



# Insurance Benefits Explanation

## Deductible

A deductible is the amount you pay for health care services before your health insurance begins to pay.

How it works: If your plan's deductible is \$1,500, you'll pay 100 percent of eligible health care expenses until the bills total \$1,500. After that, you share the cost with your plan by paying coinsurance.

## Coinsurance

Coinsurance is your share of the costs of a health care service. It's usually figured as a percentage of the amount we allow to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

How it works: You've paid \$1,500 in health care expenses and met your deductible. When you go to the doctor, instead of paying all costs, you and your plan share the cost. For example, your plan pays 70 percent. The 30 percent you pay is your coinsurance.

## Copay

A copay is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service.

How it works: Your plan determines what your copay is for different types of services, and when you have one. You may have a copay before you've finished paying toward your deductible. You may also have a copay after you pay your deductible, and when you owe coinsurance.

Your Blue Cross ID card may list copays for some visits. You can also log in to your account, or register for one, on our website, or use the mobile app to see your plan's copays.

## Out-of-pocket maximum/limit

The most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

## Non-Covered Benefit

Your insurance is not required, by law, to cover all services/medications prescribed by your provider.

Different insurance plans cover different services. If your insurance plan does not cover the care provided, the full cost of the service will be left to you and will not be applied to your deductible or max out-of-pocket.

If we are aware that a service is not covered, we will inform you before you receive treatment. Because all health plans are different, we do not always know if your plan will cover the service.

Any service that leaves financial responsibility to the patient through deductible, co-insurance, or co-pay is considered a covered benefit.

