

1

Understand Your Health Insurance

What is Health Insurance?

Health Insurance is a plan that you buy that pays for services and care when you or a member of your household are sick or healthy.

Connect for Health Colorado is Colorado's **Marketplace** for private insurance with financial assistance available to help with costs. All Marketplace plans are Qualified Health Plans and include **Essential Health Benefits** and **Preventive Services**.

What Financial Assistance is Available?

A **Premium Tax Credit (PTC)** is an estimated tax credit that you can use to lower your premium cost for a Marketplace health insurance plan. You may take this tax credit monthly (Advanced Premium Tax Credit/APTC), to lower your monthly premium, or you may take it at the time that you file your taxes as one lump sum.

Cost-Sharing Reduction (CSR) is a reduction in the amount that you pay for deductibles, copayments and coinsurance, available to those who qualify and enroll in a benchmark level health insurance plan through Colorado's Marketplace.

What are Essential Health Benefits?

As set forth in the Affordable Care Act, Marketplace health insurance plans must cover needed services including: outpatient, hospitalization, emergency, maternity & newborn, mental health & substance use, prescription drugs, rehabilitative, laboratory, preventive/wellness, and pediatric.

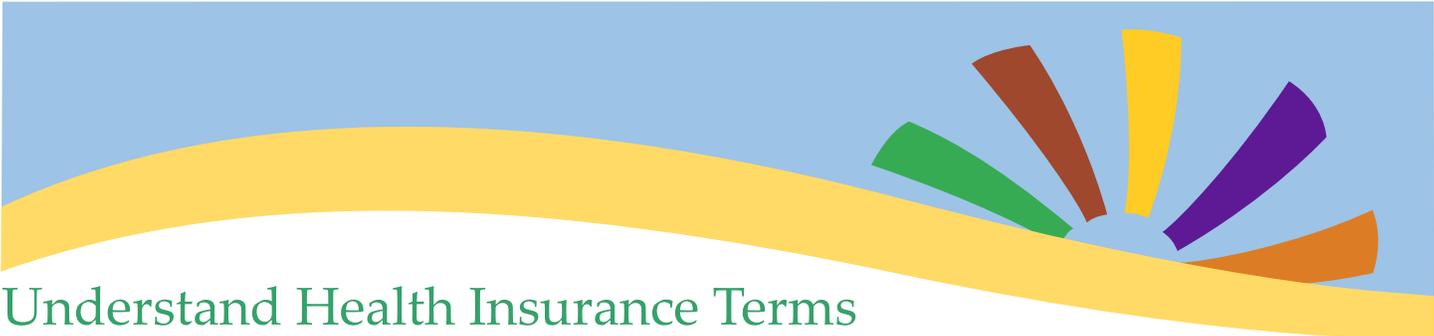
What are Preventive Services?

Preventive Services help to prevent or detect illness, disease and other health problems, at an early stage when treatment is likely to work best. All Marketplace health insurance covers **free**, preventive services — when delivered by a doctor or other provider in your plan's network, including:

- Annual Wellness Visit & Women's Wellness Visit
- More than a dozen different health screenings
- Aspirin use to prevent cardiovascular disease
- Diet counseling for adults at higher risk for chronic disease
- Fall prevention for adults 65+ years
- 14 different immunization vaccines
- Sexually transmitted infection prevention counseling
- Statin preventive medication

Boulder County Assistance Site for Health Coverage
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Understand Health Insurance Terms

Summary of Benefits

The **description of features** included in the plan that you selected such as the services and providers your plan will pay for and how much each visit or service may cost you.

Deductible

The amount you owe for covered services **before** your health insurance begins to pay.

- For example, if your deductible is \$1000, you pay the first \$1000 of covered services yourself. Then your health insurance pays for additional covered services.
- There are many preventive services that are free even when you haven't paid any of your deductible.

Copayment

Your portion of payment, **usually a fixed amount**, for a covered health service (such as a doctor's visit or prescription drugs).

- For example, you might pay \$15 for a primary care visit and a \$35 copay for a specialist visit.

Network

The **facilities and providers** your health insurer has contracted to provide health care services. **In-network providers** usually cost less than **out-of-network providers**. Contact your insurance company for a list of in-network providers.

Premium

The **amount that you pay** for your health insurance **every month**. If you receive Advanced Premium Tax Credits, then your monthly premium will be reduced by the amount you receive as a tax credit.

- For example, instead of \$400/mo., with a monthly tax credit of \$275/mo., you would pay \$125/mo.

Coinsurance

Your **share of costs** of a covered health care service. This is often after you have met your deductible.

- For example, if your health insurance plan's allowed amount for a doctor office visit is \$100 and you've met your deductible, for a plan with 20% coinsurance, you would pay \$20 and the health insurance plan would pay the rest (\$80).

Out-of-Pocket Maximum

The most that you pay during the policy period (usually one calendar year) before your health insurance pays 100% for covered benefits. This limit includes deductibles, co-insurance, copayments and any other qualified medical expense expenditures. This limit does not include premiums.

$$\frac{\text{Deductibles} + \text{Coinsurance} + \text{Copays}}{\quad} = \text{Out-of-Pocket Maximum}$$