Health Insurance 101

Take Command

An overview of the terms you will see while shopping

What Your Plan Costs

| What You Pay | Description | Example | |
|----------------------|--|--|--|
| PREMIUM | The monthly cost of the plan | \$200 a month | |
| COPAY | A fixed amount for care | \$25 for a doctor visit | |
| DEDUCTIBLE | For things without a copay, you have to pay this amount first before insurance pays | lf your plan has a \$1,000 deductible, you'll pay the first \$1,000 each year | |
| COINSURANCE | The percentage you pay after the deductible | If your bill after your de- ductible is \$100 & your coinsurance is 20%, you pay \$20 | |
| MAX-OUT OF-POCKET | The most you'll pay in one year. After you reach this amount, insurance pays everything | If your annual max is \$1,000 and you get a bill for \$1M, you pay \$1,000 & nothing more | |

What Your Plan Covers



NO COST PREVENTATIVE CARE

Things like annual OBGYN visits, screening tests & immunizations are covered at no costs to you.



FORMULARY

A list of prescription drugs your health plan covers & their cost to you.

Other Plan Features

HDHP

A High Deductible Health Plan offers lower premiums but has a higher deductible. They are a great way to save money if you're relatively healthy and protect yourself from serious injuries & illnesses.

HSA

A Health Savings Account is a bank account that allows users to pay medical bills tax-free. HSAs only work with HDHPs.

What Doctors are Included

PROVIDER NETWORK

Most insurance plans have a specific group of doctors you can see called a Provider Network. There are 4 major network types. Understanding the network type & making sure your doctor is "in network" are important for saving money.

| | Most Flexible | | | Most Affordable |
|---|--|--|--------------------------------|--|
| Types of Networks Tip: Find the most affordable network with your doctors. | PPO Preferred Provider Organization | EPO Exclusive Provider Organization | POS Point-of-Service | HMO Health Maintenance Organization |
| Primary Care Physician (PCP) required | NO | SOMETIMES | YES | YES |
| Referral required to see a specialist | NO | NO | SOMETIMES | YES |
| "In-network" benefits | YES | YES | YES | YES |
| Non-emergency "out-of-network" benefits | YES | NO | YES | NO |
| Emergency coverage | YES | YES | YES | YES |