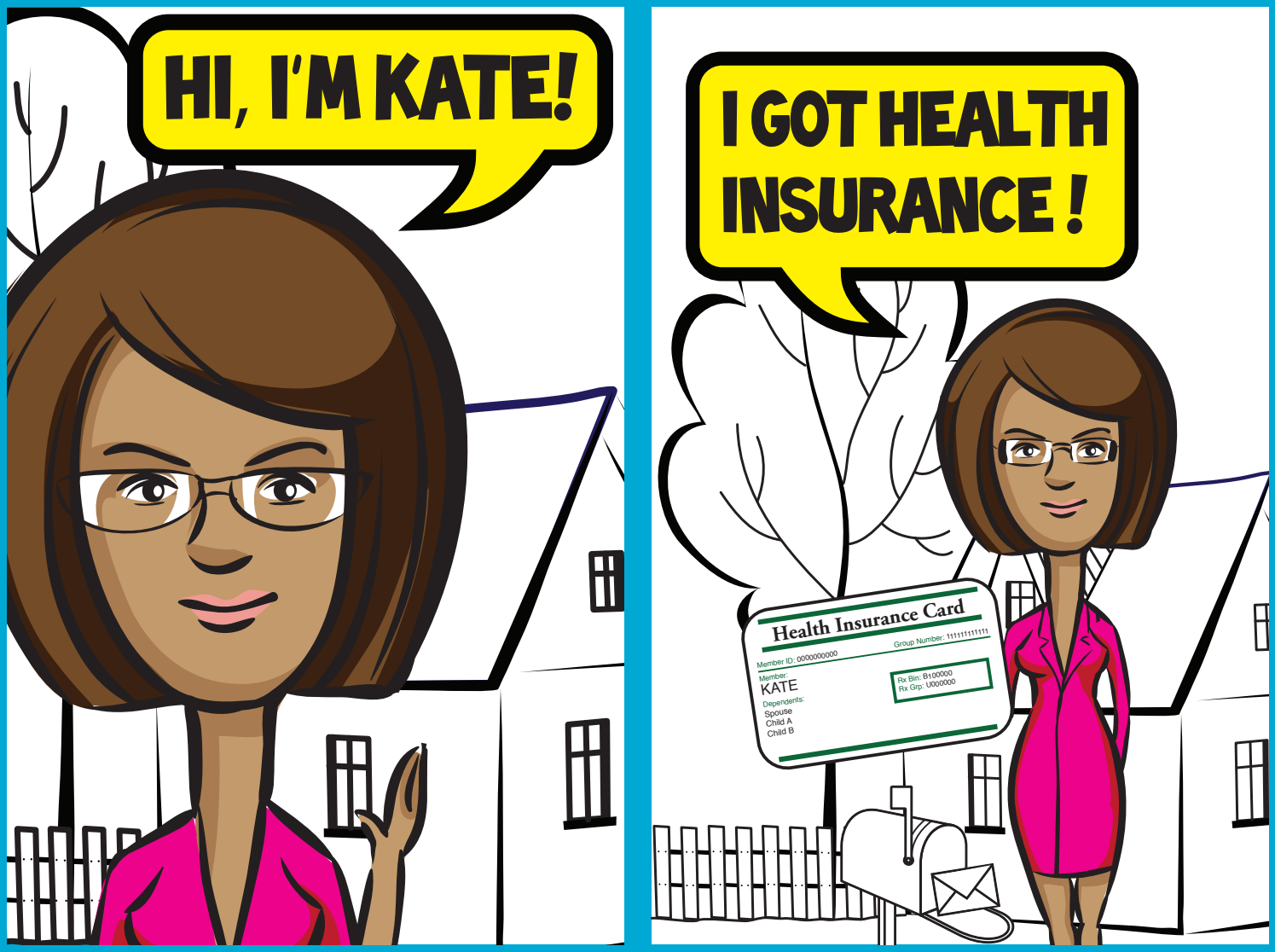
Health Insurance Coverage Key Terms

HEALTH INSURANCE

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

