

#### **Health insurance 101**

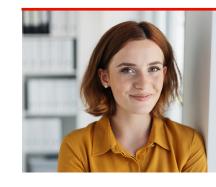
Six insurance terms to know to help you learn how much you'll pay for your health care



### 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 \$184 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 the Kaiser HMO or Aetna HealthSelect EPO plan, you can only use in-network providers, except in an emergency.

#### Example



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

### **Deductible**

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

#### **Example**



Medical expense (in-network)

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

Brian's Aetna HealthSave medical plan has a \$1,650 in-network

wiedicai expense (in-networi	<b>(</b> )	wnat Brian pays	iotal this year		
Routine doctor visit	\$100	\$100	\$100 \$300		
Prescription (brand-name)	\$200	\$200			
Urgent care visit	\$300	\$300	\$600		
Prescription (generic)	\$90	\$90	\$690		
Doctor visit	\$200	\$200	\$890		
MRI	\$760	\$760	\$1,650¹		
Specialist visit	\$200	\$20 (10%)	\$1,670		
Prescription (generic)	\$100	\$15 (copay)	\$1,685		

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

<sup>1</sup>He's now paid \$1,650 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

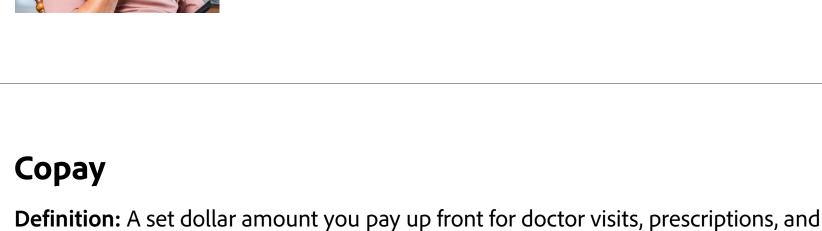
# deductible. It's calculated as a percentage (for example, 10%) of the allowed amount.

Example

Coinsurance



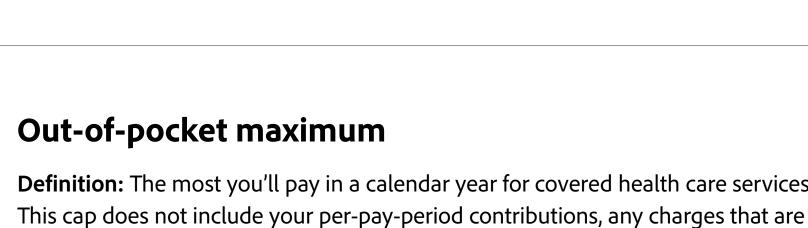
cost, since his medical plan paid its 90% share first.



other health care services.

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

## Example



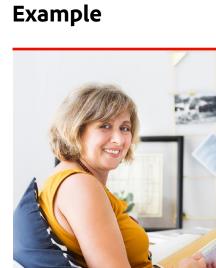
**Definition:** The most you'll pay in a calendar year for covered health care services.

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.

# in-network providers.



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,

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.

she's happy to be back on her feet and to know that she only had to

over the allowed amount from out-of-network providers, or services that your plan

# Putting it all together

cover your out-of-pocket costs.

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											

Depending on your medical plan, you can contribute to a Health Savings Account (HSA) to