Creating Connections Counseling Center LLC
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Insurance Terms

Allowed Amount/Allowed Charge

The allowed amount (or allowed charge) is the maximum amount your insurance plan will pay for a single covered healthcare service. Healthcare providers working in your network are subject to limits that they can charge for care, as determined by your insurance company. They can't charge more than the amount they agree to.

Out-of-network providers may charge more for their services. If you see an out-of-network provider, you may be responsible to pay the difference between their price and your insurance company's allowed amount.

Benefits

Your benefits are the services covered by your plan. Depending on the plan you have, your benefits may cover the entire amount charged for the service(s) or a partial amount.

Claim

A claim is an official document that details what kind of care you received so that your insurance company can pay your medical provider. A claim will include details about your care including relevant procedures, exams, prescriptions, etc.

Your insurance company processes claims based on your benefits. For any claim submitted to your insurance company, you'll get an Explanation of Benefits (EOB). The EOB shows how your benefits were applied and what you may owe your provider. Depending on when claims are submitted, your EOBs may include details for multiple claims.

Coinsurance

Coinsurance is the amount you pay for a covered service after you've reached your deductible. It's usually expressed as a percentage of the total cost of the service.

For example, imagine a visit to your doctor ends up costing $200 and you have 10% coinsurance. If you haven't reached your deductible, you'll owe the full $200. If you have reached your deductible, you'll owe 10% of the bill, which is $20.

Copay

A copayment or copay is a flat fee you'll pay for specific services under your plan. Usually, there is more than one kind of service covered by a copay. For example, you may pay a $10 copay for visits to your primary care physician, $100 for seeing a specialist and $500 for a trip to the emergency room.

Your copays don't usually count toward your deductible, but they do count toward your out-of-pocket amount.

Deductible

Your deductible is a fixed dollar amount that you must pay out-of-pocket every plan year before your insurance company pays its portion of your care. For most plans, any money you pay toward the allowed charge for care will count toward your overall deductible. Premiums, however, don't count toward your deductible.

Your deductible amount depends on the health plan you choose. Some plans will waive the deductible for mental/behavioral health services or may have a separate mental/behavioral health deductible.

Out-of-Pocket

The out-of-pocket amount is the most you'll have to pay for care during your plan year. For most plans, the allowed amount that you pay for deductibles, copays, coinsurance and prescription drugs counts toward your overall out-of-pocket maximum. Once you reach your out-of-pocket maximum, your insurance company pays 100% of your care. However, you're still responsible for plan premiums.

Premium

Your premium is the amount you pay regularly for your insurance plan. For most folks, it's your monthly bill. It does not include what you may owe for copays, coinsurance or your deductible.