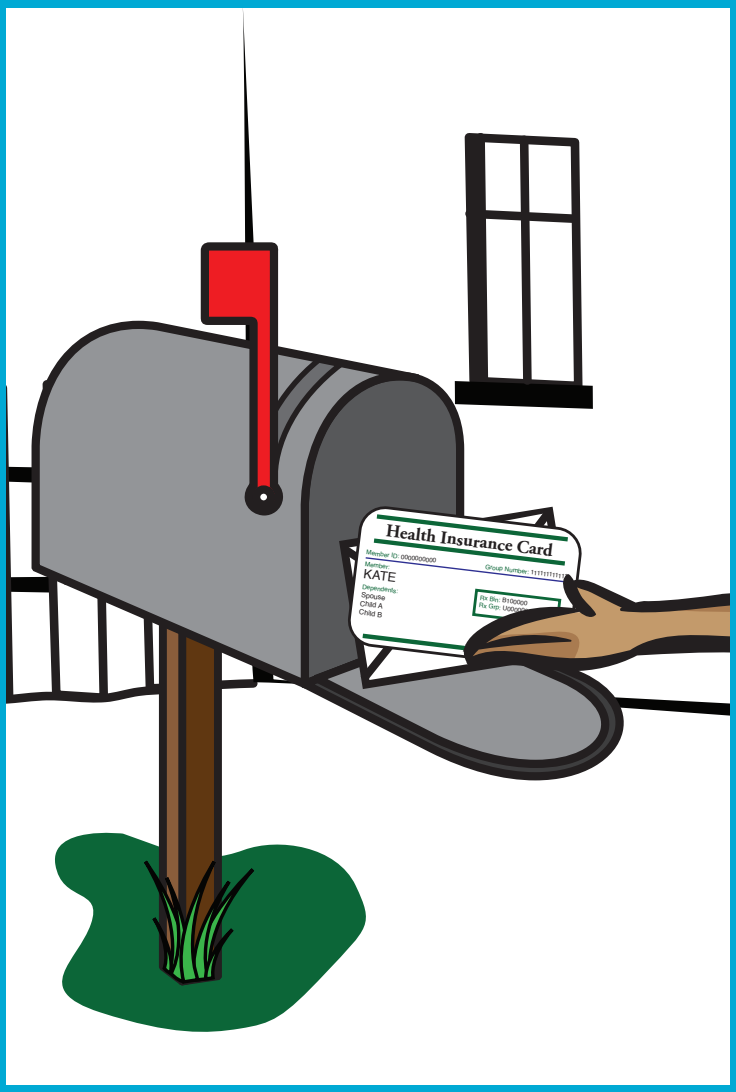


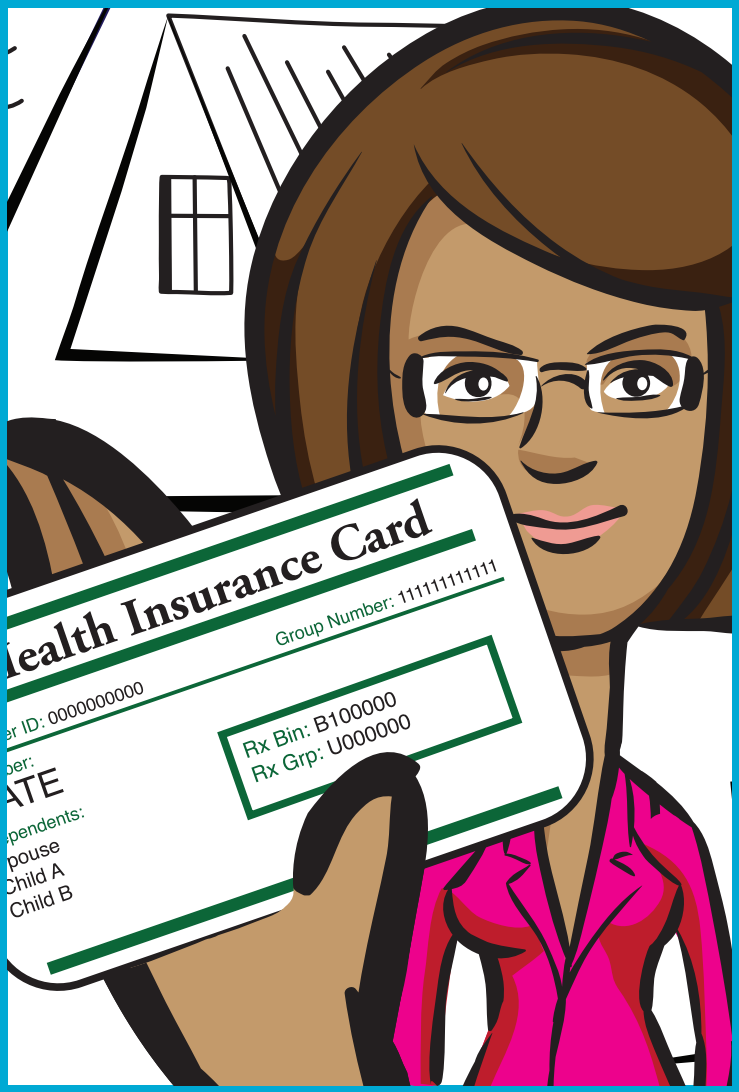
Kate enrolled in health coverage. She's happy to finally have insurance.

