

common

# HEALTH INSURANCE TERMS

you should know



## COST

### ALLOWED AMOUNT

the maximum amount that your insurer will pay for covered services

### BALANCE BILLING

the difference between the allowed amount and what your provider charges (what you owe)

### COST SHARING

your portion of the bill, which can include *coinsurance* (a percentage), *copayments* (fixed dollar amounts), the *deductible* or other similar charges.

### DEDUCTIBLE

how much you have to pay before your health plan starts to pay its portion of the bill

### OUT-OF-POCKET LIMIT

the maximum amount that you will have to pay out of pocket for covered services in a plan year

### PREMIUM

how much you pay for insurance, typically broken down into a monthly dollar amount

### SUBSIDY

also called an *advance premium tax credit*, it's a dollar amount provided by the government that offsets your monthly premium under *Obamacare*



## COVERAGE

### BENEFIT/PLAN

the health care services covered by your health plan, which is the type of coverage you pick

### BENEFIT YEAR

how long your benefits are good for, typically one calendar year (January to December)

### COORDINATION OF BENEFITS

how your insurance gets coordinated if you have more than one insurance provider

### EXCLUDED SERVICES

what your health insurance provider will not cover under your health plan

### NETWORK

a list of providers that your plan contracts with, which includes *in-network* (covered) and *out-of-network* (sometimes not covered)

### PRE-AUTHORIZATION

also called *pre-approval*, it's the determination that a treatment or service is medically necessary

### RX COVERAGE

how much your health plan pays for prescription drug coverage (varies by plan)



## ADMIN

### CARRIER

an entity defined by state law that is authorized to sell health insurance plans (typically an insurance company)

### CLAIM

the demand for payment of services from a medical provider to the insurance company

### ENROLLMENT PERIOD

when you can sign up for health insurance (for private plans under the ACA, November through January)

### EXPLANATION OF BENEFIT

a statement that breaks down a *claim*, including what the insurer paid and how much you may owe

### PCP

your *primary care physician* or *primary care provider*, who oversees your health care

### PLAN TYPE

examples include *HMOs* and *PPOs*, it refers to your plan's approach to coverage (e.g., flexible vs. strict)

### PROVIDER

the medical entity providing your care, which can be *preferred* (contracted with your health plan) or *non-preferred* (no contract), the latter being more expensive

# Health Care Terms

**Patrick Vollmar**



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