

FACT SHEET – Summary

Using Health Plan Customer Services To Learn Scope of Coverage

This fact sheet is intended to help Navigators answer specific questions that people with disabilities might ask about the role health plan customer services can play when purchasers are considering buying health insurance through the Marketplace

Q1. What are the primary purposes of health plan customer service?

A. Typically, health plan customer services can involve: checking a claim on behalf of a member, finding out whether a procedure, medication or service is covered and at what cost, and directing members to additional resources. Other services might involve registered nurses or other clinicians who provide advice and answer questions.

Q2. How do I get detailed information about the scope of coverage for services from plans I am considering?

A. You can get information on the scope of coverage in two ways: (1) All health plans whether participating in the Marketplace or not must use the same standard form, called "Summary of Benefits and Coverage (SBC)" which is an easy-to-understand, plain language summary about a health plan's benefits and coverage. (2) If the SBC does not provide the information you need, you will find a telephone number listed at the end of each SBC that you can call for additional information. You should reach a customer service representative who either will try to answer your questions or refer you to someone else who can.

Q3. What should I do if neither the plan representative nor sales agent can provide the specific information about covered benefits that I need?

A. Some of the information you need might be available through the Evidence of Coverage document (EOC), which describes in detail the health care benefits covered by the health plan. (See our Fact Sheet on the EOC). In some cases, however, even the EOC document will not provide the detailed information you require and it might refer you back to member services for inquiries about specific items or services.

Q4. What should I do if a plan representative tells me that I must join the plan in order to have access to the specific and detailed information?

A. Some health plans will only provide information about specific benefits after you have enrolled in one of their plans. If you think the policy is a very strong contender for you based on what you have learned about it, then you should consider purchasing the plan. Once you have enrolled, you can contact your plan's customer services phone number for detailed information about coverage.

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