

# COPAY AND COINSURANCE



Some health insurance plans include even more pre-deductible coverage. You get this coverage in addition to preventive care. So, what might be covered? Services like specialist visits, prescriptions, telehealth, and behavioral health might be covered.

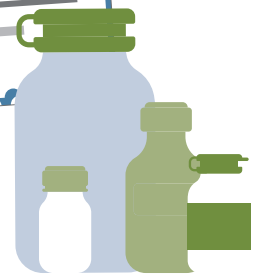


## SOMETIMES YOU'LL PAY A FLAT FEE FOR THOSE SERVICES, CALLED A COPAY, AND YOUR INSURANCE WILL COVER THE REST OF THE BILL.

For example, if your copay to see your primary care provider is \$20, you will only pay \$20. Your insurance would pay the rest of the bill.


## SOMETIMES, INSTEAD OF PAYING A COPAY FOR A SERVICE, YOU MIGHT PAY COINSURANCE.

**Coinsurance means that you pay a percentage of your bill.** You pay a percentage of the total negotiated rate for services, and insurance will pay the rest. For example, if your coinsurance is 50% for hormone replacement therapy, that means you would pay half of the negotiated cost. Your insurance company would pay the other half. With coinsurance, it's important to remember that you often won't know how much services cost until you get the bill. This can make it difficult to know the dollar amount you'll be responsible for. If you want to know how much your coinsurance might be for a doctor's visit, you can ask your provider for an estimate of the costs before you go. Your provider's office is required to give you a "Good Faith Estimate" of expected charges for the visit.



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You can see which services require copays or coinsurance by checking your **"Summary of Benefits and Coverage"**. You can get this document from your insurance company, or from CoverME.gov's Plan Comparison Tool. It's important to know that copays and coinsurance don't stop once you hit your deductible. You will keep paying when you use services with copays and coinsurance. You only stop paying copays and coinsurance when you reach your out-of-pocket maximum. Typically, every dollar you pay toward copays and coinsurance is counted towards reaching your out-of-pocket maximum.

INSURANCE PROVIDER	Plan Name	<a href="#">View Plan Details</a>
Monthly Premium: <b>\$133.97</b>	Annual Deductible: <b>\$7,500</b>	Out-of-pocket Limit: <b>\$10,000</b>
<b>Primary Care Visit to Treat an Injury or Illness:</b> Tier 1: \$40 Copay Tier 2: \$75 Copay	<b>Preferred Generic Drugs:</b> Tier 1: \$25 Copay Tier 2: \$40 Copay	
<b>Specialist Visit:</b> Tier 1: \$60 Copay Tier 2: \$130 Copay after deductible	<b>Generic Drugs:</b> Tier 1: 30% Coinsurance after deductible Tier 2: 40% Coinsurance after deductible	
<b>Urgent Care Centers or Facilities:</b> Tier 1: \$40 Copay Tier 2: \$40 Copay	<b>Preferred Brand Drugs:</b> Tier 1: \$50 Copay Tier 2: \$65 Copay	
<b>Estimated Network Size</b> 56% of 6,267 doctors within 10 mi who accept CoverME.gov plans are covered.		
		
<ul style="list-style-type: none"><li>● In-Network, Tier 1 (Preferred): 51.35%</li><li>● In-Network, Tier 2 (Non-preferred): 4.05%</li><li>○ Out-of-Network: 44%</li></ul>		



**IF YOUR PRIMARY CARE PROVIDER CONDUCTS A TEST, LIKE A STREP OR FLU TEST, DURING THE OFFICE VISIT, YOU MAY RECEIVE AN ADDITIONAL BILL. THIS BILL MAY HAVE A DIFFERENT OUT-OF-POCKET COST ARRANGEMENT.**