

INSURANCE MATTERS

A Newsletter for Delawareans

October 2024



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How To Protect Yourself During Open Enrollment

During Medicare annual open enrollment (Oct. 15, 2024 – December 7, 2024) and Medicare Advantage open enrollment (Jan. 1, 2025 – March 31, 2025), you can expect to see plenty of advertisements promising the “latest and greatest” ways to save on your health plans and expenses if you’ll just “call right now!”

While some choices may look promising, some offers really are “too good to be true.”

The following helpful tips listed on the next page will help you navigate Medicare annual open enrollment and Medicare Advantage open enrollment, find a plan that works best for you, and spot misleading or fraudulent marketing.

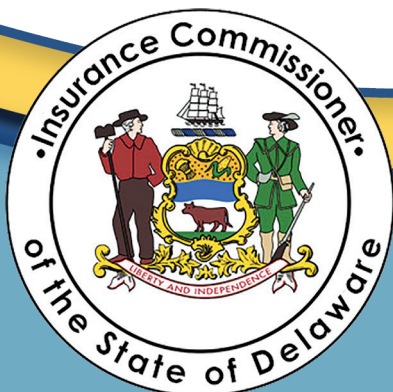
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DMAB Weekly informational appointments are happening from Oct. 22 - Nov. 22 during the following times:

10/30, 11/5, 11/13, 11/19,
9:30AM-3:00PM at 503 Carr
Road, Suite 303, Wilmington DE
19809

Wednesdays from 9:30AM-
3:00PM at 28 The Circle, Suite 1,
Georgetown, DE 19947

Thursdays from 9:00AM-3:30PM
at 1351 West North St., Suite
101, Dover, DE 19904



Trinidad Navarro
Insurance Commissioner
Delaware Department of Insurance
1351 West North Street, Suite 101
Dover, DE 19904

PROTECT YOURSELF

During Open Enrollment

Follow These 3 helpful tips during open enrollment to stay safe

Open enrollment is a key time for selecting healthcare coverage, and in Delaware, as elsewhere, it requires careful consideration. Whether you're choosing an employer-based plan or enrolling through Delaware's health insurance marketplace, here are some ways to protect yourself financially and ensure you make the best choices for your health needs.

By being vigilant, understanding your options, and avoiding scams, you can choose the right plan and safeguard your financial and personal health during open enrollment in Delaware.

DON'T GIVE INTO PRESSURE

- There's no such thing as a "limited-time offer" or "special discount if you sign up right away" when it comes to these plans.
- You don't have to make a decision after a single phone call or website visit. Take your time.
- Don't hesitate to ask anyone calling you for their full name and contact information, company license information, or a copy of the plan.
- NOTE: Medicare and Social Security will never contact you by phone to offer a health plan.
- You don't need to provide your Social Security number, bank account, Medicare number, or credit card before you can see plan details or receive a quote for legitimate plans.

DO YOUR RESEARCH BEFORE YOU COMMIT

- Read Medicare.gov's breakdown to learn more about what each part of Medicare covers and the difference between Medicare, Medicare Supplement insurance (Medigap), Medicare Advantage, and Medicaid.
- Check with your state department of insurance (DOI) to ask any questions or ensure an agent or company is licensed to provide plans in your state.
- You can also contact your State Health Insurance Assistance Program for help navigating your Medicare options. In some states, these are known as a SHIP program, but they may have a different name in other states.
- Keep in mind that not all the benefits you hear about on TV or see on the internet may be offered by every plan or even be available in your local area.
- Familiarize yourself with the rules those representing a Medicare health plan have to follow.
- Read the fine print of Medicare Advantage plans. When you hear something is "free" or "zero premium," you need to exercise caution. While some plans may have "zero co-pays," those could be limited to your primary care provider. If you see a lot of specialists, you may pay more out of pocket.

FOLLOW BASIC CYBERSECURITY PRACTICES ONLINE

- Beware of clicking on random internet ads or pop-ups.
- Know that some websites will change their colors or layout to look like a government site but aren't actually affiliated with the government.
- Use caution and avoid responding to unsolicited messages, texts, or emails.

Glossary of Health Insurance Terms

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference.

Appeal

A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing

When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan’s allowed amount for an office visit is \$100 and you’ve met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won’t pay anything until you’ve met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Excluded Services

Health care services that your health insurance or plan doesn’t pay for or cover.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

In-network Co-insurance

The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

Non-Preferred Provider

A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

Out-of-network Co-insurance

The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out of-network co-insurance usually costs you more than in network co insurance.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

Preferred Provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

The DOI Corner

Jaiden Ryann Mickles Born: August 30th

The Delaware Department of Insurance would like to welcome Jaiden Ryann Mickles to the world. Jaiden was born August 30th to Justine Mickles. We are beyond excited to welcome him.



Employee of the Quarter: Michelle Stevens

We would like to congratulate Michelle Stevens for her outstanding performance at the DOI this quarter. Michelle started with the department in April 2015 and works in our Legal Section, arbitration department. Our arbitration process allows the public to resolve disputes with insurers without formal litigation.



DOI Promotions

Jessica Romano
Administrative Specialist II

DOI Welcomes

Lindsay Morgan
Life and Health Investigator II

Lorraine Madina-Peters
*L&H Insurance Forms and
Information Analyst*

Matthew Tower
Investigator II

Johari Brown-Bell
DMAB

Reagan Allen
Financial Analyst

ASK THE COMMISSIONER

October is Breast Cancer Awareness Month

Every October, we recognize Breast Cancer Awareness Month, a global campaign dedicated to increasing awareness, promoting early detection, supporting research efforts, and uniting communities in the fight against breast cancer. Originating in 1985, this annual observance encourages people worldwide to come together to support survivors, remember those lost, and take actionable steps toward a future free of breast cancer. While the month highlights these efforts, it also serves as a powerful reminder of the work still to be done.

Breast cancer is one of the most common cancers worldwide, affecting one in eight women in the United States and numerous others globally. While it primarily affects women, men can also develop breast cancer, although it is less common. With early detection, breast cancer has high survival rates, making awareness and regular screening key. Public health organizations worldwide stress that knowledge and proactive care can dramatically change outcomes, and Breast Cancer Awareness Month has been instrumental in fostering this understanding.

Breast Cancer Awareness Month has grown to become more than just a month on the calendar—it's a call to action. This October, let's come together in the fight against breast cancer, pushing forward in solidarity, compassion, and determination.



Trinidad Navarro
Delaware Insurance Commissioner



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503 Carr Rd.,
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Wilmington, DE 19809

The consumer comes first.

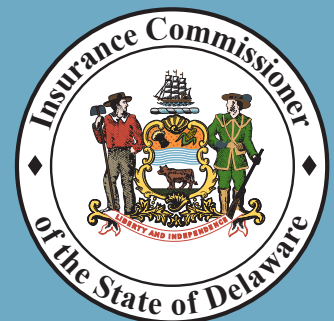
Our office is here to help if you have questions about or problems with your insurance coverage or insurance company.

Questions about insurance or complaints about an insurance company or insurance agent can be made to the Consumer Services Division by phone, by fax, by letter, by email or with an online complaint form.

Phone: 302-674-7300

Fax: 302-739-6278

consumer@delaware.gov



Our Mission

Protecting Delawareans through regulation and education while providing oversight of the insurance industry to best serve the public.