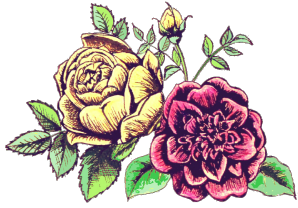




Understanding Your Insurance

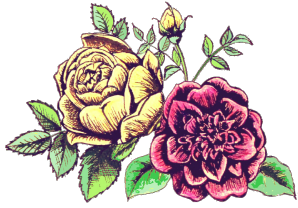


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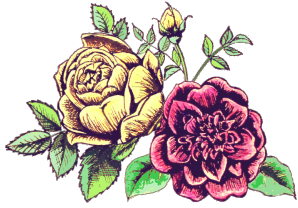
Topics

- Overview
- Terminology
- Insurance Coverage Process
- Where to Direct Inquiries
- Covered California
- Q & A



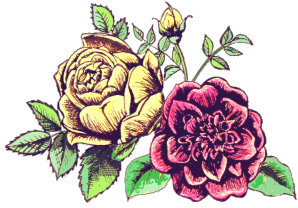
Overview

Navigating insurance plans can be challenging, but it doesn't have to be. Insurance carriers change their plans and their requirements often. Over the last few years, premiums, deductibles, and co-payments have risen while insurance coverage has lessened. This guide is designed to help understand insurance terminology and identify areas where patients can become more involved in their insurance coverage.



Terminology

- Co-payment: a payment that is required by insurance to be paid to medical provider at the time of service. This is usually a flat amount.
- Co-insurance: a payment required by insurance to be paid to medical provider based on the services provided. Because it is based on the services provided, this is commonly a variable fee.
- Charge: the cost of the service provided by the provider. This is variable based on the services provided.
- Deductible: the amount of money patients pay medical provider **before** insurance contributes any payment. This is different for every insurance plan and is part of the coverage purchased from the insurance carrier. When paying deductibles, patients are paying medical provider at insurance-discounted rates.
- EOB: the Explanation of Benefits (EOB) is a statement from the insurance carrier after services have been provided. It documents which services are covered by insurance and which are not, including the payments to be made (co-payment, co-insurance, deductibles, non-covered services/procedures, etc.). There is an EOB sent to the patient and an EOB sent to the medical provider. The EOB does not describe the plan – it shows the amount owed by patient to medical provider as a result of deductible, co-insurance, or non-coverage.



Insurance Coverage Process

