

Health insurance 101

6 insurance terms to know to help you learn how much you'll pay for your health care



Per-pay-period contribution

Definition: The amount you pay for your health insurance each pay period.

Example



When Anna looks at her Adobe pay stub, she sees a **pretax deduction** of \$167 for "medical." That's how much of her paycheck goes toward paying for her medical plan.

In-network

Definition: A group of doctors, labs, hospitals, and other health care providers that your plan contracts with for negotiated payment amounts. Since your in-network deductible is lower and the rates are already set, you'll always pay less when you see in-network providers. Note: If you're in a Kaiser medical plan, you can only use in-network providers, except in an emergency.

Example



a doctor, he visits the Aetna website to ensure that he finds a doctor who is in the Aetna network—because that means he'll pay less for his doctor visits.

Krish is enrolled in the Aetna HealthSave plan. When he needs to see

Deductible

Definition: The amount you pay during one calendar year for nonpreventive, covered health care before your insurance begins to pay.

Example



deductible. Here's what that means to him during the course of a year:

Brian's Aetna HealthSave medical plan has a \$1,600 in-network

wiedicai expense (in-networi	()	wnat Brian pays	iotal this year		
Routine doctor visit	\$75	\$75	\$75		
Prescription (brand-name)	\$175	\$175	\$250		
Urgent care visit	\$300	\$300	\$550		
Prescription (generic)	\$90	\$90	\$640		
Doctor visit	\$200	\$200	\$840		
MRI	\$760	\$760	\$1,600*		
Specialist visit	\$200	\$20 (10%)	\$1,620		
Prescription (generic)	\$100	\$15 (copay)	\$1,635		

will pay 10% for most in-network services. The amounts he pays will count toward his out-of-pocket maximum.

*He's now paid **\$1,600** and met his medical plan's in-network **deductible**!

The Aetna HealthSave plan comes with a Health Savings Account (HSA). Brian can use the money he and Adobe put in his HSA to pay for eligible out-of-pocket expenses.

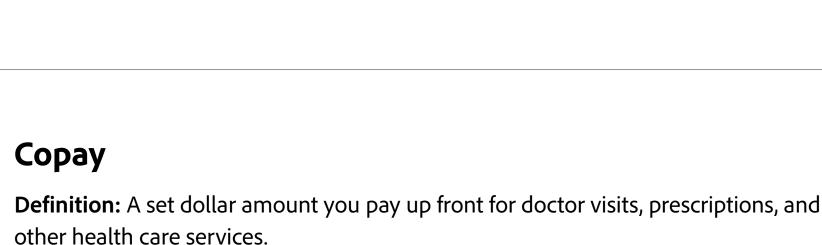
From this point until the end of the year, Brian's health insurance will pay 90%, and he

Definition: Your share of the cost of covered health care services after you meet your

deductible. It's calculated as a percentage (for example, 10%) of the allowed amount.

Example

Coinsurance

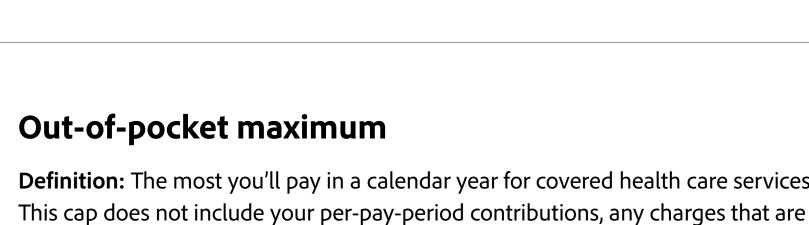


Rahul has already met his deductible for the year, and then his doctor orders some diagnostic blood tests. Rahul doesn't pay anything when

he goes to the lab, but he receives a bill later. His bill is only 10% of the

cost, since his medical plan paid its 90% share first.

Example



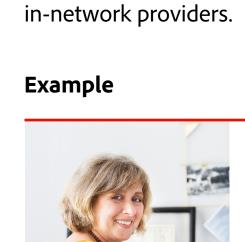
Definition: The most you'll pay in a calendar year for covered health care services.

Akiko is enrolled in the Kaiser HMO plan. When she visits her doctor,

she pays \$25 at check-in. She won't receive any bills after her visit,

because her plan only requires that copay up front.

over the allowable limit from out-of-network providers, or services that your plan doesn't cover. Note: Your out-of-pocket maximum is significantly lower if you use



Isabelle's skiing accident included a painful fall and twisted knee. She needed an MRI and minor surgery. She also needed regular physical therapy sessions to make sure she was healing properly. Months later, she's happy to be back on her feet—and to know that she only had to

pay for medical expenses up to the set limit for the year. After that, her

medical plan took care of 100% of her covered in-network expenses.

Putting it all together

The total cost of your health care for the year is the sum of your per-pay-period contributions plus your out-of-pocket costs:

Per-pay-period contributions	+	Deductible	+	Copays	+	Coinsurance	=	Your total cost			
Out-of-pocket costs											

And depending on your medical plan election, Adobe may contribute too.