

## EXPENSES IN ADDITION TO THE PREMIUM

**Deductibles:** This is the amount of covered health care expenses that must be paid for by the insured or member before the insurance company or HMO will begin paying.

**Co-Insurance:** This is the amount stated in the policy that is the insured's portion of the claim. For instance, the insurance company may pay 80% of the claim and the insured's share is 20% of the claim. The co-insurance amount is paid in addition to the deductible. In a PPO plan, the co-insurance for an out of network provider will generally be higher than that for an in-network provider.

**Co-Payments:** Some policies provide for a set amount paid by the insured for a particular service, usually an office visit. In that case, the insured pays their co-pay for the visit and the insurer pays the rest of the bill. Amounts you pay for co-payments may or may not go toward the deductible, depending on the policy.

**Balance Billing:** This occurs when seeing a provider outside the policy's network. When seeing an out-of-network provider, the insured is responsible not only for a higher coinsurance, but also the balance of the provider's charges above the amount allowed by the policy.

## POST-DISASTER

If you need emergency care following a disaster, seek treatment at the nearest medical facility. Even if you are in a managed care plan, those plans have to cover your emergency treatment regardless of whether or not the facility is in your plan's network. Once your emergency is treated, you will have to comply with your plan's requirements.

Determine from your insurer what coverage your plan provides when you are displaced and need medical attention outside of your area. Locate alternative care if your regular treatment settings are unavailable.

Learn about your plan's coverage for catastrophic or long-term injuries, including coverage for rehabilitation and the lifetime maximum the policy will pay.

Save any medical or prescription receipts to submit for reimbursement from Flexible Spending Accounts (FSA).

Know your rights: if you are not receiving payment for the medical treatment you need, you or your doctor should contact the insurance company for assistance.

## LIFE INSURANCE

Life insurance is a form of insurance that pays a beneficiary in the event of the death of the insured person. When a policy is purchased, a specific death benefit is chosen.

**Life insurance is a contract between the policy owner and the insurance company:**

- policy owner (or policy payer) agrees to pay a defined amount called a premium.
- insurance company agrees to pay a sum of money upon the death of the insured person.
- beneficiary – the person or persons named by the policy owner – will receive policy proceeds (benefit) upon the death of the insured person.