Health Insurance Coverage Key Terms

INSURANCE CARD

When you enroll in a health or drug plan, you get an insurance card that identifies you as a member of that plan.





After enrolling in health coverage, Kate gets her insurance card in the mail. This card has some of her coverage information. She takes it to all her medical appointments.

Health Insurance Coverage Key Terms

PLAN

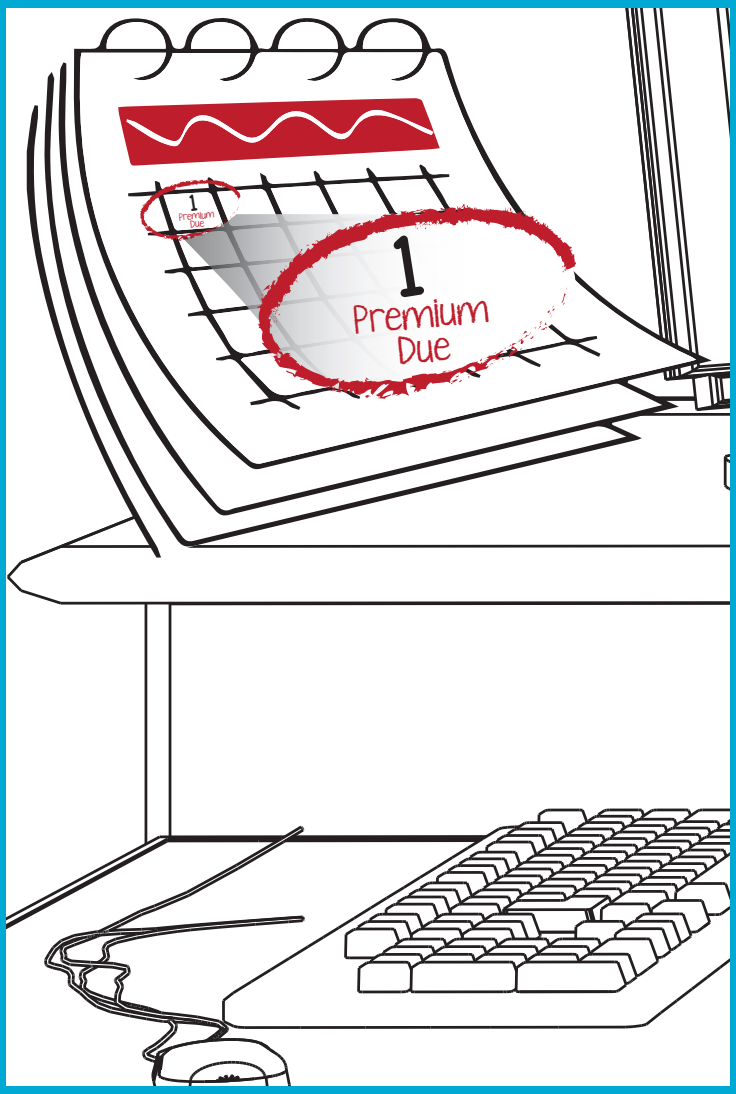
A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Plans help to pay for a share of their members' health care costs. Different plans will offer different benefits to their members. Kate gets her plan through the Marketplace, but other groups (like employers, unions, and more) offer plans to their members.

