



DEPARTMENT OF

Professional &
Financial Regulation

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

Maine Bureau of Insurance Health Insurance Tips

1. Review your health insurance policy

Make sure you understand the coverage restrictions and exclusions. For example: health insurance does not typically pay for dental work. However, if you have a medical condition that causes damage to your teeth, your insurance may help pay to treat the medical condition, but not pay for dental work to restore your damaged teeth.

2. Understand your responsibilities

Have you selected a primary care provider (PCP)? Do you need a referral from your primary care provider for services your PCP can't provide? Have you confirmed with your insurer that any referrals made will be covered by your health plan? For example: your PCP may refer you for infertility treatment, but that doesn't necessarily mean your plan will cover any of the cost.

3. Keep your insurance ID card handy

Don't hesitate to pick up the phone and call the number on your insurance ID card for assistance in understanding any part of your policy you don't understand. Call your insurer if you get a bill, a referral, an explanation of benefits form, or other document you don't understand. Other sources of assistance include your insurance agent and your human resources department if your employer provides your health insurance. The Bureau is always available to assist as well and can be reached from 8:00 A.M-5:00 P.M. at 800-300-5000.

4. Keep good files

Know where to find your policy or benefits booklet. Keep copies of any health insurance related documents you receive from your insurer, agent, human resources department or health care provider in a file you can easily locate. If you call your insurer, agent, human resources department or health care provider regarding an insurance issue, keep a pad of paper handy. Ask for the name of the person you are talking to and make a note of what you discussed, being sure to indicate the date and time of your call.

5. Know your rights

You have a right to receive a response to a request for authorization of services within two working days. If your insurer denies a requested service on the grounds that the requested service is not medically necessary, your insurer must send both you and your provider a written notice explaining why it believes the requested service is not medically necessary. The notice must advise you of your right to obtain any clinical criteria or information relied upon by the insurer in reaching its decision. The notice must also advise you of your right to appeal the decision. By law you are entitled to appeal any health insurer decision you disagree with (not just medical necessity coverage denials). If you lose your appeal, your insurer must send you a written notice identifying the names and credentials of the persons who made the decision and explaining the reasons for the decision. You have the right to the information relied upon by your insurer in arriving at their decision. You have the right to a second level appeal. You have a right to attend and be represented at any second level appeal. If you are not satisfied, you have the right to complain to the Bureau of Insurance.

For help with insurance related questions contact the Maine Bureau of Insurance:

800-300-5000 or TTY Relay 711; Insurance.PFR@maine.gov

www.maine.gov/pfr/insurance