Paying for your care: 4 terms to know

We have answers to help make using your health plan simple!

Receiving in-network care is the best way to save money and avoid unexpected medical bills. In addition to paying your monthly premium payments for health insurance, you may also have to share part of the costs for your care. These costs may be copays, deductibles and coinsurance. Here are examples of how they work:

COPAY
You need to see a physician.

In-network office visit cost $100	In-network copay $40

You have not used your insurance this year so far.

A **copay** is the fixed dollar amount you pay for certain health services or prescription drugs when you receive them. Please note: If you have a high deductible health plan or a plan without copays, you'll pay for your care until you meet your out-of-pocket maximum.
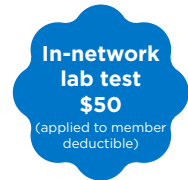
In-network office visit cost $100 — Insurance pays $60 = In-network member copay $40

DEDUCTIBLE
You need a lab test.

In-network lab test $50	Annual deductible $5,000

You've only spent $600 on health care expenses this year so far.

A **deductible** is the amount you must pay each year for certain services covered by your plan before your health insurance starts to pay. Every time you pay for care, that amount is applied to your deductible. *Using this example, after paying for the in-network lab test, you've paid $650 toward your deductible. Once you've met your $5,000 deductible, insurance begins to pay.

In-network lab test cost $50 — Insurance pays $0* = In-network lab test $50 (applied to member deductible)

COINSURANCE
You need to have surgery.

In-network surgery $10,000	Coinsurance 20%

You've met your annual deductible of $5,000 but you have not satisfied your annual out-of-pocket maximum.

Coinsurance is your share of your health care costs after you've met your deductible and before you satisfy your annual out-of-pocket maximum, usually shown as a percentage.

In-network surgery cost $10,000 — Insurance pays $8,000 (80%) = In-network member coinsurance $2,000 (20%)

OUT-OF-POCKET MAXIMUM
At the end of the year, after a few more health care expenses, you need to see a physician.

In-network office visit $100	Out-of-pocket maximum $5,000

You've spent a total of $5,000 on health care expenses this year so far.

Your **out-of-pocket maximum** is the most you're required to pay in copays, deductible and coinsurance during a single year. Once you have reached it, CCHP typically pays 100% of the costs for the remainder of the calendar year for in-network, covered services. *Using this example, since you've already reached your $5,000 out-of-pocket maximum, insurance pays all of the in-network physician visit.

In-network office visit cost $100 — Insurance pays $100* = In-network member cost $0

These are only examples. Be sure to read all the details about your health plans cost-sharing responsibilities.

CHORUS COMMUNITY HEALTH PLANS