Health Insurance Terms

Premium - The amount a person pays to have health insurance coverage.
Note: It is a reoccurring bill that is usually taken from a paycheck or paid monthly. The premium does not go towards the deductible.

Co-pay - The pre-set amount that a person pays when seeing a doctor or receiving a service.
Note: Usually a co-pay is more expensive when you see a specialist versus a primary care physician.

Deductible – The amount a person has to pay before their health insurance starts to pay for care.
Note: High deductible plans usually have lower premiums, but can make getting care that isn't automatically covered as prevention expensive.

Coinsurance - The percentage of costs a person must pay after insurance has paid its portion.
Note: Unlike a co-pay where the amount is set, the client would pay a percentage of the total costs of an office visit. A typical coinsurance breakdown might be that the insurance pays 80% and the person pays 20%.

Max Out-of-pocket Costs - The most you have to pay for covered services.
Note: After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits, except for premiums and uncovered expenses.

Medicaid - The health care program that assists low-income people in paying for doctor visits and other medical services.
Note: In Wisconsin, people that make at or below 100% Federal Poverty Level are eligible.

Medicare – The health insurance program that is for people who are 65 or older and certain younger people with disabilities.

Marketplace Insurance – Private, Obamacare insurance that is more affordable for lower income people.
Note: People can sign up for insurance from the Marketplace during open enrollment on Healthcare.gov. They can also benefit from the Marketplace savings outside of open enrollment if you have a qualifying life event.

Open Enrollment - The time period where people can enroll, cancel, or make changes to their insurance in the Marketplace or with their job.
Note: This usually occurs from November 1st to December 15th.

Qualifying Life Event – An event that allows a person to apply for Marketplace Insurance outside of open enrollment.
Note: These are things like moving, losing health coverage, having a baby, or getting married.

Marketplace Subsidy - The discount that lowers the out-of-pocket costs for the Silver Obamacare plans.
Note: The premiums for the silver plans are the same, but the subsidies make the coverage more like that of a gold plan.

Advance Premium Tax Credit (APTC) – The discount that helps reduce premiums for low-income people that use Marketplace insurance.

Platinum, Gold, Silver, Bronze plans – The "metal levels" plans offered under Marketplace insurance.
Note: Insurance will cover 60% of care costs for people that have a bronze plan. The percentage covered goes up with each metal level with the insurance covering 90% at a platinum level.

Catastrophic Plans - What healthcare plan has a high deductible and covers almost no benefits except ER visits in emergency situations.
Note: To qualify a person must be younger than 30 OR get a "hardship exemption" because they cannot afford health insurance.

First Dollar Coverage (pre-deductible coverage) – The health insurance plan that covers a set amount of services (usually up to $1000) before the deductible kicks in.
Note: Most people do not need more than $1000 in care costs a year, so out-of-pocket costs are lower.

Primary Care Provider/ General Practitioner - A person's main doctor.

Preventative Services - Routine health care that includes screenings, check-ups, vaccines.

In-network – When a doctor or facility has partnered with an insurance company to provide cheaper care.

Out-of-Network – When a doctor or facility has NOT partnered with an insurance company to provide cheaper care.
Note: Most insurances do not cover out-of-network providers, so they may have higher costs associated. Sometimes Doctors will send their clients to labs that are not In-network, so make sure to check!

Explanation of Benefits (commonly referred to as an EOB) - The statement sent by a health insurance company to covered individuals showing what services have been paid for and what is still owed.
Note: People on their parent's insurance can call their insurance company and ask to have the EOB for their services sent to them directly.

Formulary - Approved list of medicines that are covered by insurance.

Prior authorization - The approval a person needs for a service or prescription to be covered by their plan.
Note: Some insurances will not cover PrEP unless certain criteria are met.

Tricare – Insurance for uniformed service members, retirees, and their families.

COBRA – An insurance program law that allows those that lose their job to continue to have access their health insurance.
Note: Individuals will have to pay the full premium amount, including what their provider used to pay. It is often too expensive.

Gilead Advancing Access Co-pay Card – The Gilead program that helps those with private insurance cover the costs of their PrEP.
Note: The Gilead Advancing Access co-pay coupon card doesn't accept people with Medicare Part D or Medicaid. In some states without Medicaid expansion that have no prescription drug plan, the co-pay cared can be used.

Patient Advocate Foundation (PAF) – Another program that helps insured patients cover their copays for PrEP medication.
Note: The PAF Co-pay Relief Program accepts people with Medicare.

Gilead Advancing Access Patient Assistance Program (PAP) – The Gilead program helps the uninsured cover the costs of their PrEP.
Note: Used to be called the Medication Assistance Program (MAP)

Good Days – A payment assistance program that helps those with Medicare or Tricare cover their PrEP medication costs.
Note: Client must have Medicare of Tricare (Military Insurance) that covers at least 50% of their treatment.