

Health insurance

The insurance company has the right to see all of your medical information. You may want to review your own medical records, and then complete the application yourself to ensure accuracy.

Medically necessary

All covered services must be medically necessary as defined in your plan. Your doctor must note the reasons in your medical record.

You have the right to:

- Obtain a copy of your medical record
- Receive information on how to obtain all of your plan's benefits
- Appeal claims that have been denied
- Request external review of your denied claim
- File a complaint with the Oregon Insurance Division

External review

If your claim is denied and you've exhausted your appeal rights, you can ask your insurer for an *external review*. In an external review, your claim documents and medical records are reviewed by a medical provider from an independent review organization chosen by the Oregon Insurance Division. Your policy or benefits booklet will state whether your insurer agrees to be bound by external review decisions that overturn the company's denial. External review takes 30 days, but if your health is too fragile to wait 30 days, your doctor may request a *three-day, expedited review*.

You may ask for an external review when the claim denied concerns whether a plan of treatment is 1) medically necessary, 2) experimental or investigational, or 3) continuity of care. Under *continuity of care*, you are allowed to continue treatment for up to 120 days with a doctor who leaves your health maintenance organization (HMO) if that doctor is willing and able to see you. If you are in a preferred provider organization (PPO), you may see a doctor who has left the network but the out-of-network payment rate applies.

Discount cards

Health care discount cards are not insurance. These cards simply offer lower prices on services from medical providers who accept the cards. Sometimes these cards are not legitimate or there may be no providers in your area who accept the card.

More information on insurance

See our publications at insurance.oregon.gov or call to request copies, (888) 877-4894 (toll-free) or (503) 947-7984:

- Consumer Guide to Health Insurance
- Consumer Guide to Auto Insurance
- Consumer Guide to Homeowner and Tenant Insurance
- Consumer Guide to Oregon Insurance Complaints
- Consumer Guide to Long-Term Care Insurance in Oregon
- A Shopper's Guide to Long-Term Care Insurance
- Pre-need Funeral Plans
- Free Help with your Insurance Questions or Complaints

Additional information for consumers also is available on our Web site.

Free help

The Oregon Insurance Division's consumer advocates help solve insurance problems. They offer free help with all insurance questions and complaints, and work with you and the insurance company to try and resolve problems. To access this free service, please check our Web site insurance.oregon.gov, or phone (888) 877-4894 (toll-free) or (503) 947-7984.



440-2884 (5/07/COM)

Insurance advice for Oregon consumers



How to be a smart consumer

DEPARTMENT OF
CONSUMER
& BUSINESS
SERVICES
Oregon Insurance Division

Consumer
Advocacy
Unit

How to be a smart consumer — Important information about insurance

This publication covers some of the most asked insurance questions. If you have additional questions, please contact the Oregon Insurance Division at (503) 947-7984 or (888) 877-4894 (toll-free), or visit our Web site: insurance.oregon.gov.

Insurance policies

Get it in writing

Insurance policies are contracts and must be in writing. Discussions with an agent or company representative do not change the written word. Read your policy to find out what is covered and what is not covered. Ask about anything that is not clear. **If it isn't in writing, it doesn't exist.**

There is no such thing as “full coverage” insurance that will pay for anything that happens. Also, even if your loss is covered, you may have to pay a deductible or co-pay out of your own pocket.

Risk factors

Insurance policies are issued and priced according to risk factors. Insurers may consider such factors as credit score, age, gender, marital status, driving record, where you live, and claims history to determine who they will insure and what premium to charge.

Your right to be treated fairly

Discrimination

Insurance law does not allow unfair discrimination between people with essentially the same risk factors.

Visit our Web site:
insurance.oregon.gov

Filing a claim

If you file a claim, you have a right to be informed of the process to be used to settle your claim and the progress of your claim. Insurance companies must respond to claim communications within 30 days. They must complete a reasonable investigation of a claim within 45 days, unless they can justify additional time is needed.

If you change your mind

Life, disability, long-term care insurance, individual health, and Medicare supplement plans all come with a *free look or examination clause*, which means you can return the policy to the insurance company (not the producer/agent) within the time period described in the clause for a full premium refund. If you buy one of these policies, ask your agent to show you its free look or examination clause.

Do your part

Shop around

Insurance policies and premium rates vary from company to company – there aren't standard benefits for all insurance policies. Before you buy insurance, compare premiums and decide which benefits and coverage terms you want. Read the policy with your agent and ask to see those benefits and terms in the policy itself. Remember, **if it isn't in writing, it doesn't exist.** Visit our Web site (insurance.oregon.gov) or contact us to verify if the agent or company is authorized to sell insurance in Oregon. Call (503) 947-7981 to check on agents or (503) 947-7982 for insurance companies.

Be thorough and accurate

Take plenty of time to complete your insurance application. Insurance companies can increase premiums or cancel a policy retroactively if an error is discovered on your application. For life and health policies, insurers can cancel a policy during the first two years if an error is found.

Pay on time

Late or nonpayment of premiums could cause you to lose your insurance. You are always responsible to see that the company receives your premiums by the due date, even if you didn't receive a bill. If you have automatic bill payment, make sure your payment went to the company by the due date or it will be considered late.

Cooperate with the insurance company

You must cooperate with the insurer's reasonable investigation of your claim. Failure to cooperate may result in the company denying your claim.

Property & casualty insurance (auto & home)

Filing a claim

When you file a claim with your own insurance company, it's called a *first-party* claim. When you file a claim against someone else's insurer, it's called a *third-party* claim.

On first-party claims with your own insurer, if you and the company disagree about the amount payable for your auto or homeowner's claim, you can use the policy's **appraisal clause**. You and the company each pay for your own appraisal and then share the cost of hiring a mediator to decide the fair amount to be paid for the claim.

Oregon law requires every personal lines auto insurance policy to include Personal Injury Protection (PIP) coverage. If you are injured in an accident, your medical and related expenses will be covered by your own insurance carrier under this coverage. Disputes about PIP claims are resolved through arbitration.

If someone else is responsible for your injuries, you also may submit a claim to his or her insurer. The insurer will determine its insured's legal obligation. If you and the insurer do not agree, disputes may be resolved through negotiation or through legal action.