



DEFINITIONS OF TOP HEALTH INSURANCE TERMS

User's Guide to Key Terms



USER'S GUIDE TO KEY TERMS

deductible

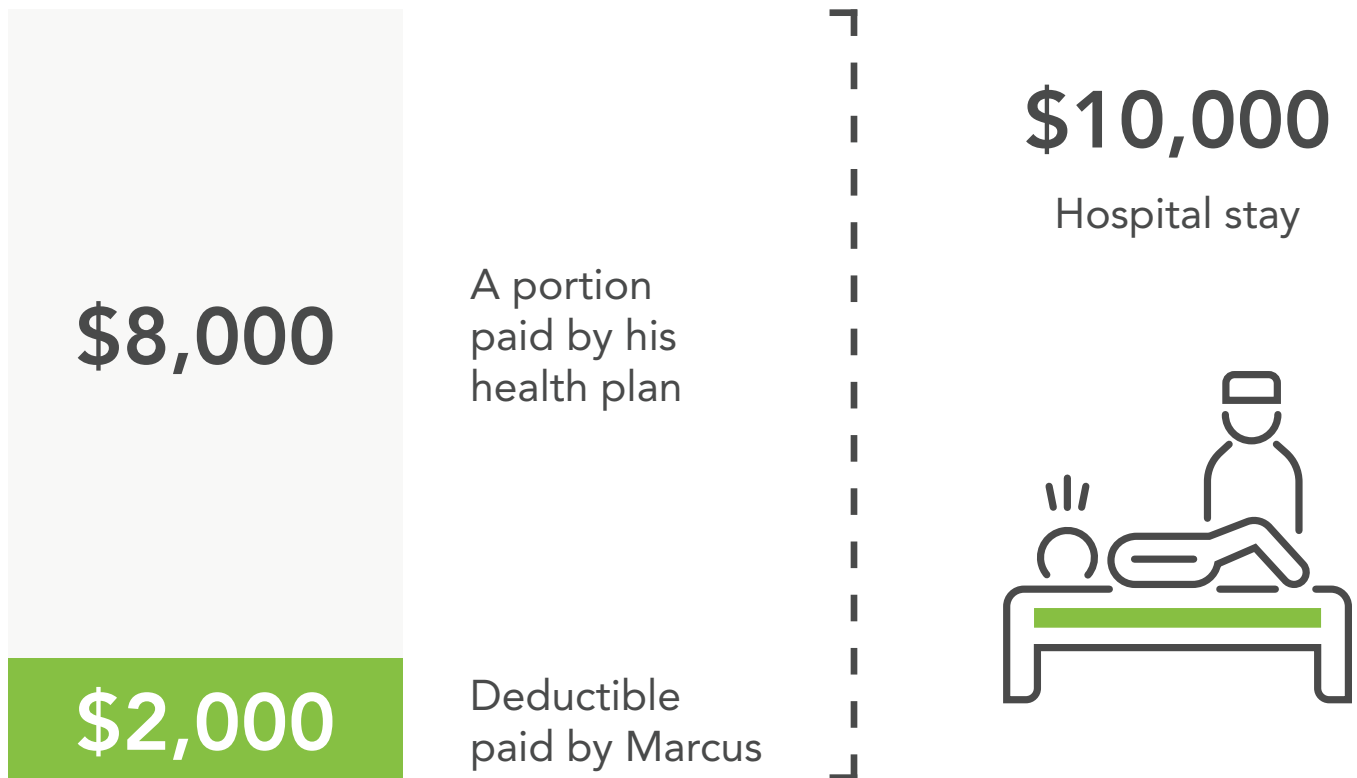
WHAT IS A DEDUCTIBLE?

Your deductible is the amount you must spend on care before your health plan starts to share the cost. Your deductible amount starts over at the beginning of each year.

HOW IT WORKS

Marcus has a \$2,000 deductible. He has a stay in the hospital that costs \$10,000. Marcus must pay his deductible before his health plan pays any of the costs.

(Deductibles and other costs vary by health plan.)



USER'S GUIDE TO KEY TERMS

plan formulary

WHAT IS A PLAN FORMULARY?

The plan formulary is the list of drugs that are covered by your health plan. Your health plan will pay all or part of the costs for these drugs.

HOW IT WORKS

George goes to the drug store to fill a new prescription. George has the pharmacist check the plan formulary list. His health plan will pay for the drug. George only pays his \$20 co-pay. His plan pays the rest. *(Amount of co-pay varies by health plan)*



\$20

Per prescription

USER'S GUIDE TO KEY TERMS

**primary care
provider**

WHAT IS A PRIMARY CARE PROVIDER?

A primary care provider is the main doctor or nurse you visit as part of your health plan. Your primary care provider oversees your health care. They may work with other providers and specialists to keep you healthy.

HOW IT WORKS

Roger has a health insurance plan for the very first time. In the past, he went to the ER if he was feeling sick. Now he can choose a primary care provider. His primary care provider is his main doctor.



