

INSURANCE— MY RESPONSIBILITY

What do I owe?

You and your health insurance company both pay part of your medical expense. Deductibles, coinsurance and copays are all examples of what may be owed. Each may apply to your visit. Understanding how they work will help you know when and how much you have to pay for care.

The best way to know what is covered by your specific plan is to contact your insurance company directly.

COPAY

A fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service (i.e. primary care, specialists, prescriptions, etc.) and it does not count towards the deductible.

DEDUCTIBLE

The amount you pay for health care services before health insurance begins to pay (e.g. a \$1,500 deductible means that for most services, you'll pay 100% of medical and pharmacy bills until the amount you pay reaches \$1,500. After that, you share the cost with your plan by paying coinsurance and copays).

COINSURANCE

Your share (usually figured as a percentage) of the costs of a health care service. You start paying coinsurance after you've paid your plan's deductible.

OUT-OF-POCKET LIMIT

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount.



HEALTH SERVICES



Lynn's plan has:

- \$1,500 deductible
- 20% coinsurance
- \$5,000 out-of-pocket limit

Coverage period begins January 1
and ends December 31

Lynn hasn't reached the \$1,500 deductible yet.

Office visit costs \$125

- Lynn pays 100%
- Lynn's plan pays 0%

Lynn has reached the \$1,500 deductible, coinsurance begins

Office visit costs \$75

- Lynn pays 20% of \$75 = \$15
- Lynn's plan pays 80% of \$75 = \$60

Lynn has reached the \$5,000 out-of-pocket limit

Office visit costs \$200

- Lynn pays \$0
- Lynn's plan pays \$200