Health Insurance Terminology

Below are some important definitions that will help you understand and navigate your health care.

- **Coinsurance**: This is the percentage of your medical bill you share with your insurance company after you've paid your deductible. This usually applies to procedures (such as surgery) and inpatient services.

- **Copayment (or “Copay”)**: Your copayment, or copay, is the flat fee you pay every time you go to the doctor or fill a prescription. It's usually a small dollar amount. Copays usually do not count toward your deductible.

- **Deductible**: This is a set amount you have to pay toward your medical bills every year before your insurance company starts paying. This usually applies to procedures (such as surgery) and inpatient services.

- **Health Insurance Policy**: A contract between you and the insurance carrier to cover medical expenses for you.

- **In-network Provider**: Health care professionals, hospitals, or pharmacies that are a part of your insurance's plan network of coverage of preferred providers. Receiving care from in-network providers helps you to maximize your benefits and can lower your personal costs.

- **Inpatient Services**: Services that require an overnight stay in a hospital while the patient undergoes treatment.

- **Out-of-network Provider**: Health care professionals, hospitals, or pharmacies that are NOT a part of your insurance's plan network of coverage. Receiving care from out-of-network providers will increase your personal costs.

- **Outpatient Services**: Services that do not need an overnight stay in a hospital. These services are often provided in a doctor's office, hospital or clinic.

- **Premium**: The amount you pay your health insurance company to keep your coverage active.