

## **Compare YOUR Coverage**

Comp	Compare YOUR Coverage			
Insurance Plan	Amount	Out Of Pocket	lealth Irance licy	
Total Billed	\$	\$		

Deductible	\$	(not met)	\$
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Remaining amount	\$ \$

If the above amount is **positive**, the remaining amount will be calculated with your coinsurance %. If the remaining amount is **negative**, the entire billed amount will remain and out of pocket expense and will be applied to your deductible.

Co-Insurance	%	\$
Max Out-of-Pocket	\$	

After you pay your deductible amount, you will be responsible for the coinsurance % until you reach your out-of-pocket maximum.

ı	Copay	\$ PCP	\$
ı	Copays are paid each time	\$ Specialist	
ı	you have an appointment.	\$ Surgery	
ı	Copays typically do not apply toward deductible or	\$ MRI/CT	
	max out of pocket. (check your policy)	\$ Physical therapy	

