

KEY INSURANCE TERMS and what they mean for you.



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Here's a cheat sheet for a few of the most important ones.

Covered Health Service

A service could be an office visit, test, prescription, or another medical treatment your health insurance covers. Before you seek care, check to make sure the service is covered.

Claim

The request for payment that's sent to your health insurance company after you receive covered care.

Plan Allowance

The set amount your plan will pay for a health service, even if your provider bills for more.

Deductible

The set amount you pay for covered health services before your plan starts paying.

Coinsurance

The percentage you owe after your deductible.

Out-of-Pocket Maximum

The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

Premium

The monthly amount you or your employer pay so you have health coverage.

Copay

The set amount you pay for a covered service.

In-Network Provider

A doctor, hospital, or other provider in the plan's network. Network providers accept the plan's payment plus member cost-sharing as payment in full. You pay less when you use an in-network provider instead of an out-of-network provider. With the exception of care for emergent and urgent conditions, if the plan does not offer out-of-network coverage, you must see an in-network provider for all covered services.

Out-of-Network Provider

Provider who does not have a contract with your health insurer to provide services to you at a discount. You will generally pay more to see an out-of-network provider. If you have an EPO or HMO plan, you are not covered for out-of-network services (except for emergency and urgent care services).

Formulary

A list of medications covered by your plan, sorted by tier. Lower tiers usually mean lower copays.



Still have questions?

You can easily access your plan info and more by visiting [AllMyHealth.com](https://www.AllMyHealth.com) or call the member service number on the back of your insurance card.

