



HEALTHCARE LINGO

Get to know these common terms before you enroll so you can understand your medical plan options.

ALLOWED AMOUNT



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

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, such as an office or urgent care visit.

DEDUCTIBLE (RESETS EACH FEBRUARY 1)



Your annual deductible is the amount you pay for certain covered services before your plan begins sharing the cost.

EMPLOYEE CONTRIBUTION (PAYROLL DEDUCTION)



The employee contribution is the amount deducted from your paychecks to pay for your medical coverage. Your deduction comes out of your paychecks on a pretax basis.¹

EXPLANATION OF BENEFITS (EOB)



An EOB is a summary of services received, 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 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 out-of-network providers. You usually pay more when you use an out-of-network provider.

OUT-OF-POCKET MAXIMUM (RESETS EACH FEBRUARY 1)



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

¹ The cost of coverage for a domestic partner generally comes out of your paychecks on an after-tax basis.