

What you need to know about paying for your healthcare

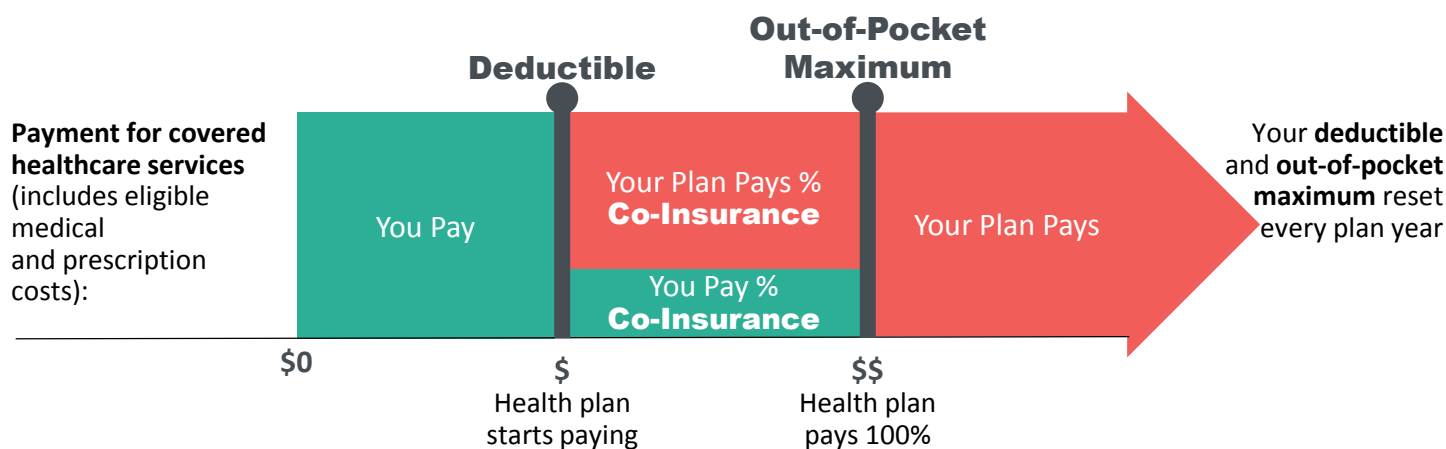
Key Terms

Your **co-pay** is the fixed amount you pay for a covered healthcare service. This is usually paid at the time you receive the service. The dollar amount can vary by the type of service (doctor office visit vs. ER visit).

Your **deductible** is the amount you pay for covered healthcare services before your health plan starts to chip in. Note: Preventive services such as wellness exams and cancer screenings are not subject to the deductible.

Your **co-insurance** is the percentage you pay for covered healthcare services after your deductible has been met.

Your **out-of-pocket maximum** is the most you will pay for covered healthcare services in a given plan year.



Joe's Healthcare Journey



Joe makes an appointment with his doctor for his annual wellness exam. Preventive services are covered at 100% (in-network) and the deductible is waived. That means Joe does not have to pay anything.



A few months later, Joe needs an X-ray. He has not yet met his **deductible** for the plan year so he has to pay the full amount.



It is flu season and Joe does not feel well. He makes an appointment with his doctor. When he checks into the office, he pays a **co-pay**.



Later in the year, Joe's appendix bursts and he needs emergency surgery. He has already met his deductible so he only has to pay his share of the **co-insurance** until he reaches the **out-of-pocket maximum**. From that point on, his health plan will pay the rest.



If Joe gets sick again before the end of the plan year, his health plan will pay 100% of the covered services.

If you have additional questions about your health plan coverage, contact a Customer Care Advocate at 1-800-869-7093.