

Healthcare Terminology

Healthcare-speak can sometimes be confusing. Before comparing your enrollment options, get to know these common terms so you can understand how each plan works.

Allowed Amount



The allowed amount is how much healthcare providers can charge for the services your plan covers.

Annual Deductible



Your annual deductible is the amount you pay for office visits, prescription drugs and other covered services before your plan begins sharing the cost.

Coinsurance



Coinsurance is the percentage you and your plan each pay when you're sharing costs. Coinsurance kicks in after you meet your annual deductible.

Copay



A copay is the fixed amount you pay for a covered healthcare service.

Explanation of Benefits (EOB)



An EOB is a summary of services used, what your plan paid and how much you owe your healthcare provider.

In-Network Provider



Doctors, hospitals and service providers that contract with your plan are called in-network providers. You usually pay less when you use an in-network provider.

Out-of-Network Provider



Doctors, hospitals and service providers that don't contract with your plan are called out-of-network providers. You usually pay more when you use an out-of-network provider.

Out-of-Pocket Maximum



The most you pay in a year for healthcare services is called the out-of-pocket maximum. After you reach the out-of-pocket maximum, the plan covers 100% of eligible services for the remainder of the plan year.

Medical Premium



The medical premium is the amount deducted from your paychecks to pay for your medical coverage. Your deduction comes out of your paychecks before taxes.*

* The cost of coverage for a domestic partner comes out of your paycheck after taxes.