Health Insurance Coverage Key Terms

PREMIUM

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

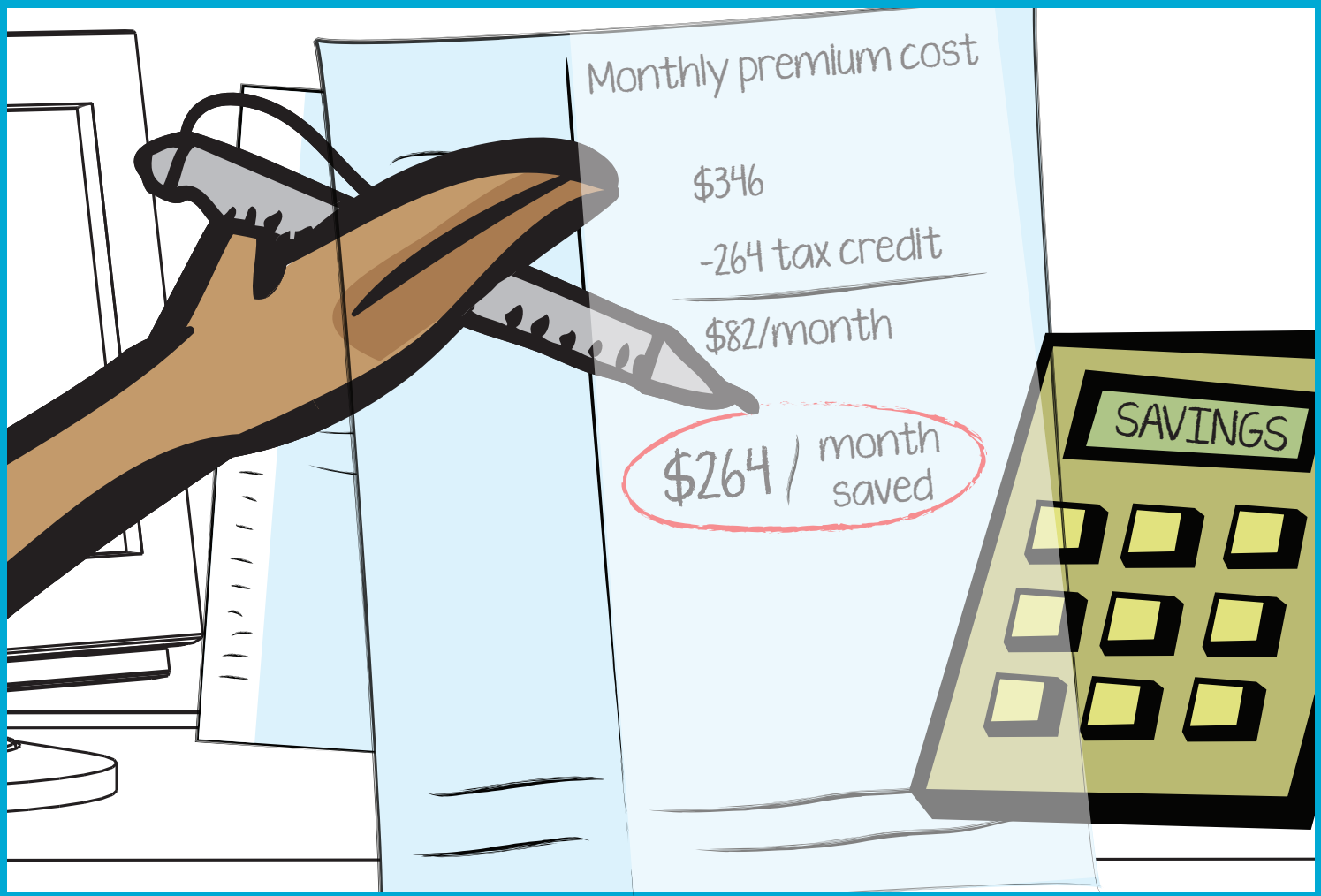


Kate's plan charges a premium of $346 a month. (Other plans may charge monthly, quarterly, or yearly premiums.)

Health Insurance Coverage Key Terms

PREMIUM TAX CREDITS

A tax credit that can help you afford coverage bought through the Marketplace. Unlike tax credits you can only claim when you file your taxes, these tax credits can be used right away to lower your monthly premium costs.

