

Do you understand your health care benefit terms?

Here are a few:

- Deductible:** The amount you must pay first before your plan begins to pay for benefits. Our plan has an individual deductible and a family deductible.
- Co-Insurance:** A percentage of your health-care costs that your insurance does not cover that you have to pay. Our plan covers 80 percent of allowed medical expenses, and the member must cover the remaining 20 percent.
- Co-Insurance Maximum:** The maximum amount you have to pay towards your medical care before the plan covers 100 percent of qualified expenses.
- Allowed Amount:** The fee, negotiated by the health-care plan, for your medical services.
- Co-Pay:** A set dollar amount you are asked to pay for your medical care services. Co-pay amounts do not apply to your deductible.
- Plan Year:** The annual coverage period for your health plan. Our plan year begins July 1st and ends June 30th.
- In-Network Provider:** Any health-care provider, or group of providers, such as a doctor, physician group, or hospital is called a provider. As an in-network provider they have contracted with the health-care plan to accept negotiated fees.
- Generic Drug:** A drug that is exactly the same chemically as a brand-name drug, and usually lower in cost.
- Beneficiary:** The person or persons you choose who will receive money from your life insurance policy when you die.
- Contingent Beneficiary:** The person or persons you choose who will receive money from your life insurance policy when you die if the primary Beneficiary is not alive.