
410-638-3025

Howard County
410-313-7392

Kent County
410-778-2564

Montgomery County
301-255-4250

Prince George's County
301-265-8471

Queen Anne's County
410-758-0848 Option 3

St. Mary's County
301-475-4200

Somerset County
410-742-0505

Talbot County
301-475-4200 Ext. 231

Washington County
301-790-0275

Wicomico County
410-742-0505

Worcester County
410-742-0505



Maryland
DEPARTMENT OF AGING

STILL NEED HELP? CONTACT:
MARYLAND DEPARTMENT OF AGING
1-800-243-3425 | 410-767-1100
AGING.MARYLAND.GOV





Thank You!

Paris Barnes

Community Liaison

Pbarnes@hcamaryland.org

410-949-2534

HCAM Call Center- 410-500-4710

www.hcamaryland.org



Understanding Your Health Insurance Coverage (The Basics)

Part 2

- Understanding Health Insurance Terms
 - Premium
 - Deductible
 - Copay and Coinsurance
 - In-network and Out-of-network
 - Preventive Services
- Health Insurance Shopping Tool

Understanding Health Insurance Terms

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.

Understanding Health Insurance Terms

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.

Understanding Health Insurance Terms

What is the **premium** I would pay for this policy?

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.

Understanding Health Insurance Terms

What is the **deductible**?

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.

Understanding Health Insurance Terms

What is a **copay**?

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.

Understanding Health Insurance Terms

What is **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.

Understanding Health Insurance Terms

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.

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.

Understanding Health Insurance Terms

Out-of-Pocket Maximum

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.

Understanding Health Insurance Terms

Preventive Services

- You do not need to meet your deductible before you receive preventive services from an in-network provider. You also do not have to pay a copayment or coinsurance for preventive services you receive from an in-network provider.
- Preventive services include screenings and immunizations, as well as other services. For a complete listing of preventive services that are covered without cost to you, check with your insurance company.
- Usually, preventive services do not include diagnosis or follow-up visits and services for problems. If you visit your health care provider and discuss a health problem, you may be charged your deductible or coinsurance or copay for the part of the visit dealing with the problem, even if the initial purpose of the visit was preventive.

Understanding Health Insurance Terms

After the health insurer has processed your claim, it will issue an Explanation of Benefits (EOB). The EOB provides details about a health insurance claim, such as what portion was paid to the health care provider and what portion of the payment, if any, is your responsibility. **The EOB is not a bill.** Any portion of the claim not covered by the health insurer, such as a deductible, co-payment, or coinsurance may be billed by the provider and should be paid directly to the provider.

Understanding Health Insurance Terms

Allowable Amount

The maximum amount the insurer will use when deciding what to pay for a covered health care service. This is sometimes referred to as "payment allowance" or "negotiated rate." You may have to pay the difference if your provider charges more than the allowable amount.

Understanding Health Insurance Terms

Balance Billing

If you receive covered services from an out-of-network provider, and the cost of these services is more than the allowable amount, the provider may be permitted to bill you for the difference. In some circumstances, you may be protected from balance billing. For example, if you are treated by a Maryland doctor in an emergency room, the law may protect you. If you have a choice of providers, and you choose an out-of-network provider, you may have to pay the full amount of the provider's bill.



Understanding Health Insurance Terms

If you have questions, call your health insurer:

- If you owe money, ask the health insurer if this payment will be put toward your out-of-pocket maximum or deductible.
- You may need clarification on charges for certain services you received. You can ask the health care provider to explain the services and charges.
- If you think you have been charged in error, ask the health care provider to go over the entire EOB, line by line, to see if a mistake has occurred.

When Your Insurance Company Denies Your Claim for Services or Supplies

1. After a claim is submitted to your health insurer, you will receive an EOB from your health insurer notifying you of its decision not to pay for some or all of the services or supplies you received. If it is based on lack of coverage under your health plan, it is called a coverage decision. If it is based on lack of medical necessity, it is called an adverse decision.
2. If you want to ask your health insurer to reconsider its coverage or adverse decision, follow the instructions in the first EOB, to file an appeal or a grievance. You may wish to ask your treating health care provider to help you with this process, or to do it on your behalf.