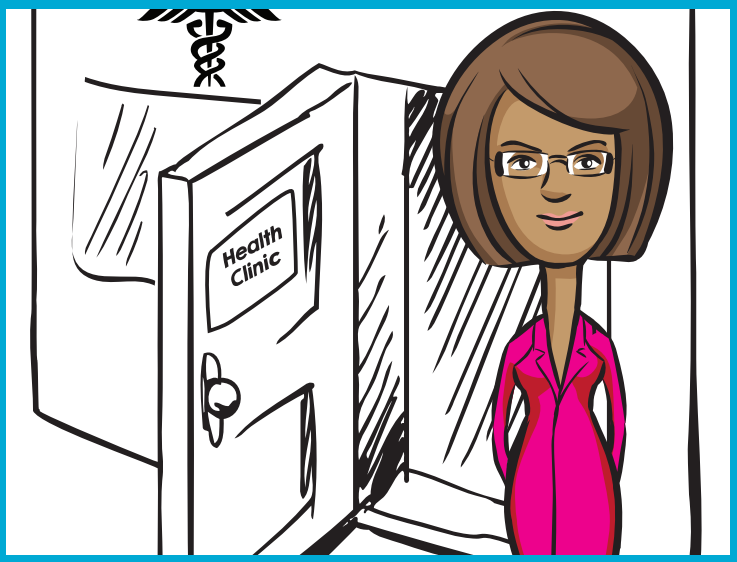


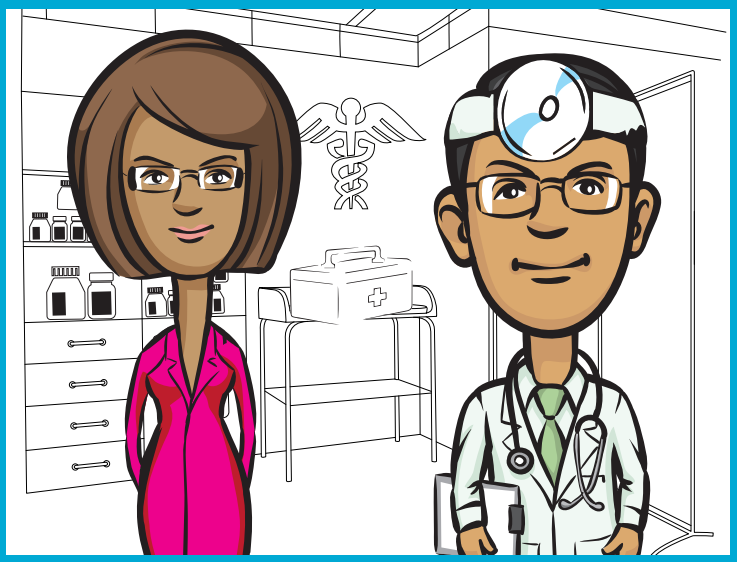
Kate's income qualifies her for a tax credit that helps lower the cost of her premiums. This tax credit brings her monthly premium cost down to just $82 a month.

Health Insurance Coverage Key Terms

PROVIDER

A health care professional or health care facility that is licensed, certified or accredited, as required by state law.



