



Key terms to understanding health benefits

Cost definitions

Pay period contribution

Your pay period contribution is the portion of each paycheck that your employer sets aside to pay for your health benefits. It's a fixed cost—so it won't change during the year unless you add someone new to your plan. You don't have to think about this much since it comes out of your paycheck automatically.

Deductible

Your deductible is a set dollar amount that marks the point in which your benefits kick in. You pay for the care you're accessing yourself until you reach that amount. Once you reach your deductible, your plan begins to help cover costs.

Allowed amount

Your plan pre-determines the reasonable price for different types of care. The allowed amount is the amount they're willing to pay for a specific service or procedure. This is important, because if you decide to visit an out-of-network doctor, they could charge you more than your plan's allowed amount. This means that your plan may only cover you up to that allowed amount—and after that, you'll be responsible for the rest. Using the Collective Health website or mobile app can help you find an in-network provider and stay under your allowed amount.

Co-insurance

After you've reached your deductible, your plan might share costs with you through co-insurance, or a percentage of the cost for care. The percentage you owe will vary based on what services or products you're getting. Understanding your plan can help to avoid any surprise costs.

Cost-sharing

Whenever you pay for part of a cost that's covered by your plan, it's called cost-sharing. Cost-sharing includes deductibles, co-insurance, and copays.

Copay

Copays are fixed dollar amounts. You typically pay a copay at the time you receive a medical service or fill a prescription. Usually, you just pay the copay for a service, rather than needing to meet your deductible. However, sometimes plans won't waive the deductible—that's the tricky part. Understanding your plan can help to avoid any surprise costs.

Medical benefits statement

After you receive care, you'll receive a benefits statement from Collective Health that breaks down how much the service cost, how much your plan paid, and how much you are responsible for. This statement isn't a bill—you only get bills from your providers.

Plan definitions

In-network

These are doctors, hospitals, and facilities that have agreed to charge members (like you!) on your plan specific, usually lower, rates for services.

Out-of-network

The providers have not agreed to any specific rates with your plan. While most plans still cover some portion of out-of-network care, it almost always costs more than staying in-network.



What does my healthcare journey look like?

BEFORE YOU GET CARE

You already selected the perfect health plan for you and your family during open enrollment. At the beginning of the year, log onto the Collective Health welcome portal to start using your benefits. This is a great time to find an in-network primary care provider and schedule a preventative wellness check.

Your health plan remains active with **pay period contributions**. Many plans come with a **deductible**. Until you meet your deductible, you are on your own for the full cost of any healthcare you receive. You can check your plan details to quickly find your deductible or pay period deductions.

WHEN YOU GET CARE

Whether you're planning on a specific procedure or end up in urgent care, (feel better soon!) you and your health plan are a team. Sometimes you will pay for visits or services on your own, and sometimes they'll help you. Occasionally, they'll pay for everything.

Healthcare providers, like doctors or hospitals, are either **in-network** or **out-of-network**. Most of the time, you'll need to find an in-network provider to keep your costs low. Collective Health makes it easy to find reputable in-network providers in your area. You can search by location, specialty, and reviews from fellow patients like you through the Collective Health website or mobile app.

JOURNEY CONTINUES





OUT-OF-NETWORK

Detour! If you visit an out-of-network provider, you may be charged more than your plan's **allowed amount**. Always try to find in-network providers to keep your costs low!

IN-NETWORK

When you visit an in-network provider, there are a few ways you and your plan could share costs: through a **copay** (which is not impacted by your deductible), or through **co-insurance** (which is usually not impacted by your deductible). But don't worry! Collective Health makes it easy to estimate the cost beforehand so there are no surprises.

AFTER YOU GET CARE

After your appointment or visit with your in-network provider, you'll receive a **medical benefits statement** from Collective Health. These are always at your fingertips on our website or mobile app.

