

How to understand your employer-sponsored health insurance

Navigating health insurance isn't always easy, but taking the time to understand your coverage can help you take care of your health and your wallet.



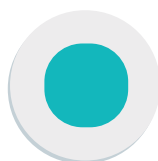
What is employer-sponsored health insurance?



Employer-sponsored health insurance is a benefit that makes healthcare coverage more affordable. Employers may partially or fully cover the cost of insurance premiums, allowing employees to receive medical care at a reduced rate.

The 5 costs that make up a health insurance plan

● You pay ● Insurance pays ■ Deductible reached



1. Premium

The amount you and your employer pay each month for health insurance.

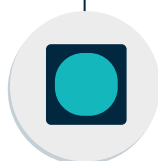
💰 **When you pay:** Each month, often as an automatic payroll deduction.



2. Copays

The discounted price you'll pay for medications and visits to the doctor.

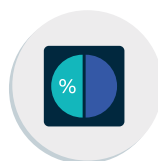
💰 **When you pay:** At the time of service.



3. Deductible

The amount you pay before health insurance starts covering your bills.

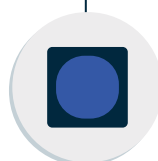
💰 **When you pay:** Whenever you pay costs **outside of your copays and premiums.**



4. Co-insurance

The percentage of medical costs you pay after meeting your deductible.

💰 **When you pay:** After you've reached your deductible and require any other services.



5. Out-of-pocket maximum

The maximum amount you pay for healthcare each year. Your deductible, copays, and coinsurance all contribute to your out-of-pocket maximum.



Choosing a health insurance plan

	Traditional Plan	HDHP
Premium	\$\$\$	\$
Copays	✓ Pay a lower fixed rate for appointments	✗ Pay more for appointments (insurance discount applies)
Deductible	\$	\$\$\$
Co-insurance	✓	✗ No costs after meeting your deductible
Out-of-pocket maximum	✓	✓ Your deductible is your out-of-pocket maximum
Risk level	⇓ Low	⇑ High
Flexibility	⇓ Low	⇑ High
HSA-eligible*	✗	✓
Can add spouse/family members	✓	✓

**HSA (Health Savings Account): A tax-advantaged account used to pay medical expenses. Yours to keep even if you change plans or employers.*



Essential Health Benefits (EHBs)

According to the Affordable Care Act, insurance plans must cover:

- Outpatient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Rehabilitative/habilitative services and devices
- Mental health/substance disorder services
- Laboratory services
- Preventive services/chronic disease management
- Pediatric oral and vision care



Your health is irreplaceable, and being informed about insurance is vital to your well-being.
Contact your human resources department to learn more about your specific coverage details.

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