Health Insurance Information for Patients

We have designed this informational tool to help our patients understand the basic terms used in health insurance plans and how insurance works. It is not a comprehensive listing of your specific health insurance plan. For specific plan details regarding your insurance plan, you will need to contact your insurance company.

Definitions:

Premium: The amount either you and/or your employer pay for your health insurance plan. This amount is usually paid monthly to the insurance company for your plan.

Deductible: The amount you must pay for healthcare services **before** your health insurance plan begins to pay for any care.   Example: If your deductible is $1000, your plan will not pay anything until you have paid this amount out of your pocket for covered medical expenses. The deductible may not apply to all services.

Co-pay: A fixed amount of money you pay for a covered health care service each time you get the service. Example: You might pay a co-pay of $20 for every visit to a specialist for an office visit.

Co-insurance: Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You will pay your co-insurance percentage plus any deductibles you owe. Example: You might owe 20% of the allowed amount of a surgery after your $500 deductible.

Out of Pocket Maximum: The most you will pay during a policy period (usually a year) before your health insurance will pay 100% of all allowed amounts for covered services.   This amount does not include your premium amounts paid or services not covered by your plan.

In-Network: Treatment from doctors, hospitals, providers, facilities whom your health insurance plan has an agreement with to provide care for people in the plan. Your benefits are usually better for seeing in-network providers.

Out-Of-Network: Treatment from doctors, hospitals, providers, facilities that do not have an agreement with your health insurance plan to provide care for people in the plan. You will typically pay more or may not have coverage for out-of-network providers.

How to read an insurance card:

Name of Insurance Company

ID #
Group #
Type of Plan – HMO/PPO
PCP Name if applicable
Co-pay information
Phone numbers for Customer Service
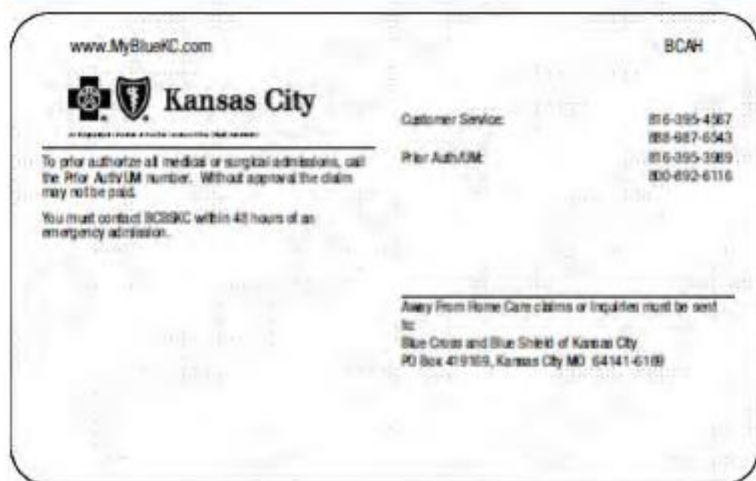
Additional Phone numbers for Customer Service

Claims Address

If you have two insurance plans for your child, it is your responsibility to inform us which plan is primary and which plan is secondary so that they are billed appropriately. If you do not know which is primary, call your insurance companies and notify them of the coverages you have for coordination of benefits.