

**Our  
presentation  
will begin  
shortly.**





# 10 Things You Need to Know About #MiCoverage



# DIFS

## DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

- Regulates MI insurance and financial services industries.
- Serves as a consumer protection agency and promotes the availability of sound and secure insurance and financial services.
- Offers free help to anyone looking for assistance with their health insurance.





# 1) What is Health Insurance?

- A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.
- Different types available depending on your situation
- May be provided by your employer, the government, or purchased directly on the Health Insurance Marketplace



Get Coverage

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First time applying on Health

TAKE THE FIRST STEP

Looking for coverage for a small bu

MARKETPLACE COV

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NOVEMBER

*open  
enrollment  
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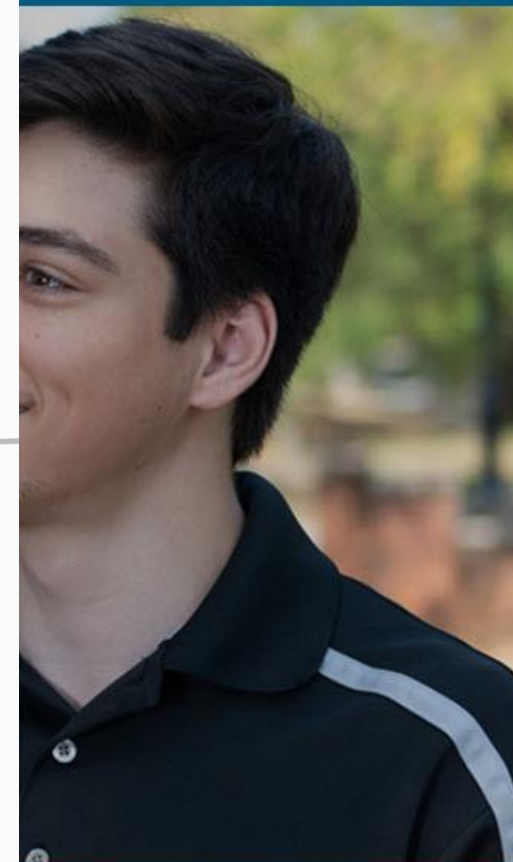
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DECEMBER

*open  
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SEARCH



LEARN MORE






### 3) Why Do I Need Health Insurance?

- Provides financial protection in case of accident or sickness.
- Provides access to free preventive care which can help prevent disease.
- Can lower medical costs even before you meet your deductible.





 The Summary of Benefits and Coverage (SBC) document will help you choose a health <a href="#">plan</a> . The SBC shows you how you and the <a href="#">plan</a> would share the cost for covered health care services. NOTE: Information about the cost of this <a href="#">plan</a> (called the <a href="#">premium</a> ) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as <a href="#">allowed amount</a> , <a href="#">balance billing</a> , <a href="#">coinsurance</a> , <a href="#">copayment</a> , <a href="#">deductible</a> , <a href="#">provider</a> , or other <u>underlined</u> terms see the Glossary. You can view the Glossary at <a href="#">www.[insert].com</a> or call 1-800-[insert] to request a copy.		
Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$500/Individual or \$1,000/family	Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> and primary care services are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	Yes. \$300 for <a href="#">prescription drug coverage</a> and \$300 for occupational therapy services.	You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay for these services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For <a href="#">network providers</a> \$2,500 individual / \$5,000 family; for <a href="#">out-of-network providers</a> \$4,000 individual / \$8,000 family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Copayments</a> for certain services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="#">www.[insert].com</a> or call 1-800-[insert] for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a provider <a href="#">network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	Yes.	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .



# 5) What Essential Benefits Do Marketplace Plans Have to Provide?

## Essential Health Benefits:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care







## 6) How Do I Get Health Insurance?

- Just get started: you have options to get affordable health coverage!
- Open Enrollment runs November 1 - December 15
- No wrong way to begin

**[Michigan.gov/HealthInsurance](https://michigan.gov/HealthInsurance)**



## 7) What Protections Do I Have Under the Affordable Care Act?

- No Denials for Pre-Existing Conditions.
- Ban on Health Plan Rescissions.
- No Lifetime Dollar Limits on Your Health Care Costs.
- Extended Coverage to Dependents.







## 8) Will I Be Able to Afford Health Insurance?

- Monthly premium.
- Cost-sharing as stated in your plan.
- Maximum out-of-pocket in your plan details how much you'll have to pay each year.
- Premium Tax Credit available for those who meet income requirements.

## 9) Can I Change Health Plans?

- Only during Open Enrollment or a SEP
- SEP qualifying changes include:
  - Birth or adoption
  - Death in the household
  - Marriage
  - Divorce or legal separation
  - Losing your employer-based or individual health insurance





# Website

WWW.MICHIGAN.GOV/HEALTHINSURANCE

- Publications and guides
- Tips on shopping for insurance
- File a complaint or appeal
- Report fraud

**DIFS** Department of Insurance and Financial Services

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**Open Enrollment: If You Need Health Insurance Coverage in Michigan, Help**

There are lots of things you can't control in 2020, but you can make sure you're covered in 2021 health insurance during the Health Insurance Marketplace Open Enrollment period beginning Nov

This site contains everything you need to know about health insurance, how to get covered, and coverage to keep yourself and your family healthy.

There are many ways to get covered, and there is no wrong way to begin. When you sign up through [MI Bridges](#), you will be evaluated on whether you could be covered by an individual health insurance plan, Medicaid, the Healthy Michigan Plan, or the Children's Health Insurance Program.

Enrollment help is available! Nearly 80% of Michiganders who signed up for benefits this year received coverage. Your local agent or assister can help with the application or answer your questions. Find one near you by visiting [localhelp.healthcare.gov](https://localhelp.healthcare.gov).

HealthCare.gov Marketplace

MI Bridges

Me



# 10) When Do I Have to Take Action?

- Open Enrollment: November 1 - December 15
- Contact DIFS with Questions: 877-999-6442 or **[Michigan.gov/healthinsurance](https://Michigan.gov/healthinsurance)**.





A grayscale background image of the Michigan State Capitol building, featuring its prominent dome and classical architectural details.

# **QUESTIONS?**

**877-999-6442**

**[Michigan.gov/healthinsurance](https://michigan.gov/healthinsurance)**





# **Michigan Department of Insurance and Financial Services**

**877-999-6442**

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