



A Guide to Out of Pocket Costs



There are two types of costs that you pay for health insurance: your monthly payment that you make no matter what, called a premium, and costs you pay at the point of care, called out-of-pocket costs.

Out-of-pocket costs can be confusing, and each plan contains a different mix. It's important to understand these terms to pick the best plan for you and your family.

Deductible

Each insurance plan sets an amount that you pay for covered health care services before insurance starts to pay, called a deductible. After you pay your deductible, you generally only pay co-pays or coinsurance for covered services and your insurance pays the rest.

Plans with lower premiums often have higher deductibles. Plans with higher monthly premiums usually have lower deductibles.

Other important information about deductibles include:

- All Marketplace health insurance plans pay the full cost of certain preventive health care services before you meet your deductible.
- Some plans have separate deductibles for certain services, like prescription drugs.
- Many plans pay for certain services, like checkups or disease management, before you've met your deductible.
- Family plans often have both an individual deductible, which applies to each person, and a family deductible, which applies to all family members.

Copayment or Co-Pay

Co-pays are a fixed amount that you pay for covered services when you go to the doctor after you meet your deductible.

As an example, if your copayment for a doctor's visit is \$10 and your allowed amount, which is a maximum amount your plan sets for point of service, is \$75:

- If you've paid your deductible: You pay \$10, usually, at the time of the visit.
- If you haven't met your deductible: You pay \$75, usually, for the full allowable amount for the visit.

In some plans, co-pays vary for different services within the same plan, like drugs, lab tests and visits to specialists.

Coinsurance

Coinsurance is the percentage of cost of a covered service that you pay after you've paid your deductible. Most plans have a mix of co-pays and coinsurance.

For example, if your same plan has 20% coinsurance that allowed amount, which is the maximum amount your plan sets for point of service, is \$75:

- If you've paid your deductible: You pay 20% of the \$75 (or \$15) and your insurance company pays the rest.
- If you haven't met your deductible: You pay the full allowed amount, which is \$75.

WHERE CAN I FIND HELP TO ENROLL?

- **Online** – Visit myARinsurance.com for more information
- **In Person** – Visit myARinsurance.com to find help near you
- **By Phone** – Call 844-355-3262, Monday – Friday, 8 a.m. – 4:30 p.m.

