New National Healthcare Overview

Enrollment began October 1, 2013 and coverage began January 1, 2014.

Essential Health Benefits

The Affordable Care Act passed in 2010 required individual health insurance plans beginning on January 1, 2014 to offer essential health benefits services. Below is the list of minimum services required under all health insurance plans.

1. hospitalization
2. maternity and newborn care
3. ambulatory patient services
4. emergency services
5. mental health and substance use disorder services, including behavioral health treatment
6. prescription drugs
7. rehabilitative and habilitative services and devices
8. laboratory services
9. preventive and wellness services and chronic disease management
10. pediatric services, including oral and vision care

Health Marketplace Insuranace Plans

You can choose the plan that is right for your budget and needs. All plans offer the 10 essential health services mentioned above. The cost of each plan will be different whether your state has set up its own Health Marketplace or uses the National Health Marketplace. Speak with your health insurance agent for specific costs and enrollment information.

Bronze Plan
Silver Plan
Gold Plan
Platinum Plan

The Bronze Plan has the lowest premium, but you'll pay a higher share of costs when you get care. On the other end of the cost spectrum, the Platinum Plan will have the highest monthly premiums and the lowest out-of-pocket costs when care is needed.

Marketplace Health Plans Pricing

All insurance plans available through the Marketplace will be offered by private insurance companies. Marketplace pricing will show any cost savings you may be eligible for based on your income.

Pre-existing Conditions

An insurance company can't turn you down or charge you more because of your health condition. It can't refuse to cover treatment for pre-existing conditions.

The only exception is for grandfathered individual health insurance plans-

the kind you buy yourself, not through an employer. If you have one of these plans you can switch to a Marketplace plan during open enrollment and get coverage for your pre-existing condition.
The Marketplace will also tell you if you qualify for free or low-cost coverage available through Medicaid or the Children's Health Insurance Program (CHIP).

Maryland Health Insurance Information
- Family or Individual -
(HMO, PPO, POS or Major Medical Coverage)

(also northern Virginia & District of Columbia)
Individual or family health insurance can provide the important protection needed in the event of illness and for regular preventive care. Using the strength and experience of our health insurance markets, Brown Insurance Group can offer affordable HMO, PPO, POS, and Major Medical Health Insurance policy coverages in greater Washington D.C. and throughout Maryland.
Health insurance plans that allow you the most choices in doctors and hospitals also tend to cost more than plans that limit choices. Individual and family health insurance plans that help to manage the care you receive, such as PPO and POS plans, usually cost you less, but you must give up some freedom of choice.

HMO Health Insurance Policy Features - Maryland

* Preventive care emphasis
* Primary care physician (PCP) coordinates your total care
* Must get a referral from your PCP to visit a specialist
* Fixed monthly fee

HMO Health Insurance Policy Overview - Maryland

Subscribers to an HMO receive medical services from participating physicians, clinics and hospitals. You choose a primary care physician (PCP) from a list of participating doctors from where you live in Maryland. That doctor is used for typical circumstances such as annual exams and usual health issues. If you need to see a specialist, be hospitalized, or have lab or X-ray work, your doctor will refer you to a provider or facility within the HMO system. Your doctor must give authorization for those services to be covered by your HMO. In other words, you must see HMO approved physicians and use HMO approved facilities or pay the entire cost of the visit yourself.
Similar to Point-of Service (POS) and PPO's, HMO's have made arrangements for lower fees with a network of health care providers and give their policyholders a financial incentive to stay within that network. You may have to pay some portion of the cost (co-payment) for each office or hospital visit, such as $20 - $30 per doctor visit, regardless of what the services cost. Also, some services such as emergency room, mental health and chemical dependency services, may carry additional costs in a Maryland HMO health maintenance plan.

PPO Health Insurance Policy Features - Maryland

* Convenient access to quality health care
* Large and diverse network available of primary care physicians, specialists, hospitals & clinics.
* Pay for services as they are provided

PPO Health Insurance Policy Overview - Maryland

You can see any health care professional in the network any time you choose to make an appointment. You don't need referrals for specialists or other services as you do in an HMO. You can see doctors or specialists outside your PPO network, however, your portion of the costs will be higher.

You may have to pay some portion of the cost (co-payment) for each office or hospital visit, such as $20 - $30 per doctor visit, regardless of what the services cost. Also, some services such as emergency room, mental health and chemical dependency services, may carry additional costs in a Maryland PPO health insurance plan.

POS Health Insurance Policy Features - Maryland

* Preventive care emphasis
* Pays benefits for out-of-network care, but at a lower level

POS Health Insurance Policy Overview - Maryland

Less restrictive than an HMO or PPO, a (POS) or Point of Service plan lets you see any licensed health care professional for anything covered by the insurance. Care you receive from out-of-plan health care professionals is reimbursed, but you must pay an often times much higher co-payment or deductible amount. While you may choose to see a physician outside the network, if you don't receive permission from your (PCP) primary care physician, you're likely to end up submitting the bills yourself and receiving only a small reimbursement...if any.

Costs that exceed your deductible are covered by a co-insurance plan in which you and the insurance company share the cost for services covered by the policy.
Also, some services such as emergency room, mental health and chemical dependency services, may carry additional costs in a Maryland POS health insurance plan.

Fee-for-Service or Major Medical Health Insurance Policy (Family or Individual in Maryland)

Major medical health insurance provides benefits up to a high limit for most types of medical expenses incurred, subject to a deductible. Once you meet the deductible, our Maryland Major Medical Insurance plans pay a percentage of what is considered the "Usual and Customary" charge for

covered services. The insurance company generally pays 80% of the Usual and Customary costs and you pay the other 20%, which is known as co insurance. If the insurance company charges more than the Usual and Customary rates, you will need to pay both the co-insurance and the difference.

With Major Medical Insurance plans you can choose your doctor and any hospital for your medical services. You or your doctor send the bill to the insurance company, which pays part of it. Usually, you have a deductible such as $250 or more to pay each year before the insurer starts paying. The plan will pay for charges such as medical tests and prescriptions as well as from doctors and hospitals.

Major medical insurance coverages offer more choice of doctors (including specialists, such as cardiologists and surgeons), hospitals, and other health care providers than managed care plans, such as HMO, PPO, and POS. Major Medical Insurance may not pay for some preventive care, such as check-ups, and is usually a more expensive health insurance coverage than utilizing a Maryland HMO, PPO, or POS plan.