

## Glossary of Terms

**Coinsurance** – Medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, has been satisfied.

In the case of the Choice Plan, 85% represents the portion that the plan pays for in-network benefits and 65% represents the portion that the plan pays for out-of-network benefits. The insured will then pay 15% coinsurance for in-network services and 35% coinsurance for out-of-network services.

**Co-payments** – Fixed dollar amounts the insured pays for medical services (such as office visits) and prescriptions.

**Deductible** – The amount that the insured must pay before the insurance carrier starts to pay its portion of costs for a covered health expense.

**In-network** - The use of health care providers who have contracted with the health plan to provide the medical services for a predetermined rate of reimbursement.

**Out-of-network** - Services received from a provider who does not participate with the insured's health plan.