



The Maryland State Medical Society

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OPEN ENROLLMENT IN MARYLAND – WHAT YOU NEED TO KNOW

Op-ed in Maryland Matters, by Gene M. Ransom, III

Despite all of the recently proposed amendments to the Affordable Care Act, it is time to start thinking about Open Enrollment and your 2018 health care plan. I will leave the political wrangling and predicting to the pundits, but I want to suggest some things for you to consider as you prepare for Open Enrollment.

The Maryland Health Benefit Exchange established the Maryland Health Connection for individuals, families, and small businesses to compare and enroll in health plans and to determine their eligibility for Medicaid or other assistance programs, federal tax credits, and cost-sharing reductions. Open enrollment to buy, change, or renew a qualified health plan for 2018 will begin November 1 and end on December 15, 2017. Until November 1, an individual may only purchase or change a health plan if he or she experienced a “life-changing event” or other qualifying circumstance. Employees who intend to enroll in an employer-sponsored health plan should receive health plan options this fall. Contact your human resources department for additional information.

Please remember that Medicaid enrollment is year-round, and Medicaid eligible Marylanders may start their coverage immediately. Marylanders who are enrolled in Medicaid must renew their Medicaid coverage once a year through the Maryland Health Connection.

For those who want to enroll in a Medicare plan or change their Medicare coverage, Medicare Open Enrollment will begin October 15 and continue until December 7. For additional Medicare plan information, individuals may call 1-800-MEDICARE or visit www.medicare.gov. Individuals do not need to renew their coverage if (1) they are satisfied with their current plans and (2) those plans are still offered through Medicare.

Good decisions during Open Enrollment can result in better health care and increased savings. When reviewing potential health plans, MedChi recommends that you ask the following five questions.

1. Are your family’s physicians in-network? Mistakenly seeing an out-of-network provider can leave you with unnecessarily expensive medical bills. Using in-network providers will save you from these additional costs.
2. Does this plan cover your family’s medications? If you take prescription medications, check these medications against the list of the plan-approved drugs. Choosing a plan that does not cover your most regular medications will severely increase your family’s health care costs.
3. What are the plan’s prior authorization and step therapy policies? Prior authorization requires physicians to obtain the carrier’s approval before the carrier will pay for certain medications or treatment. Step therapy policies require physicians to prescribe cheaper alternatives before the insurer will cover the preferred treatment.

4. What are the out-of-pocket costs and limits? In order to estimate the full cost of each plan, compare each plan's co-pays, deductibles, and other out-of-pocket expenses for which you will be responsible.

5. What is hidden in the fine print? Reading the plan materials thoroughly will inform you of your rights and responsibilities under each plan and can prevent you from incurring unexpected medical costs.

If any part of a plan is unclear to you, ask your human resources department or insurance carrier for clarification. If you have any questions about Open Enrollment, you can also call MedChi at 1-800-492-1056 x 6001 (toll-free.)

About MedChi

MedChi, The Maryland State Medical Society, is a non-profit membership association of Maryland physicians. Formed in 1799, it is still the largest physician organization in Maryland today. The mission of MedChi is to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health of Maryland. For more information, please visit www.medchi.org.

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