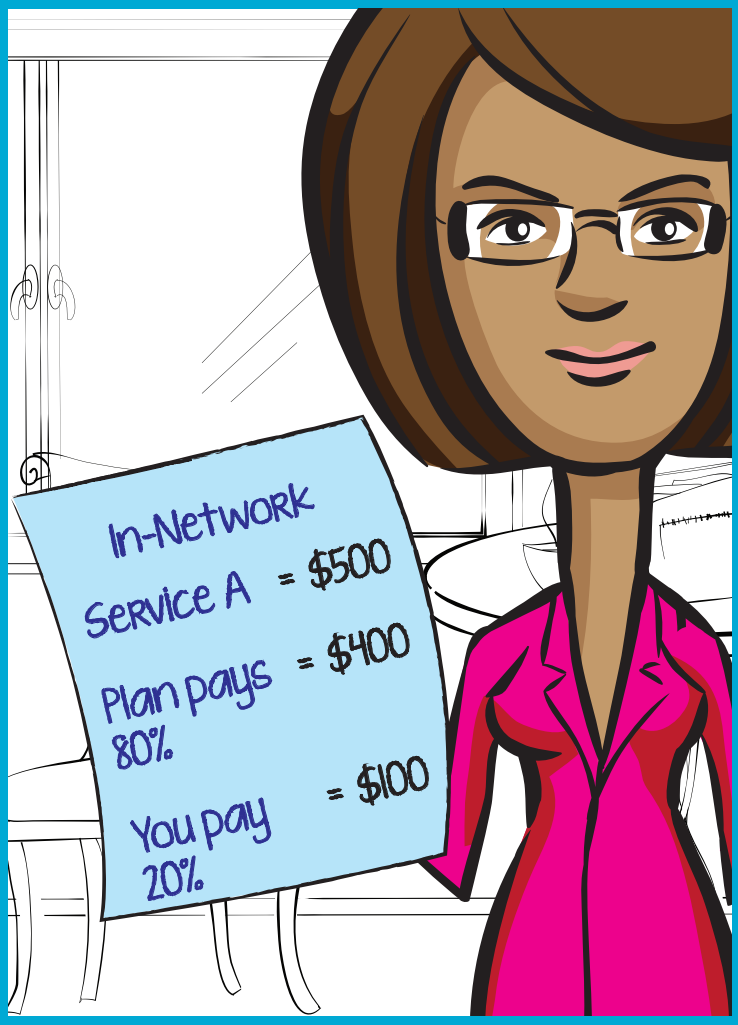


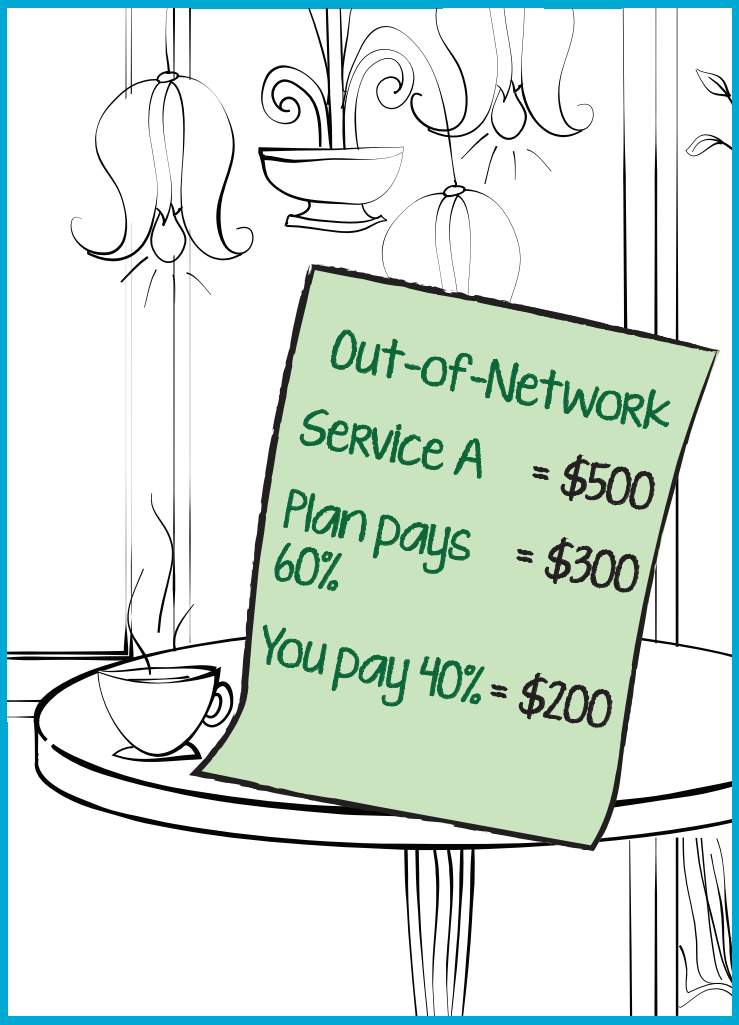
Kate isn't feeling well and decides to see a doctor at the local clinic. The doctor sends Kate to a lab for a test. Kate has gone to 3 providers: a doctor, the clinic, and the lab.

Health Insurance Coverage Key Terms

NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.



