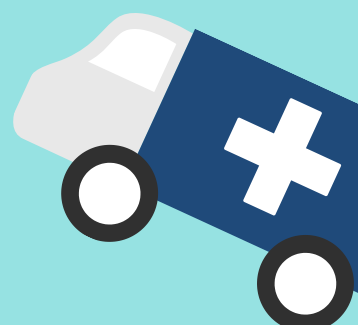
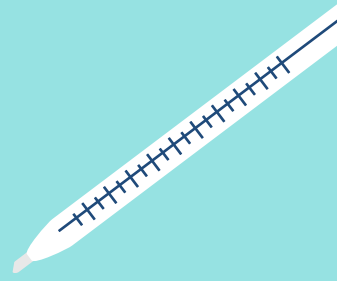
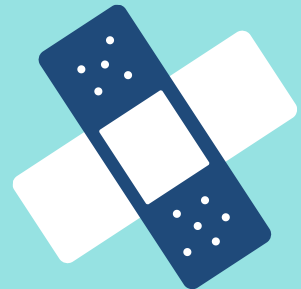


# HEALTH INSURANCE TERMS



Healthcare insurance terms can be confusing - here are ten terms and what they mean

## 1 MCO

Managed Care Organization. An MCO coordinates medical services and reimburses providers.

## 2 HMO

Health Maintenance Organization. An HMO is a system that requires enrollees to seek care within a specific network of hospitals and providers. An HMO plan is based on a network of providers who agree to coordinate care in return for a certain payment rate for their services.

## 3 PPO

Preferred Provider Organization. A PPO generally will allow individuals to choose their providers and does not limit reimbursement to providers in a specific network. Because of that, a PPO tends to be more expensive than an HMO.

## 4 MEDICAID

Medicaid is state-managed to provide free or low-cost medical coverage for individuals or families who qualify based on income. Washington's Medicaid program is Apple Health, which contracts with five MCOs that coordinate services throughout the state.

## 5 MEDICARE

Medicare is a federal health insurance program for individuals age 65 and older and for those with qualifying disabilities. Medicare is not dependent on income.

## 6 PROVIDER

The term "provider" describes any health care professional or facility that provides treatment. Doctors, nurses, mental health professionals, physician assistants, dentists, therapists, behavior specialists, and many other professionals are considered providers.

## 7 COPAYMENT

A copayment is a specific fee paid by the consumer/patient for a visit or procedure.

## 8 PREMIUM

A premium is payment for the insurance. An individual might have premiums withheld from a paycheck, or an employer might agree to pay all or part of the premium.

## 9 DEDUCTIBLE

A deductible is the amount an individual must pay each year before insurance payments "kick in." After a deductible is met, the patient may still make copayments or pay a percentage of the cost, depending on the plan.

## 10 MEDICAID WAIVER

Medicaid waivers allow the federal government to waive rules that usually apply to the Medicaid program. Waivers generally provide local, non-institutional solutions for individuals with disabilities.