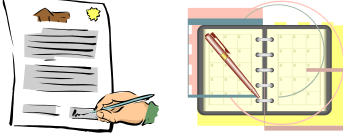



# HEALTH INSURANCE TERMS

<p>Premium \$\$\$</p>	<ul style="list-style-type: none"> <li>■ Set fee <b>YOU</b> pay for insurance coverage (usually expressed on a monthly basis)</li> </ul>
<p>Policy / Period</p> 	<ul style="list-style-type: none"> <li>■ Policy: Contract for specified insurance benefits</li> <li>■ Period: Time period you are covered by this insurance policy</li> </ul>
<p>Deductible \$</p>	<ul style="list-style-type: none"> <li>■ Amount <b>YOU</b> must pay for health care services first before the insurance company will pay claims (e.g., \$150); can be per “event” or policy period</li> </ul>
<p>Co-insurance %</p>	<ul style="list-style-type: none"> <li>■ Percentage share of cost that <b>YOU</b> must pay for covered services. <i>For example</i>, a plan may pay 80% of charges and you pay 20%.</li> </ul>
<p>Copayment \$</p>	<ul style="list-style-type: none"> <li>■ Set dollar amount <b>YOU</b> must pay as your share of cost for covered services</li> </ul>
<p>Network Preferred, Participating or Network Providers</p>	<ul style="list-style-type: none"> <li>■ Network Providers (individuals and facilities) accept a negotiated or contracted rate as full payment for services</li> </ul>
<p>Covered Expenses</p> 	<ul style="list-style-type: none"> <li>■ “Usual, reasonable and customary charges” or “covered expenses” are tied to insurer’s fee reimbursement schedule (non-network). Fees paid are based on most common charge for similar services, medicines or supplies in same geographic area</li> </ul>
<p>Pre-Existing Condition (Exclusion)</p>	<ul style="list-style-type: none"> <li>■ Manifestation of symptoms (“condition”) or treatment for illness or injury that existed within 6 or 12 months prior to enrollment in this insurance policy</li> </ul>