

Explanations of Commonly Use Health Insurance Language

Copay	A set amount you pay when you receive health care services.
Co-insurance	This is your portion of cost for covered health care services after you have paid your deductible
Deductible	The amount of money you will pay for health care services before your health care insurance begins to pay.
Emergency, urgent care only, or travel insurance plans	<p>These insurance plans are limited and only pay for care if you have an emergency or an urgent care health issue but will not pay for wellness or prevention services.</p> <p>These types of plans <u>do not</u> meet the requirements for health insurance at WSU.</p>
Essential Benefits	<p>A group of health care services that must be paid by your health insurance. This group includes preventive care and women’s preventive services (see above) and the following:</p> <p>Ambulatory care - This is care a person gets in a clinic, emergency room, and hospital or surgery center. The person gets the care and goes home. There is no overnight stay.</p> <p>Emergency services – Care for a serious illness or injury. It comes on suddenly and is something that needs immediate medical care. If a person does not get care quickly, death or serious health problems may occur.</p> <p>Hospitalization - When you have to stay in a hospital overnight or for a period of time because of an illness/injury or surgery</p> <p>Maternity and newborn care benefits - Maternity benefits help pay for health care when a woman is pregnant or after she has a baby. Newborn care benefits pay to take care of a baby right after it is born.</p> <p>Mental health and Substance Use Disorder benefits - Mental Health benefits are insurance payments to help cover treatment of disorders that affects a person’s mood, thinking or behavior. Substance use disorder benefits help pay for treatment of overusing one or more substances such as illegal drugs or prescription drugs.</p> <p>Prescription drugs – Medicine that is only available when your health care provider orders it for you. A prescription is filled at a pharmacy.</p> <p>Rehabilitative services/devices – Health care services or aid that help a person keep, bring back or improve their ability to do daily tasks to care for themselves. These services may be needed because of a serious illness or injury.</p> <p>Laboratory services – These include blood tests, urine or other body fluid samples your health care provider may order.</p> <p>Preventive and wellness services – Medical care focused on prevention or early detection of disease like routine exams or immunizations.</p> <p>Chronic disease management – A chronic condition is one that is permanent, recurring or long lasting. These conditions are managed with routine care from your health care provider.</p> <p>Coverage for essential benefits for the policy year is the plan maximum – This means your insurance company will pay for the essential benefits listed above until the plan maximum (see definition of plan maximum) for the policy period (year or semester) is reached.</p> <p>*Insurance plans starting on or after January 1, 2014 must provide unlimited essential benefit coverage meaning the health insurance plan will pay for all essential benefits listed above with no dollar amount limit.</p>
In-network	This means your insurance company has a contract with a doctor or other health care provider. They have negotiated reduced prices for services with doctor to help you save money. By going to an in-network provider, you and your insurance company will save money.

Medical evacuation	Coverage for medical evacuation is required as part of your health insurance at WSU. This coverage will help arrange for you to return home if an injury or serious illness occurs and you cannot return to your country on your own.
Minimum 70% coinsurance statement	This means when you see an in-network health care provider, the most you will have to pay for all the service charges is 30% of the total bill.
No pre-existing condition limits	A pre-existing condition is a health issue a person had before or is currently being treated. Your health insurance must pay for services on all health conditions and cannot exclude payment for pre-existing health issues.
Out of network	This means your insurance company does not have a contract for reduced prices with a doctor or other health care provider. If you go to an out of network provider, your insurance will cover less and you will have to pay more.
Plan Maximum	The total dollar amount a health insurance company will pay to cover costs of your health care.
Preventive care	Services that help prevent disease and keep you well. These can include adult immunizations/vaccines (shots), wellness and screening exams.
Repatriation	Coverage for repatriation is required as part of your health insurance at WSU. In the event of a person's death, this coverage will arrange to have the body return to the person's home country.
Women's Preventive Services	This is the regular care a woman needs including checkups for woman's health issues. These services are paid 100% by the insurance company. The insurance company will also pay 100% for certain methods to prevent pregnancy.

For more information and definitions of terms, click [here](#).