Plan Comparison Tools Will Help

To learn more about a health plan's quality and coverage before enrolling, please see below:

- **Summary of Benefits and Coverage**
  Health plans must provide a summary of benefits and coverage that is easy to read and will help you understand and compare health plans. Plans should give you this summary when you first apply or enroll, when you or your employer renews the plan, and whenever you request it.
- **Comparing Plans on DC Health Link**
  You can compare plans side-by-side when you shop for insurance through dchealthlink.com.
- **Quality Information**
  The National Committee for Quality Assurance accredits some health plans and provides a free report card on plan quality. Go to www.ncqa.org and click on "consumer information." DC Health Link will post information about plan quality online in future years.

Things to Watch Out for in the Private Market

All plans sold on DC Health Link are licensed and meet the requirement to have health insurance in 2014. If you do not buy your plan through DC Health Link, watch out for the following:

- **Is the plan licensed and reputable?**
  Make sure that the companies trying to sell you plans are selling real plans and not scams. Agents or brokers that sell you health insurance must also be licensed. You can visit the DC Department of Insurance, Securities and Banking website, www.disb.dc.gov and click on "consumers" to verify that an insurance company and/or broker are licensed. All plans sold on DC Health Link are licensed, and the DC Health Link website lists licensed brokers that sell those policies.
- **Is it a medical discount plan instead of insurance?**
  Medical discount plans are not insurance: Medical discount plans may offer a discount on drugs or doctor services, but that is very different from insurance. They do not protect you from high costs if you get sick.
- **Is it a "limited benefit" plan?**
  These plans are cheap because they may only pay for certain illnesses. They are sometimes called "cancer only," "specific disease," and "hospital cash" or "indemnity" plans. Because the coverage is so limited, you may be left with very high expenses.
- **Is it only short-term insurance?**
  Policies that are designed to protect you for a short period can be useful—in between jobs for example—if you know that you will have another way to get insurance after the period ends. However, they are not "guaranteed renewable." If you get sick and then try to extend the policy, you may be out of luck.

Having a medical discount plan, limited benefit plan or short-term insurance does not meet the requirement to have health insurance, starting in 2014.

For more help, contact the Office of Health Care Ombudsman and Bill of Rights.

Office of Health Care Ombudsman
and Bill of Rights
One Judiciary Square
441 4th Street, N.W.
900S – 9th Floor
Washington, DC 20001
Telephone: 202-724-7491
Toll Free: 1-877-685-6391
Fax: 202-535-1216
24-Hour Voice Mail: 202-724-7491
Email: healthcareombudsman@dc.gov
Website: www.healthcareombudsman.dc.gov

Member: International Ombudsman Association

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Health Coverage In DC:

Choosing a Health Insurance Plan

Office of Health Care Ombudsman
and Bill of Rights

People often need help navigating the insurance market and finding a plan that meets their needs. This brochure can help get the process started.

Coverage Options

- **Job-based health insurance**
  Your employer, or your spouse's, partner's, or parent's employer, may offer insurance that you can join. When you (or the policy holder) leave the job, you might be able to continue the insurance for a time by paying the full premiums.

- **Medicaid, DC Healthy Families**
  If your income is low or modest, you may qualify. You can apply for Medicaid or DC Health Families through DC Health Link or at the Economic Security Administration.

  For more information, visit www.dhcf.dc.gov or www.dchealthlink.com

- **DC Health Alliance**
  If you are an immigrant with low or modest income, you may qualify.

  For more information, visit www.dhcf.dc.gov

- **Medicare**
  If you are age 65 or over or have a permanent disability, you may qualify. You can supplement this with "Medigap."

  For more information, visit www.medicare.gov

- **Veteran's health benefits**
  If you are a veteran, you may qualify for benefits through the US Department of Veterans Affairs. For more information, visit www.va.gov.

  For more information, visit www.va.gov

- **Private Insurance through DC Health Link**
  You can shop for individual or family insurance or for health insurance for employees of your small business at DC's official insurance marketplace, DC Health Link. You or your small business may qualify for financial assistance to help with the cost of coverage. On dchealthlink.com, you can see how much each plan is likely to cost and how much you will pay for health care services. DC Health Link divides plans into four categories: platinum, gold, silver, and bronze. Bronze plans pay for the least health care but have low premiums. Platinum plans pay for the most health care but have higher premiums. You can also compare plans by deductible.

  For more information, visit www.dchealthlink.com

Finding an Insurance Plan

When looking for a private insurance plan, it's important to make sure that the plan fits your needs and budget. It's not just premiums that matter. Before enrolling, make sure you get answers to the following questions:

- **What benefits are offered?**
  Make sure that the plan covers the needs of your family members, such as medicines you need, rehabilitation therapy, substance abuse treatment, and medical equipment. Make sure that the plan offers an adequate package of benefits in case your needs change.
- **What is the provider network like?**
  Some plans only pay for care if the health providers are in network. Other plans will pay something for out-of-network providers, but you will face higher costs if you go out of network. Look at the plan's provider directory to see if it includes a good number of doctors, specialists, and hospitals, including the ones that you use. Call providers you may want to use to make sure they are taking new patients.
- **What is the deductible for the plan?**
  A deductible is the amount you will pay out-of-pocket before the plan starts to pay for your care. (Plans cover some preventive care before you meet the deductible, but not usually sick care.) If you don't have enough savings to pay for care until you meet the deductible, a plan with a high deductible may not be a good choice.
- **What are the limits on the plan's coverage?**
  Some plans include limits on how many days of treatment or visits for a specific service they will cover each year.
- **What are the co-payments and co-insurance?**
  After you meet the plan's deductible (if any), you might have to pay flat fees for doctor visits or other services (co-payments), or you may have to pay a percentage of the costs for each service (co-insurance).
- **What is the out-of-pocket limit?**
  Most plans have a maximum limit on the amount you will have to pay out-of-pocket in a year for co-payments, co-insurance, and other costs. This can be helpful if you face an illness. When you have paid up to the out-of-pocket limit, the plan will pay for any remaining covered services.