

Insurance Q&A; Report

Generated on: 2025-06-09 12:02:34

Q: What is the difference between a copay and coinsurance?

A: The difference between a copay and coinsurance is that a copay is a fixed amount that you pay for a covered service, while coinsurance is a percentage of the cost of a covered service that you are responsible for paying. In this insurance document, for example, mental health counseling has a \$30 copay per session, while outpatient surgery has a 15% coinsurance.

Sources:

- From sample_health_ins_cov.pdf: - Outpatient Surgery: 15% coinsurance - Mental Health Counseling: 12 sessions/year, \$30 copay/session - Prescription Drugs: • Tier 1 (Generics): \$10 • Tier 2 (Preferred): \$35 • Tier 3 (Non -Preferred): \$70 • Specialty: 25% coinsurance (pre -authorization required) Annual Deductibles: - Individual: \$1,000 - Family: \$2,500 Out-of-Pocket Maximums:
- From sample_health_ins_cov.pdf: Health Insurance Coverage Summary Plan: Platinum Plus PPO Provider: Allied Health Services Policyholder: John Doe Policy Number: AHS -PLT-44578123 Coverage Period: Jan 1, 2025 – Dec 31, 2025 Covered Services: - Primary Care Visits: \$20 copay, unlimited visits - Specialist Visits: \$40 copay, referral required - Emergency Room: \$100 copay + 20% coinsurance - Inpatient Hospitalization: 20% coinsurance after deductible - Outpatient Surgery: 15% coinsurance
- From sample_health_ins_cov.pdf: - Individual: \$4,500 - Family: \$9,000 Exclusions: - Cosmetic surgeries - Experimental treatments - Fertility services (unless specified) - Non-FDA approved drugs Pre-Authorization Required: - MRI/CT scans - Elective surgeries - Physical therapy beyond 10 sessions Contact: support@alliedhealth.com | 1-800-555-2378

Q: what is my maximum out of pocket in the plan?

A: Your maximum out of pocket in the plan is \$4,500 for an individual and \$9,000 for a family.

Sources:

- From sample_health_ins_cov.pdf: Health Insurance Coverage Summary Plan: Platinum Plus PPO Provider: Allied Health Services Policyholder: John Doe Policy Number: AHS -PLT-44578123 Coverage Period: Jan 1, 2025 – Dec 31, 2025 Covered Services: - Primary Care Visits: \$20 copay, unlimited visits - Specialist Visits: \$40 copay, referral required - Emergency Room: \$100 copay + 20% coinsurance - Inpatient Hospitalization: 20% coinsurance after deductible - Outpatient Surgery: 15% coinsurance
- From sample_health_ins_cov.pdf: - Outpatient Surgery: 15% coinsurance - Mental Health Counseling: 12 sessions/year, \$30 copay/session - Prescription Drugs: • Tier 1 (Generics): \$10 • Tier 2 (Preferred): \$35 • Tier 3 (Non -Preferred): \$70 • Specialty: 25% coinsurance (pre -authorization required) Annual Deductibles: - Individual: \$1,000 - Family: \$2,500 Out-of-Pocket Maximums:
- From sample_health_ins_cov.pdf: - Individual: \$4,500 - Family: \$9,000 Exclusions: - Cosmetic surgeries - Experimental treatments - Fertility services (unless specified) - Non-FDA approved drugs Pre-Authorization Required: - MRI/CT scans - Elective surgeries - Physical therapy beyond 10 sessions

Contact: support@alliedhealth.com | 1 -800-555-2378