

# So You Got Insurance, Now What?

## Health Literacy

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# Understanding What You Got

- Know what company is providing your coverage
  - Not just its marketing name, but the actual legal name of the carrier
- Understand the type of coverage you have
  - Health Maintenance Organizationn (HMO) vs. Preferred Provider Organization (PPO)

# What's the Difference?

- Health Maintenance Organization (HMO)
  - Has a set list of providers that you must use or the services won't be covered
- Preferred Provider Organization (PPO)
  - If you use a provider from the network, more of the cost of medical services received is covered

# Starting Out

- Review all the materials you are sent about your health coverage
  - Policy booklet, aka “plan description” or “evidence of coverage”
    - This is your insurance policy and a legal document.
    - Keep it in your records so you can refer to it if you have questions.
  - You will also get a health insurance card (and may get one for each family member)

# Other Resources

- Summary of benefits and coverage
  - Required form which summarizes coverage
- Glossary of terms
- Insurer's website
- Colorado Division of Insurance website  
[Dora.Colorado.gov/healthinsurance](https://Dora.Colorado.gov/healthinsurance)

# Finding a Provider

Insurance companies are required to provide you with a list of “participating” or “in-network” providers

- Find them through:
  - Insurer’s website
  - Connect for Health Colorado website, or
  - By request to the insurer’s customer service number

# Finding a Provider -- Be Sure to Check

Are they accepting new patients?

Are they a current network provider with your insurance plan?

- Be specific about which insurance plan you have -- some insurers have different plans -- i.e. Select and Choice -- and there can be different networks for each plan
- If you are referred to another provider make sure they are “in-network” with your plan

# What is Patient Cost-Share?

Besides premium, there are other costs known as “patient cost share”

These include:

- Copayments (sometimes called an access fee)
- Deductibles
- Co-insurance



# Copayments

Fixed amounts that must be paid each time a service is used.

- For example, there might be a \$25 copay required for every doctor's office visit or for each prescription filled, or a \$100 required for each hospital admission.

Amount of copay is set in the insurance policy

# Deductibles

A specific amount of money that you agree to pay for health services before you will receive any benefits for covered services.

- For example, if your policy has a \$1,500 deductible, and you receive a doctor's care and medication that costs \$1,200, you must pay the \$1,200. Your insurance does not kick in until you've met the deductible.
- Deductibles reset every year or with a new policy.

# Co-insurance

After you have met the deductible for your policy, you may have a co-insurance requirement

- As an example, for some policies the co-insurance may be 20% for in-network care. This means, after you have met your deductible, the insurance company will pay 80% of the bill for in-network services.

# Out of Pocket Limits

Many policies have an “out-of-pocket” limit. Once you reach that amount in deductible and co-insurance, the insurer will pay the bill for covered services.

There are sometimes different out-of-pocket limits for in-network and out-of-network services.

# Excluded Services

Commonly excluded (not covered) services:

- Experimental or investigational
- Cosmetic or elective surgery
- Costs which are not reasonable and customary
- Services by unlicensed providers

Check policy under “Exclusions” to see what is not covered

# If Insurer Won't Cover or Pay

Law requires an appeal mechanism if the insurer denies coverage or payment

- Procedures for appealing an insurer's decision must be set out in the insurance policy
- Make sure appeal is timely -- don't lose the right to appeal by waiting
- **“When your Health Insurance Carrier Says NO”** -- Available on the Colorado Division of Insurance website

# Questions?

Contact the Division of Insurance:  
[dora.colorado.gov/insurance](http://dora.colorado.gov/insurance)

- Click on Request for Health or File a Complaint
- Lots of Other Information available under “Health Insurance”

Call us at 303-894-7490 or 1-800-930-3745



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