Health insurance terms can be confusing resulting in patients avoiding recommended care. **Here are some basic terms:**

Copay - Patient's out of pocket costs that must be paid to provider of care. Full amount until deductible is reached then a percentage. Premiums do not count as "co-payment" for covered care that is provided.

Deductibles - Threshold of costs paid by patient (copays) before Insurer covers full cost of care.

Annual Out-of-Pocket Maximum - Limit of patient responsibility each year.

Allowable Costs - Insurers sometimes can specify therapies, meds and treatments that they deem "allowable" based on their assessment of effectiveness.

Preventative Care - Care deemed "effective" by national expert panels.

Pre-existing Conditions - Conditions existing prior to this insurance coverage begins.

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Local area price comparisons, too

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or call **1-877-891-2198**

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What do the Terms in Health Insurance Mean for Patients' Cost of Care?

HOW "TYPICAL" HEALTH INSURANCE WORKS

Preventative and Acute Care

Doctors

Hospital Care

Emergency Medications

Imaging

Therapy

Lab Tests

Date that your plan year begins

Date that your plan year ends

Receives routine preventative care

This is granted by all plans with no cost to the patient.

Receives additional care until deductible is paid

The full cost paid by patient until the sum equals the deductible threshold.

Receives additional care with copayment

The copayment is a fixed cost paid by the patient each time they visit the doctor. The remaining cost is paid by the insurance company.

Receives more necessary care

Allowable costs paid by insurance until sum equals the "lifetime maximum".