

Premium

The amount of money you pay every month (or year) to keep your health insurance. It's like a subscription fee for your health coverage.

Deductible

The amount of money you must pay out of your own pocket for medical services before your insurance starts to pay. Think of it like a "starting point" you need to cover first.

Copayment (Copay)

A fixed amount you pay for a medical service, like a doctor's visit or a prescription, at the time you receive care. For example, you might pay \$20 each time you see a doctor, and the insurance pays the rest.

Coinsurance

This is a percentage of the cost of a medical service that you pay after you've met your deductible. For example, if you have 20% coinsurance and your bill is \$100, you'll pay \$20, and the insurance pays the rest.

Out-of-Pocket Maximum

This is the most you will have to pay for covered services in a year. Once you reach this amount, your insurance will pay 100% of your medical bills for the rest of the year.

Network

A group of doctors, hospitals, and other healthcare providers that have agreed to work with your insurance company at lower costs. It's usually cheaper to go to someone in your network.

In-Network vs. Out-of-Network

- **In-Network:** These are providers who have a contract with your insurance. They usually cost less.
- **Out-of-Network:** These providers do not have a contract with your insurance, so they can cost more to visit.

Preauthorization (Prior Authorization)

This is when your insurance company requires you to get approval before you receive certain medical treatments or prescriptions. It's like asking for permission before going ahead with something.

Covered Services

The medical services or treatments that your insurance plan will pay for. These can include things like doctor visits, hospital stays, or prescription drugs.

Excluded Services

These are the services or treatments that are **not** covered by your insurance. Insurance companies usually only cover mental health services that are considered "medically necessary." Non-medically necessary mental health services are usually excluded services.

Claim

When you visit a doctor or hospital, the provider sends a bill (called a claim) to your insurance company for payment. Your insurance company will then review it and decide how much they will pay.

Benefit

A health care item or service covered under your health plan. For example, a benefit might be free preventive care like vaccinations or screenings.

Out-of-Pocket Costs

This refers to the money you have to pay for medical care that your insurance doesn't cover. It includes your deductible, copays, and coinsurance.