

# FREQUENTLY ASKED QUESTIONS



## Claims & Coverage

1	How do I file a claim?	<ul style="list-style-type: none"><li>• Call the number on the back of your insurance card</li><li>• Or, contact your HR administrator</li></ul>
2	What should I do if a claim is denied?	<ul style="list-style-type: none"><li>• Call the number on the back of your insurance card</li><li>• Or, contact your HR administrator</li></ul>
3	How do I find in-network providers?	<ul style="list-style-type: none"><li>• Participating providers are listed on the Network website or call the number on the back of your ID card</li></ul>
5	What is a copay?	<ul style="list-style-type: none"><li>• <u>Copay</u> - A fixed amount you pay for a covered health service when you receive it, such as when visiting a doctor or filling a prescription</li></ul>
6	What is a deductible?	<ul style="list-style-type: none"><li>• <u>Deductible</u> - The amount of money an individual pays out-of-pocket for covered healthcare services before their insurance policy starts to pay its share</li></ul>
7	What is coinsurance?	<ul style="list-style-type: none"><li>• <u>Coinsurance</u> - The percentage of healthcare costs that a patient pays after they have met their deductible</li></ul>
8	What is an out-of-pocket maximum?	<ul style="list-style-type: none"><li>• <u>Out-of-pocket Maximum</u> - A cap or limit on the amount of money you must pay for covered health care services in a plan year</li></ul>