

Helpful Insurance Terms & Definitions*

In-Network - Doctors, hospitals, clinics, and other health care providers who have a contract with your insurance carrier to provide services to you at a contracted rate. Our Mental Health providers are likely in-network providers.

Out-of-Network - Services from health care providers who don't have a contract with your plan. Linda (our nutrition coach) and Jessica (Only for Addiction Certified Counseling) are out-of-network providers.

Deductible - The amount you pay for eligible services during a benefit period before your plan begins to pay. The deductible does not include copayments, member coinsurance, charges in excess of the allowed (contracted) amount, and expenses for non-covered services.

For example, if your deductible is \$1000, your plan won't pay anything until you've paid \$1000 for covered health care services (after the copay, coinsurance, and contracted discounts are applied). The deductible may not apply to all services. This means you may be able to pay a copayment rather than the full amount (check your policy for details).

Note: Your plan may have different deductible amounts for services in and out of the provider network. Deductible types include Individual Deductible and Family Deductible - If you have dependents on your policy, each person may have an individual deductible that is applied toward a total family deductible.

Family Deductible - Most family health insurance policies have both individual deductibles and family deductibles. Each time an individual within the family pays toward his or her individual deductible, that amount is also credited toward the family deductible. Under most family health insurance policies, coverage begins for each individual member as soon as his or her individual deductible is met. Once the family deductible is met, post-deductible coverage is provided for everyone in the family, even if their individual deductibles are not met.

Copayment (copay) - The fixed-dollar amount which is due and payable by the member at the time a covered service is provided. (Example \$25) There is usually a specialist and a primary care copay amount listed on the front of the card. Some services fall under a copay while others may fall under the coinsurance.

Coinsurance - Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service after all deductibles have been met. You pay coinsurance plus any deductibles you owe. Some policies have a coinsurance maximum – the maximum amount of coinsurance that the patient is obligated to pay for covered services per calendar year/benefit period.

For example, if your plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Your plan pays the rest of the allowed amount. Also, once you reach your coinsurance maximum, your plan will pay 100% for covered services for the rest of the benefit period.

Out of Pocket Maximum - The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits. It typically includes your deductible, coinsurance, and copays, but this can vary by plan. The out-of-pocket limit typically doesn't include: your monthly premium, services that are non-covered, out of network care & services, charges over allowed amounts.

Preventative Care – Certain preventative care services don't require a deductible, copay, or coinsurance under the affordable care act. You won't pay for things like preventative (non-diagnostic) services like mammograms, physicals, vaccines, etc. In these instances, insurance typically pays at 100%.

**This is not an exhaustive list of terms and is meant to be a guide for understanding insurance terms. The patient is responsible for understanding their own insurance plan. If you have questions about your specific plan, call the 800 (member services) number on the back of your insurance card.*