Visit your primary care provider for exams, nonurgent care and virtual care.

USER'S GUIDE TO KEY TERMS

premium tax credits

WHAT ARE PREMIUM TAX CREDITS?

Tax credits lower the amount you pay for your health plan each month. The amount of tax credits you get depends on your income.

Visit wahealthplanfinder.org or call 1-855-923-4633 for more information.

HOW IT WORKS

Marcela is a single adult with no health plan. Her yearly income is \$25,000. She gets tax credits because of her income level. Marcela can use these tax credits to lower her monthly payments.

(Actual numbers vary.)



USER'S GUIDE TO KEY TERMS

co-insurance

WHAT IS CO-INSURANCE?

Co-insurance is your share of the cost of a covered health care service. You start to pay co-insurance after you have paid your health plan's deductible. Co-insurance is just one of the ways you will share the cost of your health care with your health plan.

HOW IT WORKS

James has paid his deductible. He is billed \$500 for a visit to the doctor. James pays 20% of the bill, or \$100. His health plan will pay the rest. *(Amount of co-insurance varies by health plan.)*



$$\begin{array}{r} 20\% \text{ co-insurance} \\ \times \\ \$500 \text{ total bill} \\ \hline \$100 \text{ James owes} \end{array}$$

USER'S GUIDE TO KEY TERMS

premium

WHAT IS A PREMIUM?

Your premium is the amount you pay each month for your health plan. You must pay your premium even if you do not receive any health care services. Contact your insurance carrier with any payment questions.

HOW IT WORKS

Jean pays her health plan premium each month, much like her phone bill. Jean mails her payment a few days early or pays online to make sure her payments are on time.



Allow time for payments to post by mailing early.

USER'S GUIDE TO KEY TERMS

out-of-pocket

WHAT IS OUT-OF-POCKET?

Out-of-pocket costs are what you pay for health care. They can include your deductible, co-insurance and copays. Any amount that is not covered by your health plan is an out-of-pocket cost.

HOW IT WORKS

Shirley has two children. She pays a \$20 dollar copay each time she or the children have a regular doctor's visit. Her family will have 15 doctor visits this year. Shirley's out-of-pocket cost will be \$300. *(Numbers are estimates. Call your insurance carrier for more details.)*



$$\begin{array}{r} \$20 \text{ per visit} \\ \times \\ 15 \text{ visits} \\ \hline \$300 \text{ year} \end{array}$$

USER'S GUIDE TO KEY TERMS

network

WHAT IS THE NETWORK?

The network is the list of providers your health plan covers. In-network providers are approved by your health plan. Out-of-network providers are not approved by your health plan. You will pay more for services from out-of-network providers.

HOW IT WORKS

Laura wants to see a mental health counselor. She finds one near her home. Before scheduling a visit, she makes sure the provider is in-network for her health plan. It will cost Laura more if she chooses an out-of-network counselor.



Ask if your provider is in-network before scheduling a visit.

USER'S GUIDE TO KEY TERMS

copay

WHAT IS A COPAY?

A copay is the amount you pay for a covered health care service. Services like a regular doctor's visit or filling a prescription will have a copay. Your copay is due when you receive the service.

HOW IT WORKS

Thomas has high blood pressure. He visits his primary care provider every three months. His health plan requires a copay of \$20 for doctor's visits. Thomas pays the doctor a copay each visit.
(Amount of copay varies by health plan.)



\$20

Per visit

USER'S GUIDE TO KEY TERMS

preventative services

WHAT ARE PREVENTATIVE SERVICES?

Preventative services are paid for by your health plan at little or no cost to you. They include yearly exams and flu shots. These services are only covered when you visit an in-network provider.

HOW IT WORKS

Taylor gets an exam and a flu shot each year to stay healthy. Taylor likes that their health plan pays for services that keep them from getting sick.



Preventative services help you stay healthy.

USER'S GUIDE TO KEY TERMS

**essential
health
benefits**

WHAT ARE ESSENTIAL HEALTH BENEFITS?

Essential health benefits are a set of health care services that all plans cover. Some are free. Some have a copay or co-insurance.

Essential health benefits include:

- ▶ Doctor visits and hospital stays
- ▶ Trips to the emergency room
- ▶ Care before and after your baby is born
- ▶ Mental health and substance use treatment services
- ▶ Prescription drugs
- ▶ Services and devices to help you recover if you get injured or have a disability or chronic condition
- ▶ Lab tests
- ▶ Preventative services including counseling, screenings and vaccination
- ▶ Management of chronic diseases like diabetes or asthma
- ▶ Pediatric care

HOW IT WORKS

All health plans must include hospitalization benefits.

Call *Washington Healthplanfinder* or your insurance carrier for more information. Our number is 1-855-923-4633.

The Washington Health Benefit Exchange complies with applicable Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex.

