BENEFITS VOCABULARY

WELCOME TO YOUR BENEFITS!

To better understand your coverage, it's helpful to be familiar with **benefits vocabulary**. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a $25 copay for an office visit or a $10 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services. Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening.

Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Preferred generic drugs – Generic drugs have the same active ingredients and work the same way as the brand-name drugs they copy. They usually cost less than the brand-name versions.

Preferred brand drugs – These drugs are included in a plan's list of covered drugs and may not have a generic version. They cost more than generic drugs but less than non-preferred brand drugs.

Specialty drugs – These drugs are used to treat ongoing health conditions and can be costly. They often require special handling and may have to be ordered through a specialty pharmacy.

BENEFITS 101



Deductible

Amount you pay for healthcare **BEFORE** your insurance starts to pay.

Coinsurance (aka Cost Share)

A **percentage** of the cost of care you are responsible to pay for **AFTER** you have met the deductible.

Co-Payment (aka Copay)

Fixed amount of money you pay each time you or your dependents receive care.

Out of Pocket Maximum (OPM)

Greatest amount of money you can spend on healthcare for the year.

- Does not include premiums or costs that your insurance plan does not cover.

DEDUCTIBLE
COINSURANCE
COPAYMENT

Out of Pocket Maximum