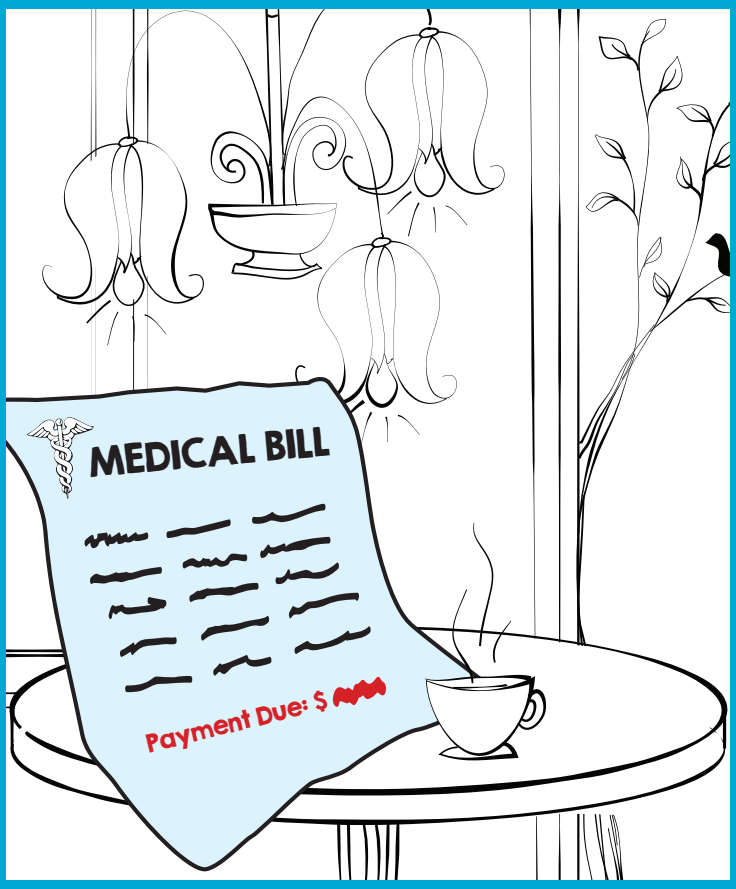


Kate can pick from many doctors within her plan's network. By picking an "in-network" provider her plan will cover more of the costs. If Kate picks an "out-of-network" provider, she will have to pay most or all of the costs.

Health Insurance Coverage Key Terms

DEDUCTIBLE

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. The deductible may not apply to all services.

