

Glossary of Terms

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if your office visit is \$100 and you're met your deductible, your co-insurance payment of 20% would be \$20. Your health insurance will pay the rest.)

Deductible

The annual amount you pay toward eligible health care services each year before your health plan pays on your behalf.

Dependent

A spouse or a child who is enrolled as part of another member's health plan.

Embedded deductible

A system that combines individual and family deductibles in a family health insurance policy. A single member of a family doesn't have to meet the full family deductible for after-deductible benefits to kick in.

Open enrollment

The period of time when an employee may change enrollment status or benefit plans, usually without evidence of good health or waiting periods.

Out of network

The option to see health care providers who don't have a contract with the health plan. When benefit plans include this option, members share more of the cost when receiving care from out-of-network providers.

Out-of-pocket costs

The portion of health care costs that a member is responsible for, including, coinsurance, deductibles and noncovered services.

Out-of-pocket maximum

The most a member will pay each year toward allowed health care costs. Once the out-of-pocket maximum is reached, the health plan pays 100 percent until the end of the calendar or benefit year.

Preventive Care (Preventive Service)

Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.