



# KEY INSURANCE TERMS

## and what they mean for you.

HERE'S A **CHEAT SHEET** FOR A FEW OF THE MOST IMPORTANT ONES.

### **Covered Health Service**

A service could be an office visit, test, prescription, or another medical treatment your health insurance covers. Before you seek care, check to make sure the service is covered.

### **Claim**

The request for payment that's sent to your health insurance company after you receive covered care.

### **Plan Allowance**

The set amount your plan will pay for a health service, even if your provider bills for more.

### **Deductible**

The set amount you pay for covered health services before your plan starts paying.

### **Coinsurance**

The percentage you owe after your deductible.

### **Out-of-Pocket Maximum**

The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

### **In-Network Provider**

A doctor, hospital, or other provider in the plan's network. Network providers accept the plan's payment plus member cost-sharing as payment in full. You pay less when you use an in-network provider instead of an out-of-network provider. With the exception of care for emergent and urgent conditions.

### **Out-of-Network Provider**

Provider who does not have a contract with your health insurer to provide services to you at a discount. You will generally pay more to see an out-of-network provider.

### **Formulary**

A list of medications covered by your plan, sorted by tier. Lower tiers usually mean lower copays.

### **Copay**

The set amount you pay for a covered service.

**FPO**

## **Still have questions?**

You can easily access your plan info and more by visiting [My Highmark.com](https://www.myhighmark.com) or call the member service number on the back of your insurance card.