



HEALTH INSURANCE 101

Here are some important insurance terms to help you make sense of it all.

PREMIUM

After you sign up for health insurance, you typically pay a monthly fee, or premium, in order to stay covered. With this monthly premium comes peace of mind knowing that you have the coverage you need.

OUT-OF-POCKET COSTS

Out-of-pocket costs are medical expenses paid for by you, not your insurance company. For example:

- Deductibles
- Co-insurance
- Co-pays
- Any costs for medical services that aren't covered by your insurance



Out-of-pocket costs
**DEDUCTIBLES,
CO-INSURANCE,
CO-PAYS,
AND ANY COSTS FOR SERVICES
THAT AREN'T COVERED**

DEDUCTIBLE

The deductible is the money you agree to pay for your medical care and medicine up to a set dollar amount each year. After you have paid your deductible, your health insurance company starts paying their share of your medical costs. The deductible is one of the ways you share your medical costs with your insurance company.

In all plans, preventive care is totally covered even before you meet your deductible.

Meeting your deductible

Examples are based on a Standard Silver Plan.



ONCE YOU'VE MET YOUR **DEDUCTIBLE** (OR IF THE DEDUCTIBLE IS WAIVED), YOU'LL EITHER PAY FOR CARE THROUGH **CO-INSURANCE** OR **CO-PAY**

CO-INSURANCE VS. CO-PAY

Once your insurance company starts picking up the cost of your care, you may need to pay a smaller portion for services through a co-insurance or co-pay fee.

Co-insurance is a percentage of the cost of the insurance.

Co-pay is a flat fee you pay for a service.

You will pay your co-insurance or co-pay until you reach your maximum out-of-pocket for the year. Then, your insurance company will pay for all covered medical costs. To continue to get care, you only have to pay your premium.

Co-insurance (%)



You pay **30%** of your total bill



Insurer pays the remaining **70%**

Say you need to have a procedure that costs \$1,000, and your co-insurance is 30%. You'll pay for \$300 of that bill, and your insurance company will pay the remaining \$700.

Co-pay (\$)



You pay a **\$45 CO-PAY** at the time of your visit



Insurer pays for the cost of care

Say you visit a specialist and you have a \$45 co-pay. You only have to pay \$45, no matter what the whole cost of the visit is.



HEALTH INSURANCE 101

CALL: 1-855-899-9600 (TOLL-FREE)
CLICK: WWW.VERMONTHEALTHCONNECT.GOV

ESSENTIAL HEALTH BENEFITS

All insurance plans offer the same *essential health benefits*, so you know the essentials are covered. The difference between the plans is in how you pay for them. Some of these benefits include:



NON-HOSPITAL CARE

- ✓ Outpatient care—the kind you get without being admitted to the hospital
- ✓ Care before and after your baby is born
- ✓ Pediatric services, including dental care and vision care for kids



HOSPITAL AND EMERGENCY ROOM CARE

- ✓ Trips to the emergency room
- ✓ Treatment in the hospital for inpatient care



MEDICATION AND TESTS

- ✓ Prescription drugs
- ✓ Lab tests



SUPPORT SERVICES AND TREATMENT

- ✓ Mental health and substance-use disorder services, including:
 - behavioral health treatment
 - counseling
 - psychotherapy
- ✓ Care for managing chronic conditions such as diabetes, allergies, or heart disease
- ✓ Helping you recover if you're injured, or have a disability or chronic condition. This includes:
 - physical and occupational therapy
 - speech-language pathology
 - psychiatric rehabilitation and more



FREE PREVENTIVE SERVICES

- ✓ Preventive services to keep you healthy, including:
 - counseling
 - screening
 - vaccines
- ✓ There are many free preventive services available based on your gender and age.*

MOST VHC CUSTOMERS QUALIFY FOR A FREE OR REDUCED-COST HEALTH PLAN.



FIND OUT HOW MUCH FINANCIAL HELP IS AVAILABLE TO YOU.

Visit www.VermontHealthConnect.gov and click on the **Subsidy Estimator**.

OPEN ENROLLMENT IS NOVEMBER 15, 2014 THROUGH FEBRUARY 15, 2015

It's your chance to sign up for health insurance through Vermont Health Connect or pick a different health insurance plan for 2015. Open Enrollment is also a good time to report any changes in your income or your family, because changes could impact your coverage or the amount of financial help you qualify for. When you sign up affects when your coverage will start. If you do not have a change and want to keep your plan, you do not have to contact Vermont Health Connect to stay covered.

SELECT PLAN BY

COVERAGE STARTS

December 15, 2014

January 1, 2015

January 15, 2015

February 1, 2015

February 15, 2015

March 1, 2015

OPEN ENROLLMENT

NOVEMBER 15TH 2014 TO FEBRUARY 15TH 2015

*To learn more about preventive care benefits, visit www.healthcare.gov/preventive-care-benefits