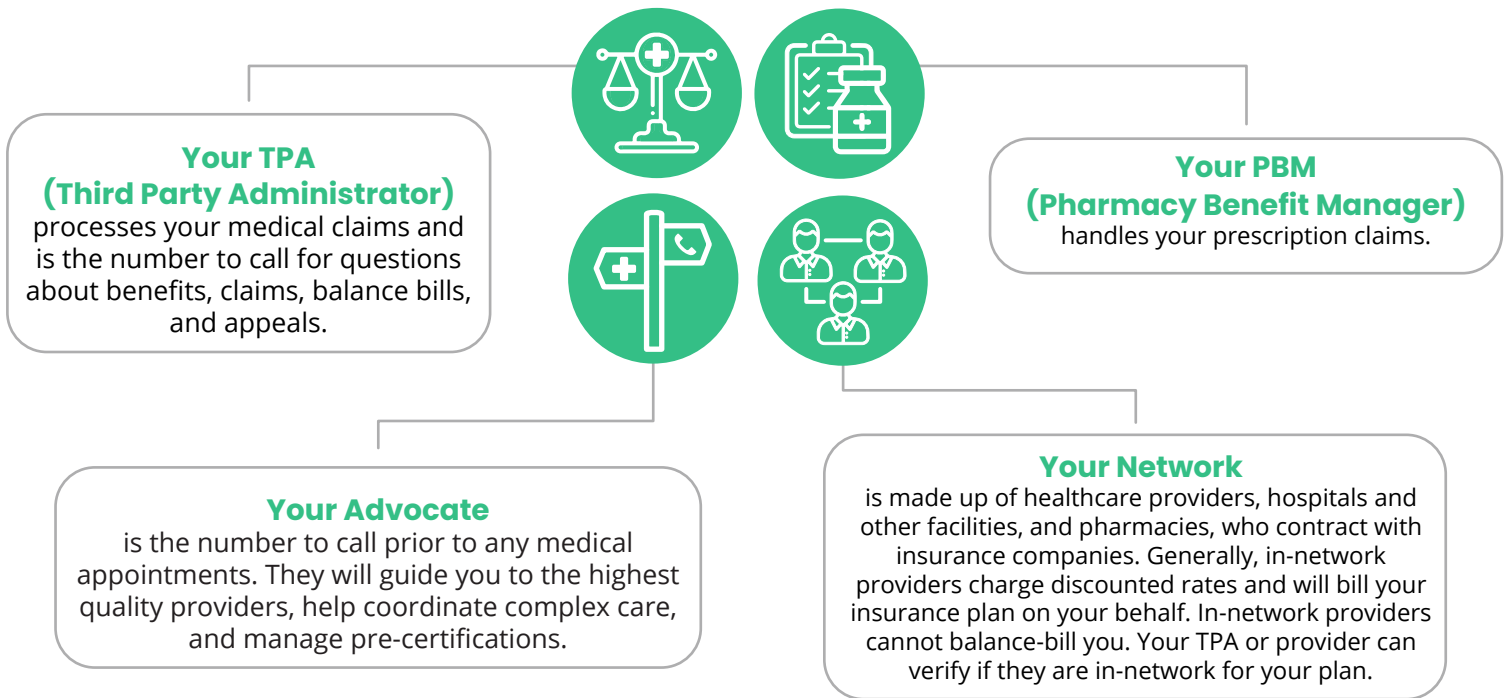


HEALTH INSURANCE BASICS



TERMS TO KNOW

- ✓ **Premium:** Amount that must be paid for your health insurance plan. You and your employer may share the cost, which is usually paid bi-weekly or monthly. Premiums are usually paid with pre-tax dollars.
- ✓ **Deductible:** Amount you pay for covered health services before your plan begins to pay during a coverage period. Eligible preventive care services are covered before you meet your deductible.
- ✓ **Copay:** A fixed amount you pay for a covered health care service.
- ✓ **Co-insurance:** Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service. For most services, you must first meet your deductible before co-insurance applies.
- ✓ **Out-of-pocket maximum:** The most you will pay during a coverage period (usually one year) for your share of the cost of covered services. After you meet this limit the plan will pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your plan doesn't cover.

Your insurance plan cannot dictate to a provider whether they collect money upfront or not, but we do suggest you try not to pay them at the time of your visit, or at least not the complete amount. DO ask them to submit the claim and let it process so they know how much of your deductible and out of pocket are met. Refunds from providers due to overpayments may take a long time.

Your plan is unique and provides you a whole team of support; please do not hesitate to call.