Helpful Insurance Terms

**Network:** The facilities, providers and suppliers your health insurer or plan has contracted with to provide healthcare services.

**Premium:** The amount that must be paid for your health Insurance or plan. You and your employer usually pay it monthly, quarterly or yearly.

**Allowable:** The charges third party payers are contractually obligated to pay the provider of services.

**Co-Insurance:** The percentage of a covered expense patient is responsible for after they have met their deductible.

**Copay:** A flat dollar amount a patient pays for a covered service, usually to see a physician.

**Deductible:** The amount of covered expense a patient must incur and pay each calendar year before the insurance company will pay for a covered medical expense.

**EOB:** Explanation of Benefits. Written statements send from the payer to the member which explains the benefits that were paid and/or charges that were denied or rejected.

**Out of Pocket:** The expense of the deductible and coinsurance and any copayments added together. It is the maximum amount a patient will have to pay within the contract plan.

**Out of Pocket Limit:** The most you pay during a policy period before your health insurance or plan begins to pay 100% of the allowed amount. This limit does not include your premium balance-billed charges or healthcare your health insurance or plan doesn’t cover.

**Balance Billing:** When a provider bills you for the difference between the providers charge and the allowed amount.