

The insurance policy document provides a comprehensive overview of health insurance options, emphasizing the importance of coverage for unexpected medical expenses, which can range from minor illnesses to serious injuries. It details various health insurance plans, including traditional and managed care options, such as Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Exclusive Provider Organizations (EPOs), and Point-of-Service (POS) plans. Traditional plans allow policyholders to choose their healthcare providers, typically requiring upfront payments and subsequent reimbursement, while managed care plans offer lower costs in exchange for limited provider choices. Major medical insurance is highlighted for its coverage of high medical costs, generally covering 70% to 80% of expenses after deductibles, with group plans often simplifying the insurance process for employees. The Affordable Care Act (ACA) mandates that all non-grandfathered health plans include ten essential health benefits and prohibits denial of coverage based on health history or pre-existing conditions, ensuring guaranteed issue coverage. Premiums are determined by factors such as age, location, and tobacco use, with out-of-pocket maximums set for 2023 at \$9,100 for individuals and \$18,200 for families.

The document also outlines the process for obtaining a full refund of an insurance policy, which must be returned within a specified timeframe, and discusses coverage for family members, including provisions for dependent children with disabilities. It emphasizes the importance of understanding the type of health plan—grandfathered or non-grandfathered—and the implications of not purchasing Florida-governed coverage. Special Enrollment Periods (SEPs) allow individuals to enroll outside the Open Enrollment Period under certain circumstances, while the Advanced Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR) assistance make coverage more affordable for eligible individuals.

Short-term limited-duration insurance (STLDI) is mentioned as an option for temporary coverage gaps, though it does not comply with ACA protections and may exclude pre-existing conditions. The document warns that STLDI policies must include disclaimers about their non-compliance with

federal requirements. Additionally, it covers various health-related policies, such as Hospital Confinement Indemnity Insurance, Disability Income Insurance, and Long-Term Care Insurance, while also addressing the limitations of medical discount cards and the benefits of Health Savings Accounts (HSAs).

COBRA provisions allow individuals to continue group health coverage after employment loss, with Florida's mini-COBRA offering similar benefits for smaller employers. The document stresses the importance of comparing health care options, understanding premiums, out-of-pocket maximums, and coverage specifics, including deductibles and co-payments. It also highlights consumer rights, such as the right to appeal denied claims and the importance of maintaining continuous coverage.

The document further explains the implications of adverse benefit determinations, the coordination of benefits, and the role of certified application counselors and navigators in assisting consumers with enrollment. It outlines the characteristics of various plan types and emphasizes the significance of understanding coverage effective dates, grace periods for payments, and the transition from group to individual coverage. Lastly, it provides resources for consumers to seek assistance with insurance questions and highlights the importance of vigilance against insurance fraud.