

Why Understanding Health Insurance Coverage is Important

A common misconception is that health insurance is something that pays for the health care services you require for your condition or that your doctor prescribes for your overall health and well-being.

FACT: Health insurance is a contract between the insurance company and enrollee in which health insurance will pay **certain amounts** of certain **covered services**.

Health insurance does not always cover 100% of the cost of a service; your insurance may not even cover the service you need.

Due to these reasons it is important that you always know upfront if your insurance is going to cover your medical services or devices, what portion (if any) of the total bill you will be responsible for, and if you need any special approval from your insurance carrier before you receive the service or device.

Need Financial Assistance?

Call 1-800-494-5797
Monday–Friday, 9am–5pm

Whether you have to pay for all or part of your service, our financial counselors are here to help you.

Although we request you pay this amount prior to your service, you can provide a deposit and make formal payment arrangements if needed. If balances are not resolved within 90 days, you can participate in the extended payment program.

For more information, visit:
[TrinityHealthMichigan.org/
FinancialAssistance](https://TrinityHealthMichigan.org/FinancialAssistance)



Understanding Your Health Insurance Coverage



TrinityHealthMichigan.org



We Prepare for Your Visit with Us

- Our process begins when your physician sends us documents telling us the service you need (procedure) and why you need it (diagnosis).
- The process may also begin when you arrive for an emergency visit or unplanned admission.
- We contact your insurance company and verify if your plan is active. We also ask if they will cover your service (procedure) for your reason (diagnosis).
- We will tell you if we believe your insurance will not cover your service or if you will have to pay any portion of the cost of your service.
- If your service requires any special approval, we will contact your physician to initiate that process.

At Trinity Health, we want to help you understand the role your insurance coverage plays in your health care experience. Some of the information you receive about your insurance can be confusing. This brochure focuses on helping you understand some of the insurance terms you may be expected to understand regarding your:

- ❑ Hospital Outpatient Visit
- ❑ Hospital Surgery
- ❑ Hospital Emergency Department
- ❑ Hospital Admission

We verified your insurance coverage on _____ and determined the following:

Co-Insurance: Your share of the costs of a covered health care service, calculated as a percent. You pay co-insurance plus any deductibles you owe. \$ _____

Co-Payment: A fixed amount you pay for a covered health care service. \$ _____

Deductible: The amount you owe for health care services before your health insurance or plan begins to pay. The deductible may not apply to all services. \$ _____

As a courtesy, we can accept a deposit today or assist you with payment arrangements.

For your convenience, payments will be accepted in the registration area, cashier's office and can also be made using our online payment portal at <https://mychart.trinity-health.org/mychart/billing/guestpay>.

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate."

Excluded Services: Health care services your health insurance plan does not pay for or cover.

Network: The facilities, providers and suppliers your health insurer or plan has contracted to provide health care services.

Out-of-Pocket Limit: The most you will pay during a policy period before your health insurance plan begins to pay 100% of the allowed amount. This never includes your premium or any non-covered services.

Premium: Amount that must be paid for your health insurance plan (usually per pay period).

The information in this brochure is regarding hospital/facility services *only*. You may also receive bills from other providers which may include emergency physicians, surgeons, radiologist and anesthesiologist.

How Deductibles, Co-insurance and Out-of-Pocket Limits Work Together

