Health Insurance Coverage

Health insurance pays for provider services, medications, hospital care, and special equipment when you’re sick. It is also important when you’re NOT sick. Insurance coverage includes preventive health services, immunizations, and mental or behavioral health services to help you stay healthy.

What do I need to know?

⇒ Your options for health insurance coverage depend on your age, state of residence, income level, employment status, and other personal circumstances.
⇒ The costs you are responsible for are usually co-insurance, co-payment, deductible, and premium.
⇒ The cost difference between seeing a provider in-network and out-of-network.
⇒ The cost you have to pay for prescription medicine.
⇒ Limits on the number of visits for certain services, such as physical therapy.
⇒ Requirements for approval to see a specialist or go to the hospital.
⇒ Co-insurance is your share of the cost of a covered health care service, calculated as a percent of the charge for that service (for example, 20%).
⇒ Co-payment or co-pay is the amount you may be required to pay for a covered service (for example, $20) and is usually paid at the time you receive the service.
⇒ Deductible is the amount you owe for health care services before your health insurance or plan begins to pay. For example, if your deductible is $1,000, your insurance provider won’t pay anything except for preventive care until you’ve met your $1,000 deductible.
⇒ Premium is the amount that must be paid for your health insurance or plan. You, your employer, and/or your parents usually pay your insurance premium monthly, quarterly, or yearly.
⇒ Network includes the facilities, providers, and suppliers your health insurer has contracted with to provide health care services. Contact your insurance company to find out which providers are in-network. Out-of-network providers may cost more.