

Health Insurance Options for Individuals with HIV

Here are some things to consider if you're living with HIV and enrolling in a health plan:

Quality health care is essential, especially if you're living with HIV. Fortunately, health insurance companies can no longer deny coverage based on pre-existing conditions, including HIV. But if you need daily prescriptions or regular doctor visits, it's important to consider the costs and benefits of health plans as you decide which plan is right for you through Maryland Health Connection, the state's official health insurance marketplace.

Consider the deductible

- In addition to a plan's monthly premium, consider the deductible, which is the amount of money you'll have to pay for your medical care before the health insurance will help pay for services. This is called an out-of-pocket cost.
- If you have regular doctor visits, you'll have to pay for the full cost of the visits until you meet your deductible.

Consider prescription costs

- You may take an antiretroviral prescription medication, which can be very expensive. Be sure to look at the plan's prescription coverage options for both generic and non-generic medications to make sure you'll have adequate coverage.
- When shopping for a plan, you can review its Summary of Benefits and Coverage, which shows out-of-pocket costs like copays or coinsurance for different types of services, including prescriptions.
- If you have HIV, you may qualify for financial help to lower your prescription drug costs through the Maryland AIDS Drug Assistance Program.

Keeping your doctors

- If it's important to continue seeing your preferred doctors, be sure to confirm with your doctor that he or she participates in a plan's network before enrolling. Generally, costs for medical care are higher for doctors, hospitals or other providers considered out-of-network.
- Keep in mind that people with HIV, AIDS and other serious health conditions have the right to Continuity of Care, ongoing health care management from the same health care provider.

- If your doctor is not part of a plan's network, or does not participate in the plan, you may still be able to stay with the doctor for up to 90 days, but you must contact your insurance provider to request the right to continue to see the out-of-network provider. For more information about Continuity of Care, contact the **Maryland Insurance Administration**, at insurance.maryland.gov.

All plans cover essential health benefits

Plans through Maryland Health Connection cover many essential health benefits. Some plans offer more benefits, but no plan can offer fewer benefits. These include:

- Doctor visits
- Hospitalization
- Emergency care
- Maternity and newborn care
- Pediatric care
- Prescription drugs
- Laboratory tests
- Mental health care
- Substance abuse treatment
- Preventive and wellness care, as well as chronic disease management



You may qualify for financial help with health coverage

- When you enroll through Maryland Health Connection, you may qualify for financial help to lower the cost of a health insurance plan. In fact, 9 out of 10 Marylanders enrolled through Maryland Health Connection last year received assistance to make coverage more affordable.
- If you qualify for a cost-sharing reduction (lower out-of-pocket costs such as deductibles and copays), you must choose a Silver-level plan to access these savings.

GET FREE, IN-PERSON ENROLLMENT HELP

Free help is available to find a health insurance plan that's right for you. You can meet with a trained navigator near you or call **1-855-642-8572**. **Deaf and hard of hearing use Relay service.** To learn more, visit MarylandHealthConnection.gov/help.

If you need help choosing a plan based on specific health needs, contact an **authorized insurance broker**, who can help you select a plan and enroll.