



Helpful Insurance Terms & Explanations

- **Cost-Sharing** – health plan members are required to pay a portion of the costs of their care, examples include copayments, coinsurance and annual deductibles
- **Deductible** – the dollar amount that a plan member must pay for health care services each year before the insurer begins to reimburse for health care services
- **Co-Payment** – a fixed dollar amount paid by an individual receiving a health care service covered by the member’s plan
- **Co-Insurance** – the percentage of the reimbursed amount of covered expenses a plan member must pay for health services after the deductible has been met
- **Maximum out of Pocket** – an annual limit on the amount of money individuals are required to pay out-of-pocket for covered health care costs, excluding premiums.
 - Co-payments and co-insurance count toward out-of-pocket max
- **Benefit Year** – important to know the date when deductible or max out of pocket resets
- **In Network** – the Doctors/Providers that are contracted with your insurance carrier; generally results in better coverage and payment processing
- **Out of Network** – the Doctors/Providers that are NOT contracted with your insurance carrier; often resulting in a higher cost to the member
- **Medical Necessity** – treatment, tests, or procedures that are deemed necessary to treat a diagnosed medical problem
- **Authorization/Pre-Certification** – documentation that the provider must request from your insurance carrier that approves the provider to bill for services



My Insurance Terms and Cost Shares

- My insurance carrier is _____.
- Rise ABA is: _____ (in or out) of network with my insurance.
- Deductible = _____
- Co-Payment = _____ Per _____ (day or visit)
- Co-Insurance = _____
- Maximum out of Pocket = _____
- My Benefit Year is from _____ to _____
- The limit on my annual benefit is: _____