Other words you may need to know:

Benefits - The services that you are eligible for when you have health coverage.

Dependents - People who can get health care coverage through your health plan, like your spouse or your children.

Excluded Services - Medical services that your health insurance plan does not pay for.

Explanation of Benefits (or EOB) - A summary of charges that your health insurance plan sends you after you get medical services. It is not a bill. It is a record of the medical services that you received. It shows how much the provider or hospital charged for those services and how much of that charge your health insurance will pay.

Network - The hospitals and clinics, providers, and suppliers that your health insurance plan has contracted with to provide medical services.

Out-of-network - A provider who does not have a contract with your health insurance plan to provide medical services to you. You will have to pay higher costs for services you get from a provider who is out-of-network.

Out-of-pocket Maximum - The most you will pay during the period of your insurance coverage before your health insurance plan starts to pay 100% for covered medical services.

Primary Care Provider (PCP) - A doctor or other provider who treats you for common sicknesses, helps you to stay well, and sends you to a specialist when necessary. Many health insurance plans require that you see your PCP before you can see any another medical provider. Note: Some programs that help you pay for health care services use the words "Primary Care Provider" for the clinic where you get your health care services.

Provider - A professional person who can provide health care services to you. We use this word now because there are many kinds of health care professionals besides doctors. Some examples of these are Nurse Practitioners or Physician Assistants.

Referral - A special kind of approval that health plan members must get from their Primary Care Provider (PCP) before seeing a specialist or getting a service.

Specialist - A doctor who focuses on a specific area of medicine, like a cardiologist (a heart doctor).

Financial Assistance is Available!

Call 2-1-1, choose Option #1
and ask for EnrollATX.

CENTRAL HEALTH

Brought to you by Central Health, your Travis County Healthcare District. 2-1-1 is a partnership between United Way for Greater Austin and the Health and Human Services Commission.

UNDERSTANDING HEALTH INSURANCE

What is Health Insurance?

Health insurance protects people from the high costs of medical care. When you buy health insurance, you are buying it along with many other people. You are all members of the health insurance plan. Each member pays into the plan. If you or any member needs expensive medical care, you won't have to pay the true cost of care. The money will come from the plan that you have been paying into.

Health insurance covers the costs of medical services, medicines, hospital care, and special equipment when you are sick. **Health insurance is also very important when you *are not* sick.** Most health insurance pays for immunizations and yearly check-ups for children and adults. It may also pay for health screenings, counseling, and more. (Health screenings are tests to check for certain diseases.)

How do I get Health Insurance?

You can buy health insurance through the Health Insurance Marketplace, or from a person who sells insurance (an insurance agent or broker), or through your employer (if health coverage is offered). You must make payments for your portion of the cost to keep your health insurance active.These payments are called premiums. You agree to pay the premium for a certain period, usually a year. Most people pay monthly.

How do I Choose the Right Health Insurance Plan for Me?

Knowing these things will help you decide what kind of plan you should buy:

- Any medical conditions that you have now
- Any medicines that you take now
- The number of medical visits that you expect to have for the year
- Any medical procedures like surgery or therapy that you may need
- Names of providers who are signed up to work with the health insurance company (All providers who have contracts with one insurance company are called a network)

Also, it is very important to know how much you will pay for:

- **Premiums** - The amount that you pay your health insurance company to keep your insurance active. Your employer may pay part or all of these payments for you.
- **Copayments** - An amount you may have to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount (for example, $25)
- **Deductibles** - The amount you will pay for medical services before your health insurance plan begins to pay
- **Coinsurance** - An additional amount you may have to pay as your share of the cost for medical services after you pay any deductibles. Co-insurance is usually a percentage of the total cost of services (for example, 20%)

Some health insurance plans have a low monthly premium but a high deductible, while other plans have a higher monthly premium but a lower deductible. Knowing your health and your income helps you to choose the plan that is best for you.

Health Insurance or Program Card

When you buy a health insurance plan or enroll in a healthcare program like Medicaid or CHIP, you will get information about your plan. Read this information! It is important to know when you go to see your provider or go to the hospital.

You should get a health insurance or program card as proof that you have health coverage. Your card may look different from the one below. But it should have the same type of information.

Name of Health Insurance or Program

1 Member Name: Jane Doe
Date of Birth: 06/01/1989

5 Group Number:
XXXXX- XXX

2 Member Number:
XXX-XX-XXXX

3 Plan Type:

6 Effective Date:

4 Prescription Co-pay:
$15.00 Generic
$20.00 Name Brand

7 PCP Co-pay $15.00
Specialist Co-pay $25.00
Emergency Room $75.00

Member Service: 800-XXX-XXXX

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1. **Member Name and Date of Birth**
2. **Member Number -** This number is used to identify you.
3. **Plan Type -** Tells you what type of provider network your plan has.
4. **Prescription Copayment -** The amounts that you will owe for each prescription.
5. **Group Number -** This number is used to track what benefits are included in your plan.
6. **Effective Date -** The date that your health insurance benefits begin.
7. **Copayments -** The amounts that you will owe when you see a provider or a specialist, or when you go to the emergency room.
8. **Member Services -** The phone number that you can call if you don't understand what you will or will not pay for. You can also call if you need help finding a provider. Sometimes this number is listed on the back of your card.