

HEALTHCARE TERMS

To better understand healthcare, it is important to understand the terminology. Here are a few of the most common terms:

Premium	Amount you pay for health insurance, usually every month (per paycheck, quarterly or yearly payments are also possible)
Deductible	Amount you are responsible for paying before your insurance starts cost sharing <ul style="list-style-type: none">EX: if you have a \$1500 deductible, you pay all costs up to the \$1,500
Co-Insurance	The percentage of medical costs that you are required to pay after reaching your minimum deductible <ul style="list-style-type: none">EX: After reaching your deductible, if a visit to the doctor is \$100 and your co-insurance is 20%, you owe \$20
Co-Payment	A flat fee service providers charge based on the health plan <ul style="list-style-type: none">EX: a \$20-\$40 co-pay every time you visit your primary care physician
In-Network Cost	Cost to see a doctor who is in your network and has an agreement with the insurance company
Out-of-Network Cost	Cost to see a doctor or receive services from a provider who is not in your healthcare plan; cost is usually greater than in-network and can be up to the full cost of the service
Out-of-Pocket Cost	Deductibles, co-payments, and co-insurance not covered by the insurance provider; does not include premiums
Out of Pocket Maximum/Limit	Most you will pay for covered services in one year; after this amount is reached, insurance covers 100%; does not include premiums
Flexible Spending Account (FSA)	Pre-tax account paid into by policy holder which can be used to pay for certain out-of-pocket health care costs
Health Savings Account (HSA)	Pre-tax savings account for those with high deductible plans to pay for deductibles, co-payments, co-insurance, and some other expenses