User’s Guide to Key Terms
DEFINITIONS OF TOP HEALTH INSURANCE TERMS
HOW IT WORKS

George goes to the drug store to fill a new prescription. George has the pharmacist check the plan formulary list. His health plan will pay for the drug. George only has to pay his $20 co-pay. His plan pays the rest.

Amount of co-pay varies by health plan.
Your premium is the amount you pay each month for your health plan. You must pay your premium even if you do not receive any health care services.

Health plan premiums are due by the 23rd of each month. Payments must be received no later than 4:59 pm.
Marcela is an uninsured, single adult. She makes $25,000 a year (about $2,000 a month). Marcela’s earnings make it possible for her to get financial help called tax credits. This help makes Marcela’s premium payments cost less. Contact Washington Healthplanfinder for actual numbers.

Depending on your income, you may be able to get premium tax credits. Tax credits can be used to lower your monthly premium, the amount you pay each month for your health plan.

To find out if you are able to get a tax credit visit WAHealthplanfinder.org or call 1-855-923-4633.
The amount you will spend on your health care before your health plan starts to pay some of your health care costs. The deductible is one of the ways you share the cost of your care with your health plan.

Your deductible amount starts over at the beginning of every calendar year.

HOW IT WORKS

Marcus has a yearly $2,000 deductible. He has a stay in the hospital that costs $10,000. Marcus has to pay his deductible before his health plan pays any of the costs. Deductibles and other costs vary by health plan.

$10,000 - $2,000 = $8,000
HOSPITAL STAY DEDUCTIBLE PAID BY MARCUS PAID BY HEALTH PLAN
Amount paid varies by health plan.
co-pay

A co-pay is a fixed amount you pay for a covered health care service. Services like a regular doctor’s visit or filling a prescription will normally have a co-pay.

Your co-pay is due at the time you receive the service.

HOW IT WORKS

Thomas has high blood pressure and visits his primary care provider every 3 months. His health plan calls for a co-pay of $20 for doctor’s visits. Thomas pays his co-pay for each visit to the doctor for care.

Amount of co-pay varies by health plan.
Laura wants to see a mental health counselor. She finds one near her home. Before scheduling a visit, she makes sure the provider is in-network for her health plan. It will cost Laura more if she chooses an out-of-network counselor.

**IN-NETWORK:**
Doctors and other health care providers approved by your health plan.

**OUT-OF-NETWORK:**
Doctors and other health care providers **not** approved by your health plan.

You will pay more for services from out-of-network providers.
The costs you pay that are not paid by your health plan.

Out-of-pocket costs include deductibles, co-insurance, and co-pays for covered services plus all costs for services not covered by your health plan.

Out-of-pocket costs for 2015 can be no more than $6,600 for an individual plan and $13,200 for a family plan if purchased inside the marketplace.

HOW IT WORKS

Shirley has two children. She pays a $20 dollar co-pay each time she or the children have a regular doctor’s visit. As a family, they will have 15 doctor visits this year. Shirley’s out-of-pocket cost for co-pays is $300 this year.

Numbers are estimates, call your specific health plan for more details.
Co-insurance is your share of the cost of a covered health care service. You start to pay co-insurance after you have paid your health plan’s deductible.

Co-insurance is just one of the ways you will share the cost of your health care with your health plan.

**HOW IT WORKS**

James has paid his health plan deductible. He gets a bill for $500 dollars for a health test. His health plan will pay 80% of the bill or $400 dollars. As part of his co-insurance James will pay 20% of the bill or $100 dollars.

Amount of co-insurance varies by health plan.

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20\% \times \$500 = \$100
\]

Co-insurance \times Total Bill = Amount James Owes
ROGER HAS A HEALTH INSURANCE PLAN FOR THE VERY FIRST TIME.

IN THE PAST, HE WENT TO THE ER IF HE WAS FEELING SICK. NOW HE CAN CHOOSE A PRIMARY CARE PROVIDER (PCP). HIS PCP IS HIS MAIN DOCTOR.

YOUR PCP OVERSEES YOUR TOTAL HEALTH CARE AND MAY WORK WITH OTHER CARE PROVIDERS AND SPECIALISTS TO KEEP YOU HEALTHY.

VISIT YOUR PCP FOR HEALTH EXAMS AND NON-URGENT CARE
preventive services

Health care services, such as yearly health exams and flu shots, that are paid for by your health insurance plan at little or no cost to you. These services are covered only when they are provided by an in-network provider.

HOW IT WORKS

Taylor wants to stay healthy, so she gets a health exam and a flu shot each year. She likes that her health plan pays for services that keep her from getting sick.
essential health benefits

A set of 10 health care services that all plans must cover. Some benefits are free. Some may have co-pays and co-insurance.

1. Doctor visits and hospital stays
2. Trips to the emergency room
3. Care before and after your baby is born
4. Mental health and substance use treatment services
5. Prescription drugs
6. Services and devices to help you recover if you get injured, or have a disability or chronic condition
7. Lab tests
8. Preventive services including counseling, screenings and vaccination
9. Management of a chronic disease, like diabetes or asthma
10. Pediatric care

HOW IT WORKS

Now all health plans must include hospitalization benefits. For details call Washington Healthplanfinder at 1-855-WAFINDER (1-855-923-4633) or call your health plan.

GET HELP FROM FRIENDLY EXPERTS

wahealthplanfinder.org  1-855-WAFINDER  1-855-923-4633