



KEY TERMS FOR HEALTH INSURANCE

Allowed Amount:

The maximum amount your plan will pay for a covered health care service.

Balance Billing:

An in-network healthcare provider gets paid the insurance company's allowed amount. An out-of-network provider may not accept this amount as payment in full, and may charge you the difference. This is known as balance billing.

Coinsurance:

A percentage of the allowed amount you may be responsible for after you have paid your deductible.

Copay:

This is a set dollar amount that you must pay for a particular service.

Deductible:

The money you have to pay for your healthcare before your insurance starts covering the costs.

In-Network Provider:

Providers that are contracted with your insurance company. Services received from an in-network provider usually only require you to pay your deductible and any copay or coinsurance.

Mental Health Parity:

Health plans cannot impose barriers to your access to mental health or substance use services that are not also applied to your access to medical or surgical services.

Out-of-Network Provider:

When using an out-of-network provider, you are responsible for out-of-network cost sharing: your copay or coinsurance may be more and you may be subject to balance billing.

Out-of-Pocket Expenses:

Money you pay for your health care. This includes deductibles, coinsurance, copayments, and similar charges. Your premium is not considered part of out-of-pocket expenses.

Out-of-Pocket Maximum:

The maximum amount that you pay before your insurance will pay the full allowable amount.



hcat.mia@maryland.gov



410-468-2442