When Your Insurance Company Denies Your Claim for Services or Supplies

3. Once you file an appeal or grievance with your health insurer, the original decision will be reviewed by the health insurer. If it was an adverse decision, the health insurer will have it reviewed by an independent medical expert who will decide if the health care service or supply is medically necessary or not experimental.
4. If the health insurer's decision is to uphold its original decision, it must put its reason in writing. You may then file a complaint with the MIA. *If the health insurer denies your claim as not medically necessary, or experimental, the MIA will send your case to an independent medical expert.*

Important: there are time limits for filing a complaint with the MIA

COVID-19

On March 5, 2020, Governor Larry Hogan issued a Proclamation declaring a State of Emergency and that a Catastrophic Health Emergency exists in the State of Maryland due to COVID-19. During the State of Emergency, health carriers are required to:

- waive any cost-sharing, including co-payments, coinsurance and deductibles, for any visit to diagnose or test for COVID-19 regardless of the setting of the testing. This includes, for example emergency rooms, urgent care centers, and a doctor's office;
- waive any cost-sharing, including co-payments, coinsurance, and deductibles, for laboratory fees to diagnose or test for COVID-19;
- waive any cost-sharing, including co-payments, coinsurance and deductibles, for vaccination for COVID-19; and
- make a claims payment or pre-authorization for monoclonal antibodies treatment for COVID-19.

The cost-sharing waivers do not apply to Medicare Supplement policies.



COVID-19

During the State of Emergency, health carriers are also required to:

Evaluate a request to use an out of network provider to perform diagnostic testing of COVID-19 solely on the basis of whether the use of the out of network provider is medically necessary or appropriate.

Limit prior authorization requirements for testing for COVID-19 to only those requirements that are based on the medical necessity of that testing.

Treat an adverse decision on a request for coverage of diagnostic services for COVID-19 as an emergency case for which an expedited grievance procedure is required under Insurance Article Section 15-10A-02, Annotated Code of Maryland.

COVID-19

Through July 26, 2021, health carriers are also prohibited from cancelling or nonrenewing an individual health benefit plan for nonpayment of premium unless:

- the Maryland Health Benefit Exchange's Open Enrollment or the Coronavirus Emergency Special Enrollment Period is in effect; and
- the health carrier has complied with the grace period and notice requirements set forth in the policy being terminated; and
- the health carrier provides written notice of the date of termination at least 10-days prior to the effective date of termination
- the termination is effective on the last day of a month.

Carriers may cancel or nonrenew a policy for reasons (other than nonpayment of premium) that are otherwise permitted by the terms of the contract and applicable law.



How The MIA Can Help

You may file a complaint directly with the MIA before receiving the health insurer's appeal or grievance decision if:

- The health insurer waives its requirement that you first appeal to it.
- The health insurer does not follow any part of its internal appeal process (for example, if you don't hear back from the health insurer in the time it is supposed to respond).
- There is a compelling reason, such as showing delay could result in your death, serious impairment to a bodily function, serious dysfunction of a bodily organ, could cause you to be a threat to yourself or others, or could cause you to continue to experience severe withdrawal symptoms.

How The MIA Can Help

- For Appeals
 - The Life and Health unit of the MIA will investigate whether a service or supply is covered under the health plan.
- For Grievances
 - The same unit would send the matter to an Independent Review Organization (IRO) to determine if the service or supply was medically necessary and / or not experimental. At that point, if the health insurer is found to be wrong by the MIA and the insurer still won't reverse its decision, the MIA can take action against the health insurer.

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

Office of the Attorney General

Health Education and Advocacy Unit

200 St. Paul Place 16th Floor

Baltimore, MD 21202

410-528-1840 or 877-261-8807

www.marylandattorneygeneral.gov/pages/cpd/heau



Publications Available on the MIA Website

Check out the following publications for more information:

- A Consumer Guide to Health Related Resources
- Consumer Guide to Understanding your Health Insurance Coverage for Mental Health & Substance Use Disorders
- Your Rights When Your Health Insurer Will Not Pay For Health Care Services
- A Consumer Guide to Understanding your Health Insurance Costs
- Health Insurance Shopping Tool
- Glossary of Health Insurance and Medical Terms
- Frequently Asked Questions: In-Network vs Out-of-Network
- Frequently Asked Questions to Help You Understand our Health Insurance Coverage and the Claim Process



Questions?

