



Understanding Your Insurance

Insurance terms that mean you have financial responsibilities:

1. **Co-Insurance**- This is a fee you pay based on a percentage of the reimbursement the office will receive for providing your services. If for example, the insurance pays \$100, and you have a 30% co-insurance, you will be required to pay \$30.00 at the time of service.
2. **Co-Pay**- A flat fee you have to pay at every visit. This is a fee that your insurance company requires you to pay. Contracts between insurance companies and medical offices often stipulate that a patient must pay their co pay in order to be seen. This implies you can be turned away if you do not have your co pay.
3. **Deductible**- The amount you have to pay before the insurance will pay for anything. A deductible can be \$500 or \$5000. It is very important to know how much your deductible is and if it has been met. The insurance company allows a certain charge for each service we provide. That charge is called the allowable. You will be required to pay the allowable amount for the services you received at the time of your visit. We will still send a claim to your insurance company so that they know to apply our charges towards your deductible.
4. **Maximum Benefit or CAP**- This is a dollar limit on how much your insurance company will pay for a particular type of service. They may only pay, for example, a maximum of \$500 for a well visit and immunizations. After this \$500 has been reached, you would be paying for the service in full, as if you had no insurance. Some insurance companies limit the number of visits, instead of putting a dollar limit on a service. For example, there are typically 6 well visits scheduled before a newborn turns 12 months old. An insurance company may limit it to 5 out of 6 visits.

Questions to Ask Your Insurance:

1. What are my vaccine benefits? Does a deductible apply? How much? Do I have co-insurance? How much? Will a co pay apply if I only need to get vaccines and do not see my doctor? Is there a maximum benefit or cap on my vaccine benefits? What is the limit?
2. What are my sick benefits? Is there a deductible? Co-insurance? Copy? How much in each case?
3. What are my child's well benefits? Does a deductible, co-insurance or co pay apply? How much? Is there a maximum benefit or cap on these services? What is the limit? Is there a limit on the number of well visits I can have in a year? If so, What? Do well benefits end at a certain age?
4. What is my benefit year? Does it start over on Jan 1st? Can my (older) child get one well visit per calendar year or benefit year?
5. For any of these services, do I have a co pay and co-insurance? To which services does this apply?
6. Is this information all spelled out clearly in my benefit handbook? If not, can I get this in writing? Is this information available online to me?