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## Understand Your Health Insurance

### What is Health Insurance?

**Health Insurance** is a plan that you buy that pays for services and care when you or a member of your household are sick or healthy.

Connect for Health Colorado is Colorado's **Marketplace** for private insurance with financial assistance available to help with costs. All Marketplace plans are Qualified Health Plans and include **Essential Health Benefits** and **Preventive Services**.

### What Financial Assistance is Available?

A **Premium Tax Credit (PTC)** is an estimated tax credit that you can use to lower your premium cost for a Marketplace health insurance plan. You may take this tax credit monthly (Advanced Premium Tax Credit/APTC), to lower your monthly premium, or you may take it at the time that you file your taxes as one lump sum.

**Cost-Sharing Reduction (CSR)** is a reduction in the amount that you pay for deductibles, copayments and coinsurance, available to those who qualify and enroll in a benchmark level health insurance plan through Colorado's Marketplace.

### What are Essential Health Benefits?

As set forth in the Affordable Care Act, Marketplace health insurance plans must cover needed services including: outpatient, hospitalization, emergency, maternity & newborn, mental health & substance use, prescription drugs, rehabilitative, laboratory, preventive/wellness, and pediatric.

### What are Preventive Services?

**Preventive Services** help to prevent or detect illness, disease and other health problems, at an early stage when treatment is likely to work best. All Marketplace health insurance covers **free**, preventive services — when delivered by a doctor or other provider in your plan's network, including:

- Annual Wellness Visit & Women's Wellness Visit
- More than a dozen different health screenings
- Aspirin use to prevent cardiovascular disease
- Diet counseling for adults at higher risk for chronic disease
- Fall prevention for adults 65+ years
- 14 different immunization vaccines
- Sexually transmitted infection prevention counseling
- Statin preventive medication

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## Understand Health Insurance Terms

### Summary of Benefits

The **description of features** included in the plan that you selected such as the services and providers your plan will pay for and how much each visit or service may cost you.

### Deductible

The amount you owe for covered services **before** your health insurance begins to pay.

- For example, if your deductible is \$1000, you pay the first \$1000 of covered services yourself. Then your health insurance pays for additional covered services.
- There are many preventive services that are free even when you haven't paid any of your deductible.

### Copayment

Your portion of payment, **usually a fixed amount**, for a covered health service (such as a doctor's visit or prescription drugs).

- For example, you might pay \$15 for a primary care visit and a \$35 copay for a specialist visit.

### Network

The **facilities and providers** your health insurer has contracted to provide health care services. **In-network providers** usually cost less than **out-of-network providers**. Contact your insurance company for a list of in-network providers.

### Premium

The **amount that you pay** for your health insurance **every month**. If you receive Advanced Premium Tax Credits, then your monthly premium will be reduced by the amount you receive as a tax credit.

- For example, instead of \$400/mo., with a monthly tax credit of \$275/mo., you would pay \$125/mo.

### Coinsurance

Your **share of costs** of a covered health care service. This is often after you have met your deductible.

- For example, if your health insurance plan's allowed amount for a doctor office visit is \$100 and you've met your deductible, for a plan with 20% coinsurance, you would pay \$20 and the health insurance plan would pay the rest (\$80).

### Out-of-Pocket Maximum

The most that you pay during the policy period (usually one calendar year) before your health insurance pays 100% for covered benefits. This limit includes deductibles, co-insurance, copayments and any other qualified medical expense expenditures. This limit does not include premiums.

$$\frac{\text{Deductibles} + \text{Coinsurance} + \text{Copays}}{\quad} = \text{Out-of-Pocket Maximum}$$