

Health Plan 101 video transcript

At Allina Health, your total rewards package includes your pay plus important benefits.

To get the most out of your benefits, you need a solid understanding of key terms and what they mean to your medical coverage and out-of-pocket expenses.

Let's start with the term "network." A network includes the physicians and facilities contracted to provide services to those covered by our health plans.

With the Allina Elevate plan, you may only see providers in the Allina Elevate Network. This network has a narrower choice of doctors and hospitals—primarily Allina Health providers, plus a few others.

For our Allina First, Select, and Basic plans, there are two networks that are considered in network. The Allina First Network includes Allina Health providers, facilities and our affiliate partners such as Children's. This is where you always receive the lowest cost benefits.

There's also the Extended Network, which includes providers and facilities across Minnesota and the U.S.

Some of our plans also allow you to go out-of-network; however, you will have higher costs.

Now, let's talk about "copay." A copay is a flat fee for a specific service. For example, on the Allina First plan when you visit your primary care physician, you have a copay.

Copays can vary by plan, the type of service you receive, or the provider.

You never have a copay for preventive care visits. They are free when you visit an in-network provider!

Remember, the copay does not count toward meeting your deductible—which leads us to our next term: deductible. Basically, the deductible is the total amount you pay out of pocket before Allina Health, the medical plan sponsor begins to pay. After that, Allina Health will help pay claims. Keep in mind all services except preventive care are subject to the individual or family deductible on the Select and Basic plans.

Our next key term is "coinsurance." Coinsurance is when you share the cost of care with Allina Health. It's usually done in percentages. Allina Health typically pays the larger portion of the cost, or coinsurance, and you pay the smaller amount.

This varies by plan so be sure to find out the coinsurance for the plan you choose and how it works with your deductible.

The last medical term you need to know is "out-of-pocket maximum." This is the most you'll pay in a calendar year for covered expenses. If you reach that amount, you're done paying. For the rest of the year, the health plan will cover 100% of eligible expenses.

We hope this video provided you a better understanding of key terms. For more information, visit one of our other helpful resources listed on the screen. Alex the online plan comparison tool can help you evaluate premiums and anticipated out of pocket costs to determine which plan is right for you.