

QUESTIONS TO ASK ABOUT A POLICY YOU'RE CONSIDERING	WHY IT'S IMPORTANT
Is this a marketplace policy?	Policies sold through the Maryland Health Connection or www.healthcare.gov (known as "marketplace policies") cover a standard set of benefits and include certain consumer protections. Federal premium tax credits can only be used to help pay for marketplace policies.
Does this policy cover the same benefits as a marketplace policy?	If a policy isn't sold on the marketplace, it may not have the same benefits. It's important to ask questions such as "Can I get insurance even if I have a pre-existing condition?" Is there coverage for Essential Health Benefits? Are prescription drug benefits included? Are preventive services covered at no cost to me?
Does the policy cover pre-existing conditions?	Remember that many policies cover services to treat pre-existing conditions, but some don't.
What benefits doesn't this policy cover? What benefits have limits?	Some policies may limit or not cover services that may be important to you.
Where can I find out whether this policy covers my prescription drugs?	If you need a specific prescription, you can review the policy's formulary (a listing of what drugs are covered) to learn if the drug is covered.
Where can I find the list of health care providers in this policy's network?	Each insurance company with a network of providers has a provider directory. You should have access to it before you buy a policy.
What is the monthly premium I would pay for this policy?	The premium is the amount you'll pay each month to have coverage. You need to pay your premium each month or you'll lose your coverage.

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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.
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.
Is there a maximum I would have to pay out-of-pocket?	A maximum out-of-pocket amount protects you by limiting the total you'll have to pay out-of-pocket each year. Once you reach this amount, the policy will pay the rest of the cost of covered services. In some policies there's no limit on how much your out of pocket costs could be.
Is there a limit on what the policy pays, per day, per year, or over my lifetime?	A limit on what the policy pays means you may have to pay the cost of services over this limit.
How long does this policy last? Am I guaranteed the right to renew this policy?	Some policies cover you throughout the year and can be renewed. Others may have a shorter term and might consider your health conditions at renewal – and could even refuse to renew the policy.

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WHAT TO ASK WHEN SHOPPING FOR HEALTH INSURANCE



Maryland
 INSURANCE ADMINISTRATION

GETTING THE RIGHT INFORMATION CAN HELP YOU CHOOSE THE RIGHT HEALTH INSURANCE FOR YOU AND YOUR FAMILY. HERE ARE SOME QUESTIONS TO ASK YOURSELF BEFORE YOU START TO LOOK FOR INSURANCE AND SOME QUESTIONS TO ASK ANYONE WHO OFFERS YOU COVERAGE.

We all know health insurance can be complicated. There are differences in what is covered and what you will have to pay out of pocket. With so many options and so much information out there, it makes it even more difficult to sort through when you get solicited for health insurance online or by phone. Scammers like the anonymity of telemarketing and take advantage of that confusion. Check out Phone and Online Solicitations section below. This section offers some simple questions you can ask so that you are not taken advantage of by a scammer.

If you need help to understand health insurance, you can visit with a licensed insurance producer or a navigator. The Maryland Insurance Administration (MIA) also has helpful information on its website. You can find definitions of health insurance terms on www.healthcare.gov. If you're a senior, you also can contact your local Area Agency on Aging or call 1-800-MEDICARE to talk to someone about health insurance for seniors.

QUESTIONS TO ASK YOURSELF	WHY IT'S IMPORTANT
Why do you need health insurance?	Life is full of surprises. Insurance helps you prepare for the unexpected, like an accident or an illness. A single trip to an emergency room can lead to a bill of thousands of dollars.
Is the policy with the lowest premium really the most affordable?	Policies-with lower premiums often have more limited benefits. You may want to consider not only the cost of premiums, but also how much you'll pay out-of-pocket when you need health care.

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Who are you buying health insurance for?	You might need coverage just for yourself, just for a family member, or for the whole family.
How long do you need health insurance – a full year or for a few months?	Some policies-might be limited to a few months. Others will cover you for an entire year and then that coverage can be renewed.
Do you have a known health condition (a pre-existing condition)?	Even if you look and feel healthy, you may not be getting the routine care necessary to identify the unexpected. Thinking about your family health history, your current health conditions, prescription drugs you may need, and the health services you need will help you understand the coverage you want. But remember, accidents and unexpected illnesses happen, so you might need services you don't expect.
What prescription drugs do you need?	
Do you have any chronic health conditions, like high blood pressure, diabetes or an autoimmune disorder? Even if you haven't been to a doctor, are you in pain or having problems you believe will result in any health care services or treatment?	Many policies-cover services to treat pre-existing conditions, but some don't.
Do you have a family doctor or hospital?	You'll pay less to see providers that accept your health insurance – which may not include your family doctor or hospital. The terms to know are “in-network”, “tiered network”, “non-participating” and “out of network.” Many policies-pay more of the costs for services you get from doctors or facilities in the policy's network.

QUESTIONS TO ASK YOURSELF	WHY IT'S IMPORTANT
Are you ready to pay the full cost for services until a deductible is reached?	The deductible is the amount you pay before your insurance company starts paying their share of the cost of care. Even with insurance, you pay the full cost of services until you meet your policy's deductible.
Are you able to pay the full cost for services if the policy limits how much it will pay?	Some policies-only pay up to a certain dollar amount; you may have to pay the cost beyond that amount.

PHONE AND ONLINE SOLICITATIONS

Whether you're shopping to find health insurance coverage online, a telemarketer calls, or you get an email selling health insurance, there are several important tips you may want to consider.

- There is no need to make a decision or buy a health policy after a single phone call or website visit. There's no such thing as a limited time offer or a “special” in health insurance.
- Research the insurance company BEFORE you buy anything.
- Check the MIA's website to make sure the insurance company (and producer if you're talking to someone) is licensed.
- You can contact the MIA to find out if there are any complaints-against the insurance company or the producer. You also can check the National Association of Insurance Commissioners' (NAIC) **Consumer Information Search** for information about complaints against the insurance company.
- Never give any personal information such as your social security, bank account or credit card numbers until you decide what health policy to buy. You don't need to give this information to get a quote.
- Avoid clicking on any advertisement links that pop up on websites.
- Avoid any websites that require you to create an account before you can see any information about health insurance policies.

OTHER QUESTIONS TO ASK IF YOU RECEIVE A PHONE CALL ABOUT HEALTH INSURANCE	WHY IT'S IMPORTANT
<ul style="list-style-type: none"> • How did you get my information? • May I have your full name and contact information, please? • What is the exact name of your company and where are you located? • Is your company licensed? Are you a licensed insurance producer? If so, what's your license number for Maryland? • What's the exact name of the insurance company on the policy and the name/type of policy I would be buying? • What's your company's phone number? 	Consumers sometimes get phone calls trying to sell health insurance. Rarely do these phone calls come directly from insurance companies. Most of the time, these calls come from producers or telemarketing centers. Sometimes the callers don't give consumers complete information, or the purpose of the call is to gather personal information to use for other purposes. It's best to get as much information as possible so you can verify important information with the Department of Insurance before you buy. Make sure you are always talking to a licensed insurance producer.
Will I need to pay a fee to join a group?	You should be told about all fees upfront. Sometimes, producers sell for associations that charge a separate membership fee plus the premium. Asking about fees from the beginning means you'll know your total costs.
Please send a copy of the information to me through the mail.	With a paper copy you can take your time to make sure the policy is as described. You also have information to share with your Department of Insurance to make sure the policy is a legal product.
Can I call you back after I've read your policy information?	Real insurance companies generally won't rush you to make the decision. There are no “limited time offers” or “specials” on health insurance.