

Commonly used insurance terms

The following descriptions are designed to assist you in understanding the terms that may be used by your insurance carrier. Please refer to your Certificate of Coverage for further information regarding Covered Services, Exclusions and Schedule of Benefits.

COPAY means a specified dollar amount that a covered person is required to pay for certain covered expenses. *The patient should pay this amount at the time of service.*

DEDUCTIBLE means the amount a covered person must pay for certain covered expenses in a calendar or plan year before insurance will begin paying benefits in that calendar year or plan year. Copays do not apply toward satisfying the deductible. *The patient should pay this amount at the time of service.*

COINSURANCE means the amount a covered person must pay, calculated using a fixed percentage, for certain covered expenses. *The patient should pay this amount at the time of service.*

PLAN BENEFIT means the amount payable for medically necessary treatments, services, and supplies that qualify for coverage under your policy.

NON-COVERED means expenses not covered or in excess of policy benefits. *The patient is responsible for paying this amount to the health care provider.*

DISCOUNT means the billed amount was reduced per an agreement with the health care provider. *The patient is not responsible for this amount.*

OUT-OF-POCKET means the amount of the deductible and unpaid co-insurance that the covered person or their family must pay each calendar/plan year for covered expenses.