

# User's Guide to Key Terms

DEFINITIONS OF TOP HEALTH INSURANCE TERMS







# deductible

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.

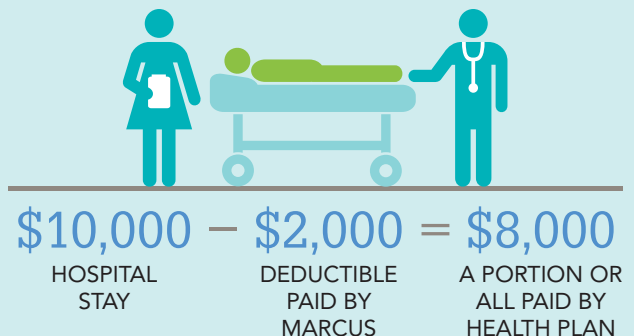
Your deductible amount starts over at the beginning of every calendar year.



## 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.



# plan formulary

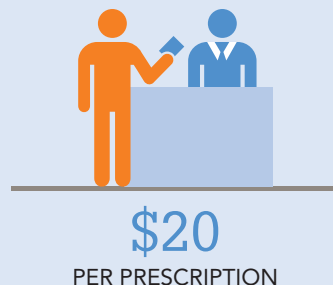
The plan formulary is the list of drugs that are covered by your health plan. Your health plan will pay all or part of the costs for these drugs.



## 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.



# primary care provider (PCP)

The main doctor or nurse whom you choose to visit as part of your health plan.

Your PCP oversees your total health care and may work with other care providers and specialists to keep you healthy.



## HOW IT WORKS >

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.



VISIT YOUR PCP  
FOR HEALTH EXAMS AND  
NON-URGENT CARE

# premium tax credits

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.

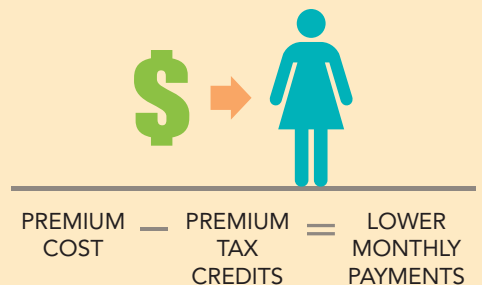
To find out if you are able to get a tax credit visit [WAHealthplanfinder.org](http://WAHealthplanfinder.org) or call 1-855-923-4633.



## HOW IT WORKS >

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.



# co-insurance

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.

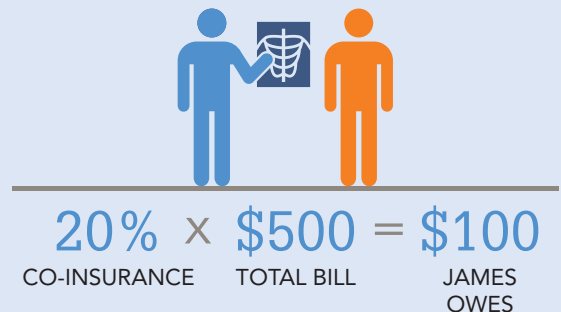
Co-insurance is just one of the ways you will share the cost of your health care with your health plan.



## 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.





# premium

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.



## HOW IT WORKS >

Just like her electric and phone bill, Jean pays her health plan premium each month. To make sure her payment is received on time, Jean mails her payment a few days early or pays online to keep her health plan active.



ALLOW TIME FOR  
PAYMENTS TO POST BY  
MAILING EARLY

# out-of-pocket

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.

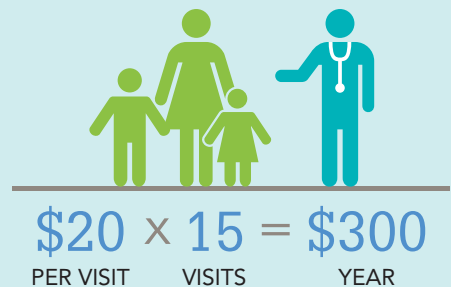
Out-of-pocket costs for 2015 can be no more than \$6,600 for an individual plan and \$13,200 for a family plan if purchased inside the marketplace.



## 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.



# network

## 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.



## HOW IT WORKS >

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.



ASK IF YOUR PROVIDER  
IS IN-NETWORK BEFORE  
SCHEDULING A VISIT

# 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.



# 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.



PREVENTIVE SERVICES  
HELP YOU STAY HEALTHY

# 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.

The Washington Health Benefit Exchange complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-923-4633 (TTY: 1-855-627-9604).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-923-4633（TTY：1-855-627-9604）。



GET HELP FROM  
FRIENDLY EXPERTS



