**Deductible**

A specific dollar amount that your health insurance company may require that you pay out-of-pocket each year before your health insurance plan begins to make payments for claims. Not all health insurance plans require a deductible.

**Out-of-Pocket Maximum**

Out-of-pocket maximums apply to all medical plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover most eligible medical expenses for the rest of the plan year.

**Coinsurance**

The amount that you are required to pay for covered medical services after you've satisfied any copayment or deductible required by your health insurance plan. Coinsurance is typically a percentage of the charge for a service rendered by a healthcare provider. For example, if your insurance company covers 80% of the allowable charge for a specific service, you may be required to cover the remaining 20% as coinsurance.

**Copayment**

A flat charge that your health insurance plan may require you to pay for a specific medical service or supply, also referred to as a "copay." For example, your health insurance plan may require a $20 copayment for an office visit or brand-name prescription drug, after which the insurance company pays the remainder of the charges.

**In-Network Provider**

A healthcare professional, hospital or pharmacy that has a contractual relationship with your health insurance company. This contractual relationship typically establishes allowable charges for specific services. In return for entering into this kind of relationship with an insurance company, a healthcare provider typically gains patients, and a primary care physician may receive a capitation fee for each patient assigned to his or her care. An *Out-of-Network* provider is a healthcare professional, hospital, or pharmacy that is *not* part of your health plan's network of preferred (In-Network) providers. You will generally pay more for services received from out-of-network providers, in part because you may be responsible for out-of-pocket costs that are considered above the "reasonable and customary" fees.

**Primary Care Physician (PCP)**

A primary care physician usually serves as a patient's main healthcare provider, especially under an HMO plan. The PCP serves as a first point of contact for healthcare and may refer a patient to specialists for additional services.

**Claim**

A request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services. **NOTE:** If you pay out of pocket and need to be reimbursed, please contact your administrator for a claim form.
### Lifetime Maximum
The maximum dollar amount that a health insurance company agrees to pay on behalf of a member for covered services during the course of his or her lifetime.

### Medical Evacuation and Repatriation Insurance
This coverage, required of all J-Visa holders, is for arranging and paying for emergency evacuation to the nearest adequate medical facility, and the repatriation of mortal remains.

### COBRA (Consolidated Omnibus Reconciliation Act)
Federal legislation allowing an employee or an employee’s dependents to maintain group health insurance coverage through an employer’s health insurance plan, at the individual’s expense, for up to 18 months after the loss of employment.

### Insurance Carrier
The company responsible for providing you with your health insurance plan by paying your claims, maintaining provider networks, coordinating billing, and offering member assistance services.

### Broker
A broker matches their clients with a health insurance company or plan that best suits the client’s needs. The broker is paid a commission by the insurance company, but represents the interests of their client rather than the insurance company. In some cases, as with Garnett-Powers & Associates, a broker can also act as a third-party administrator, handling enrollment and billing, benefit and claims questions, etc.

<table>
<thead>
<tr>
<th><strong>Type of Provider</strong></th>
<th><strong>Scenario</strong></th>
<th><strong>Type of Illness or Injury</strong></th>
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</table>
| **Primary Care Physician (PCP)**  
(Common under HMO plan) | Annual wellness exams, or moderate pain you need diagnosed | General checkup, moderate pain of unknown origin, etc. |
| **Specialist**  
(Requires referral from PCP under HMO) | Experiencing pain specific to a particular region of the body (i.e. muscular, gastrointestinal, ocular, bone/joint, skin, ears/nose/throat, etc.) | Ulcers, rash, digestive problems, vision problems, elevated levels, etc. |
| **Hospital** | Having an inpatient or outpatient procedure performed, in a critical state | Delivering a baby, major/minor surgery, recovery, monitoring, etc. |
| **Walk-in Clinic** | Treatment of unscheduled, non-emergency illnesses/injuries and certain immunizations | Vaccination, mild cold/flu, minor cuts/abrasions, etc. |
| **Urgent Care**  
(Alternative to ER) | Treatment of most non-life threatening emergencies | Broken bones (not multiple fractures), minor wounds (not bleeding profusely), mild fever, flu, acute sinusitis, etc. |
| **Emergency Room (ER)** | Treatment of all life/limb-threatening emergencies | Severe head trauma, multiple/compound fractures, heavy bleeding, elevated fever, severe burns, seizures, poison, etc. |