

PREVENTATIVE VS. DIAGNOSTIC CARE

The goal of preventative care is to detect health problems before symptoms develop, while diagnostic care is given to diagnose or treat symptoms you already have. While preventative care is provided at no cost for most members, you may be charged for the diagnostic services.

INDIVIDUAL & FAMILY

OUT-OF-POCKET MAXIMUMS

After you spend this amount on deductibles, copays and coinsurance, your health plan pays 100 percent of the costs of covered benefits. For plans that cover more than one person, individual out-of-pocket maximums count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is reached, the plan pays 100 percent of the cost of covered benefits for everyone on your plan. The out-of-pocket maximum doesn't include your monthly premium payments or anything you spend for services your plan doesn't cover.

PREMIUM

The amount you pay for your health insurance or plan each month.

NETWORK

The doctors, hospitals, and suppliers your health insurer has contracted with to deliver health care services to their members.

WHAT IS AN "EOB"

(EXPLANATION OF BENEFITS)

This is a statement sent from your health insurance company to you, listing service that were billed. It tells how they were processed and lists any deductible, co-insurance, amount(s) the insurance company may have paid, plus the remaining amount the patient will need to pay.

If you receive services in Radiology, Lab, Cardiopulmonary, or Specialty Clinic, you may receive two bills. One from Syracuse Area Health and the other from an outside specialist. The separate bill is due to that specialist reading and reporting your test results and/or a clinic consultation.



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Health Insurance Frequently Asked Questions

***DON'T BE SURPRISED,
BE PREPARED!***



Insurance Definitions

COVERED SERVICE

A service that is covered according to the terms in your health plan. (Not all healthcare services are covered by your insurance - refer to your plan to see what services your plan covers).

REACHING YOUR OUT-OF-POCKET AMOUNT

Once you reach the maximum out of pocket amount on an annual basis, no balance will be owed on covered services. If services are deemed non covered by your insurance company, you are responsible for the entire amount billed, regardless of where you are with deductible, coinsurance or max out of pocket.

DEDUCTIBLE

The amount you pay for most covered services before your health plan starts to pay. Often for hospital services-sometimes for clinic services depending on your plan. The deductible resets at the beginning of the calendar year or when you enroll in a new plan.

COINSURANCE

The percentage of the costs of a covered health care service or prescription drug you pay after you have paid your deductible. You pay 100 percent of the full allowed amount until you meet your deductible. For example, after your deductible is met, your coinsurance (insurance payment) may be 80% of charges (instead of the full amount) leaving you to pay 20% of charges.

COPAY

The set dollar amount you pay for a covered health care service at the time you get care or when you pick up a prescription drug. (Often times a clinic visit; not typical for hospital services).

Frequently Asked Questions

My insurance does not require a copay for clinic visits, how are they covered?

If you do not have a copay for services, you will pay full amounts charged until your deductible is met, for both hospital and clinic services.

My doctor told me this test would be covered by my insurance, why am I getting a bill?

You are responsible to pay charges up to your deductible amount, in addition to coinsurance and max out of pocket amounts. If the test was not 'covered', none of your payments will be applied to your deductible, increasing your total out of pocket amounts.

If I see the doctor in the clinic, and then must have lab and/or a scan with Radiology at Syracuse Area Health, does my copay cover the costs?

Your copay will cover the clinic visit only. *Lab, Cardiopulmonary, Radiology, and Specialty Clinic services are billed separately under hospital outpatient services at Syracuse Area Health. If covered, this will then go to your deductible.* You must reach your deductible before coinsurance payments take effect. For example, if the bill is \$1000 and you have met your deductible, and you have an 80% co-insurance coverage, you must pay 20% of \$1000, or \$200. If you have not met the deductible, you must pay the full amount of \$1000 or until your deductible is met. Then the remaining balance will be put toward the 80% co-insurance.

For the example below, we will use a \$1000 deductible and 80% coinsurance.

Amount Billed of Covered Services	Deductible Met	Coinsurance	Balance Owed
\$1000	\$1000 of \$1000	80%-\$800 paid by insurance	\$200
\$1000	\$500 of \$1000	80% of \$500 + \$500 balance of deductible	\$100 + \$500 = \$600
\$1000	\$0 of \$1000	\$0-deductible met	\$1000

There are many different types of health insurance with many different types of coverage. Please refer to your policy for what your plan covers. The Syracuse Area Health Patient Financial Services Office or Care Management Office will assist you in understanding your insurance and your payment responsibilities. Call 402-269-2011 for assistance.