

How health insurance works

Health care coverage is something all of us need at some point. Emergencies are never planned.

Having health insurance will pay for preventive care and pay a part of the cost when you're sick or hurt. **Open Enrollment begins November 1**, but you may still qualify for coverage now.

Call **800-328-9207** to discuss your options with an exclusive Florida Blue agent.

What you need to know

When you apply for coverage and make your first month's premium payment, you're issued a health plan policy with a date that your coverage will start. Each month, you pay a monthly bill for your health plan. This is called a premium. You may qualify for help from the government to pay part of your premium. This financial assistance is called an advanced premium tax credit or subsidy. The government will send the subsidy directly to the health insurance company. This lowers the cost of your monthly payment.

You may have to pay part of the cost when you get health care services. This is called your cost share. Most health insurance plans will have a network, or a list of doctors, hospitals and other health care providers that you can choose from. These are called in-network health care providers. Going to these health care providers when you need care will generally save you the most money. If you go to a provider that is not in your plan's network, you may have to pay more.

Some plans, such as HMO coverage, only cover services by in-network providers. Other plans require that you use exclusive providers (EPO) for certain services, such as prescription drugs or medical equipment. These are things you may want to ask before you choose a health plan.

Get help finding a plan!

Call a Florida Blue agent at **800-328-9207**.

Call a health insurance navigator at **877-813-9115**.

Call **healthcare.gov** (the Marketplace) at **800-318-2596**.

The basics



Insurance coverage

When you buy, or enroll in, a health plan, the insurance company agrees to pay for preventive services to help you stay well, plus part of your medical bills when you need a checkup, get sick or have an accident. These include things like doctor or hospital visits, prescription drugs, tests, maternity care and other medical services you may need. That's called "**coverage**."



Premium payments

Premiums are payments you make each month to your insurance company for your health insurance coverage. Keeping these payments up to date ensures that you will have coverage when you need it, whether it's an unexpected illness or a chronic condition.

An agent can help!

Licensed health insurance agents will make sure you get the right plan for your needs and budget. Then during the year, they can help you:

- Understand what's covered by your plan
- Estimate your out-of-pocket cost when you go to the doctor or pharmacy



Get Covered Florida!

Visit [FloridaBlue.com/GetCoveredFlorida](https://www.floridablue.com/GetCoveredFlorida) to learn more.

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How a Copay Works

A copay is a flat fee that you may pay for covered health care services when you go to an in-network health care provider. For example, if your plan has a \$25 copay for visits to a primary care doctor, that's the flat fee you'll pay for each primary care visit. Some plans may require that a deductible is paid first. There may be different copays depending on where you go or the type of care you need, but you'll know the cost right away.

How a Deductible Works

A deductible is the dollar amount you must pay for certain health care services each year before your health plan starts to pay. After you have paid the deductible, you usually pay only a copayment (a flat fee) or coinsurance (a percentage of the bill) for covered services.

The maximum amount that your plan will pay for a covered service is the Allowed Amount that has been negotiated with in-network providers. This amount is usually less than the normal rate.

Cost Share

This is an example of how cost share works before you reach the deductible when you go to an in-network health care provider.

Doctor's full charge:	\$155	Goes toward your deductible and out-of-pocket maximum
Allowed Amount:	\$95	
YOU WOULD PAY:	\$95	

In-network Advantage

Certain covered health care services may have a lower cost share or a \$0 cost share when you go to in-network health care providers.

Flat Fees

Some covered health care services may have a **copay**, which means you'll pay a flat fee each time.

Upfront Cost

Other covered services may have a **deductible** that you pay first. After you have paid the deductible, you may pay a smaller amount for those same covered services, as either **coinsurance** (a percentage of your bill) or a **copay** (a flat fee). Check your plan to see which services require the deductible to be paid first.

Annual Out-of-Pocket Maximum

Your plan will have an annual **out-of-pocket maximum**. This is the most you pay each year for services covered by your health plan. After you have paid this amount, your insurance pays 100% of covered medical services for the rest of the year.

How Coinsurance Works

When your deductible has been met, you may pay a coinsurance percentage (%) for certain services. The percentage you pay is based on the Allowed Amount that has been negotiated with in-network providers. See the 20% example below:

Goes toward your out-of-pocket maximum	Doctor's full charge:	\$155
	Allowed Amount:	\$95
	YOU WOULD PAY 20% of the Allowed Amount:	\$19

Important: The examples above assume that you go to an in-network health care provider. If your plan has out-of-network benefits, out-of-network providers can charge more than the **Allowed Amount** and bill you for the difference (balance billing).