AllCare
Primary Care & Walk-ins

UNDERSTANDING YOUR HEALTH INSURANCE

Your health insurance plan will provide you with a certificate of coverage (CoC) and a summary of benefits and coverage (SBC). It is important to keep a copy of both your CoC and SBC available, since you should refer to these documents when you have a question about coverage. The certificate and summary consist of the following items:

- Amount remaining in your deductible.
- What services your plan covers and your responsibility, for network and out-of-network providers.
- When you will need to obtain a referral from one provider to another.
- When your plan requires prior authorization for a service, procedure, or prescription.
- Out-of-pocket maximum.

If you have additional questions or concerns regarding your plan eligibility, benefits, or coverage, please contact a customer service representative for your health insurance by calling the number listed on the back of your insurance card.

HEALTH INSURANCE TERMINOLOGY

- **Allowed amount:** This is the total amount, or the *contracted rate*, that your health insurer or plan has agreed to pay a participating provider for a covered health care service. Even when the bill from an in-network provider exceeds the allowed amount, that provider only gets paid the allowed amount and must write off the difference. However, you may have to pay this difference if your provider is out-of-network (see “balance billing”).

  For example, if you receive services during an office visit from an in-network provider and your health plan’s allowed amount for an office visit is $100, then you’ll

pay $100 for that visit if you haven't met your deductible. *If you've met your deductible, you'll pay your coinsurance or copayment amount instead.*

- **Balance Billing:** When an *out-of-network* provider bills you for the balance remaining on the bill that your health insurance plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount.

  For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90.

- **Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service. Coinsurance depends on the network participation of your provider and the allowed amount for the service you receive. You will get more coverage when you see an in-network provider, as compared to seeing a provider who is out-of-network with your plan.

  For example, if your health insurance plan's allowed amount for an office visit is $100 and your coinsurance is 20%:
  - *If you've paid your deductible:* you pay 20% of $100, or $20. The insurance company pays the rest.
  - *If you haven't paid your deductible yet:* you pay the full allowed amount, $100.

- **Copayment:** A fixed amount you pay to providers for a covered health care service, collected at the time of your visit. Copays may vary within the same plan for different health care services, like routine wellness exams with your PCP, specialist visits, laboratory tests, emergency room visits, prescriptions, etc.

- **Deductible:** The amount you will pay in one plan year for covered health services before your plan begins to pay. If you haven't met your deductible, you pay the full allowable amount for the service. Once your deductible is met, you're only responsible for paying a coinsurance or copayment for the covered service.

  For example, if your yearly deductible is $1,000, your plan won't pay for anything until you've met your $1,000 deductible for covered health care services subject to the deductible.

- **Explanation of Benefits (EOB):** A statement that your health insurance plan sends you in the mail after you receive a health service or have a visit with a provider. This is not a bill. Your EOB is a record of the health services you received, and tells you how much the provider billed your insurance for those services, how much your insurance paid, and the amount you may owe. If your plan did not cover the entire cost of a visit or service, you will receive a separate bill from your provider.

- **Network:** The providers, facilities, and suppliers your health insurer has contracted with to deliver health care services to their members. Insurance plans usually provide more coverage for seeing an in-network provider than for an out-of-network provider. Refer to your health insurance plan's list of participating providers when looking for care.

    - *In-network providers* (also called preferred or participating providers) have a contract with your health insurance to provide covered services to you.
    - *Out-of-network providers* are not contracted with your health insurance plan, and you may be responsible for paying the full cost for the services you receive.

- **Out-of-pocket maximum:** The most you could pay in one plan year for covered services before your plan begins to pay 100% of the costs for covered essential health benefits. This limit includes deductibles, co-insurance, and copayments required of you to pay for covered health services.

- **Prior Authorization (PA):** A decision made by your health insurer that a certain health service, medical equipment, or prescription drug is medically necessary and appropriate. Your health insurance plan may require certain services to be approved prior to you receiving them (also called *pre-authorization* or *pre-certification)*. If required, the PA will be submitted to your insurance carrier by your provider, but this does not guarantee coverage. If approval was denied, but you still elect to receive that service, you may be responsible for 100% of the cost.

SELF-PAY OPTIONS AT ALLCARE

If you are uninsured or have a high deductible health insurance plan, ask the staff at AllCare about our self-pay options, which include but are not limited to the following services:

- **Sick Visits** (e.g. COVID, Flu, or strep tests, injury, UTI or STD screening)
- **Preoperative Evaluations & Clearances**
- **School or Sports Physicals**
- **MA Visits** (e.g. immunizations, therapeutic injections, ear lavage)
- **Bioidentical Hormone Replacement Therapy** (pellet insertion & replacement

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