

## Estimate Information and Terms

### **Coinsurance**

Coinsurance takes effect after a patient has paid his/her yearly deductible. It is usually a percentage of a patient's medical services' cost, after the deductible is paid until the maximum out-of-pocket expense is reached.

### **Copayment (Copay)**

A fixed amount paid by the patient for a specified medical service. This amount is set by the insurance company and is collected at the time the services are provided.

### **Deductible**

The deductible is the minimum amount of money patients must pay before their insurance company begins paying for medical expenses. It usually must be met within a year.

### **Deductible Met**

This term means the amount of deductible the patient has paid out-of-pocket toward their total annual deductible amount.

### **Out of Pocket**

Out-of-pocket is the annual, maximum amount of money a patient must pay before his/her insurance plan begins paying 100 percent of medical cost up to any policy maximum. Some insurance plans exclude copayments from this amount.

### **Out of Pocket Met**

This term means the amount of money a patient has paid towards his/her total annual out-of-pocket amount.

### **Total Estimated Allowable**

This is an estimate of the total amount payable for medical services by both the patient and the insurance company. It assumes the patient receives the average historical medical services included in the estimate. The amount could vary from the estimated amount if the patient receives more or less services than included in the services than included in the estimate.

### **Total Estimated Charges**

This is the average historical charges for any anticipated medical services the patient requires. Actual medical services received could lead to this number being higher or lower than estimated. This amount is often discounted based on contractual or other available discounts, therefore, the charge is often greater than the amount payable for services.

### **Total Estimated Patient Responsibility**

This is an estimate of the patient's portion of allowed amount that must be paid prior to receiving medical services.