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-923-4633 (TTY: 1-855-627-9604).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-923-4633 (TTY: 1-855-627-9604)。

USER'S GUIDE TO KEY TERMS

Cascade Care

WHAT IS CASCADE CARE?

Health plans that offer the same benefits no matter which carrier you choose. They have lower deductibles than most plans, and they cover more services before the deductible needs to be met.



WHAT IS CASCADE CARE SAVINGS?

The Cascade Care Savings program reduces the cost of your health plan's premium. If you qualify, the state will pay a part of your premium.

You may qualify for Cascade Care Savings if these things are true:

- ▶ Your income is less than 250% of the Federal Poverty Level.
- ▶ You do not qualify for Washington Apple Health (Medicaid) or Medicare.
- ▶ You are enrolled in a Cascade Care Silver or Gold plan.
- ▶ If you qualify for tax credits, you have accepted the full amount you can get.

HOW IT WORKS

Jen wants access to the care they need without meeting a deductible first. By choosing a Cascade Care plan on *Washington Healthplanfinder*, Jen will get essential health benefits covered without the up-front cost.



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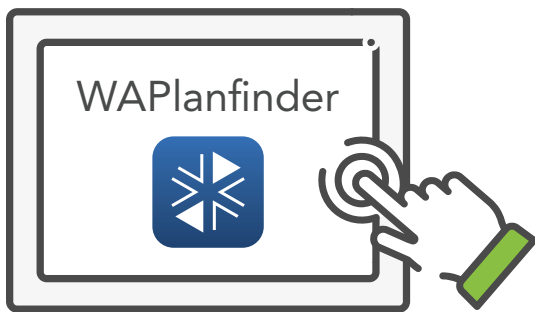
open enrollment

WHAT IS OPEN ENROLLMENT?

Open enrollment is the time of year you can sign up for a qualified health plan. It begins November 1 each year. You can apply for Washington Apple Health at any time.

HOW IT WORKS

Jackson wants to sign up for a health plan. He makes an account on wahealthplanfinder.org or the **WAPlanfinder app**. Jackson can shop and compare health plans starting November 1 to find the right one for him. He signs up before the deadline. His health plan will begin January 1 of the following year.



Visit wahealthplanfinder.org or get the WAPlanfinder app to sign up for a health plan.

USER'S GUIDE TO KEY TERMS

**special
enrollment
period**

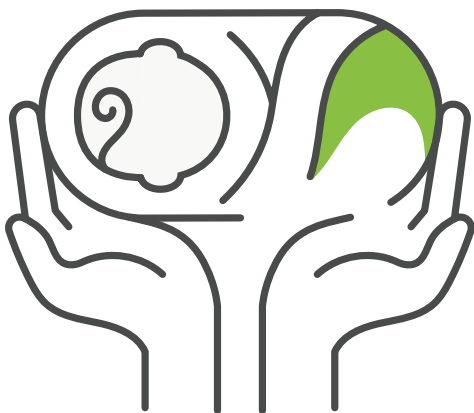
WHAT IS A SPECIAL ENROLLMENT PERIOD?

Some life events let you sign up for a health plan at any time of year. This is called a special enrollment period. You can apply for a special enrollment period up to 60 days after the event. (See *Qualifying Life Event* for examples.)

Jobs that offer health care must provide a special enrollment period. This period lasts 30 days.

HOW IT WORKS

Mia's wife gives birth. This event lets her apply for a special enrollment period. She logs into her *Washington Healthplanfinder* account within 60 days and applies. She can now choose a new plan that includes the baby.



Birth and adoption are qualifying life events that may allow you to change your health plan.

USER'S GUIDE TO KEY TERMS

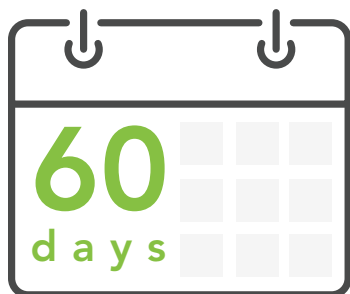
qualifying life event

WHAT IS A QUALIFYING LIFE EVENT?

A qualifying life event lets you to sign up for a health plan any time of year. They include changes like moving, pregnancy and shifts of income. You have 60 days from the event to apply for a special enrollment period. *(See Special Enrollment Period for more information)*

EXAMPLES OF QUALIFYING LIFE EVENTS

- ▶ Marriage or entering a domestic partnership
- ▶ Birth
- ▶ Adoption or foster care
- ▶ Receipt of a court order (including child support)
- ▶ Loss of a dependent or dependent status due to death, divorce or legal separation
- ▶ A change in income
- ▶ Loss of other health coverage
- ▶ Moving to Washington or a new county in Washington
- ▶ A change in citizenship or lawful presence status
- ▶ Release from prison
- ▶ Tribal membership



You have 60 days from the event to apply for a special enrollment period.



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wahealthplanfinder.org
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