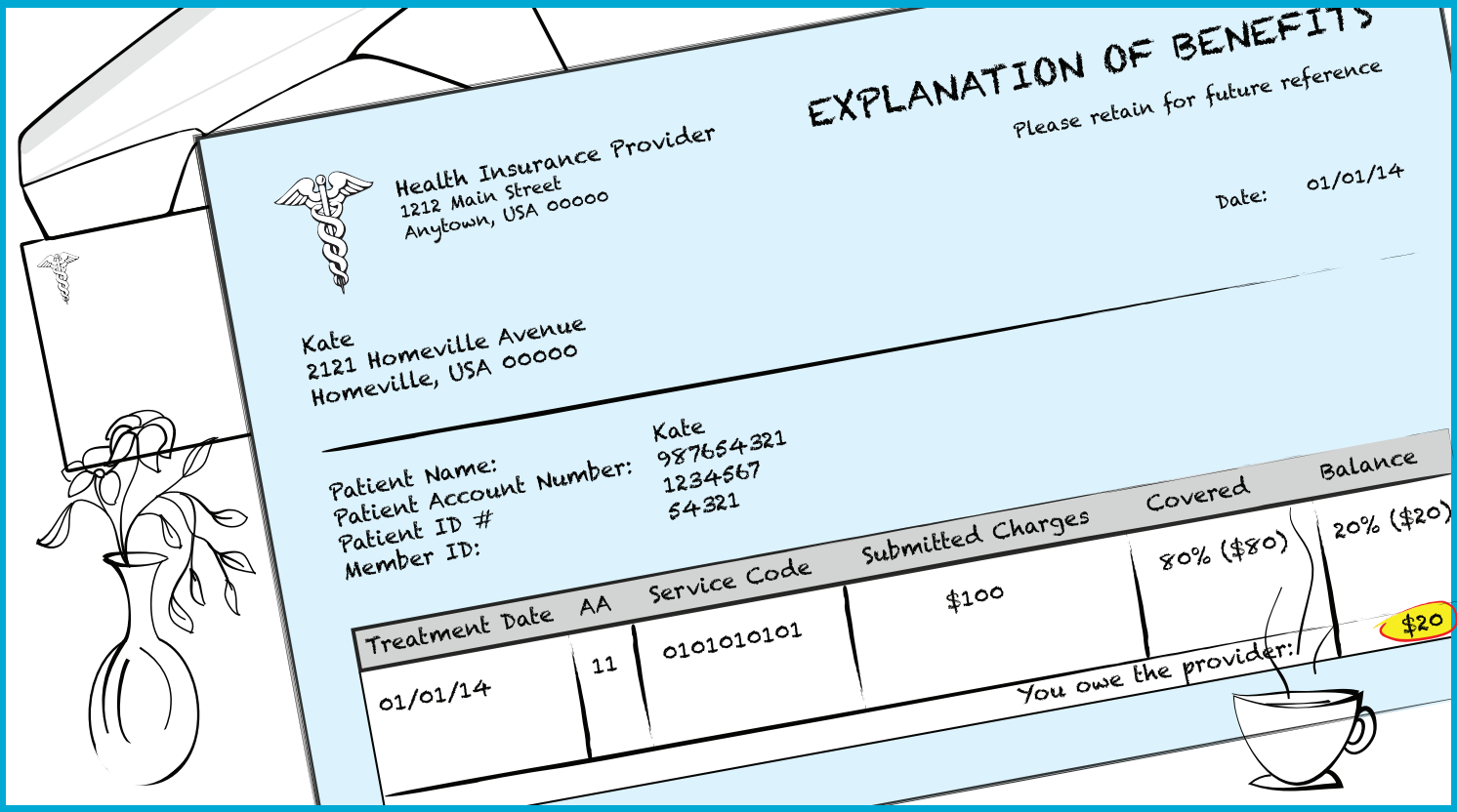


Kate's plan has a deductible of $1000. She must pay for $1000 of health coverage on her own before her plan will pay for its share of her covered health coverage. Some services (like a flu shot) may be fully covered, whether Kate has paid her deductible or not.

Health Insurance Coverage Key Terms

COINSURANCE

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.



Now that Kate has paid her full deductible, her plan will pay for a percentage of the costs of covered health services. Kate is still responsible for paying the remaining costs, called a coinsurance. For her lab tests, Kate's plan covers 80% and she pays a 20% coinsurance. For a $100 test, she will pay $20 and her plan will pay the remaining $80.

Health Insurance Coverage Key Terms

COPAYMENT

A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Kate has 2 prescriptions to fill. When she gets her medicine at the pharmacy she pays her plan's copayment of $15 for a generic drug and $25 for a brand name drug.

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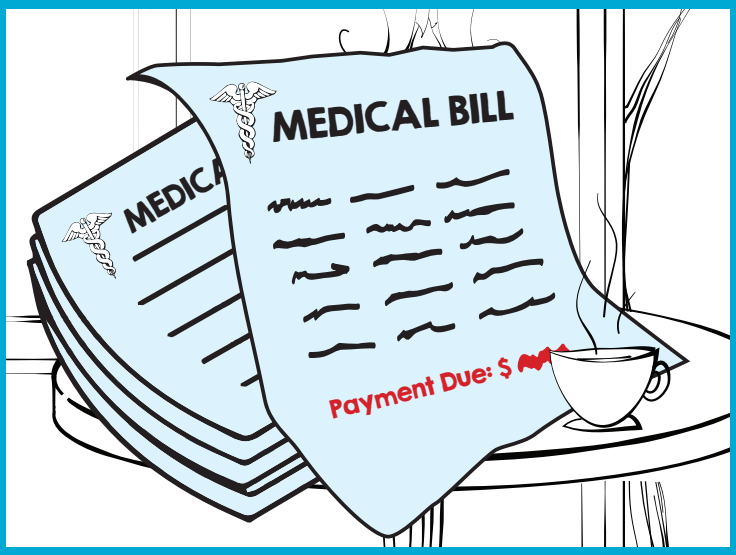
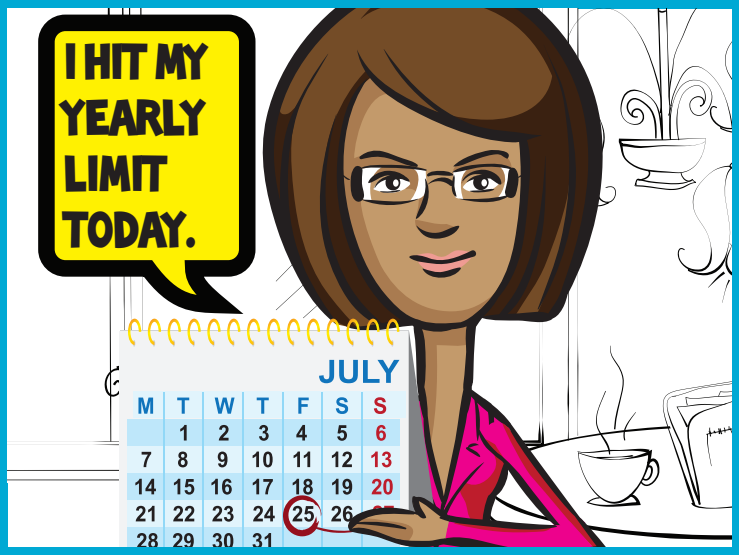
OUT-OF-POCKET LIMIT

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. This limit never includes your premium or health care your plan doesn't cover.





Kate's plan has a yearly limit on how much she has to pay for health coverage. If she reaches this limit, she'll pay nothing for covered services for the rest of the plan year. Some plans don't count all of your copayments, deductibles, coinsurance, out-of-network payments or other expenses toward this limit.