

Frequently Asked Questions



Are copayments due on every visit?

- Yes, copayments are due every visit unless you meet your out of pocket maximum.

What is an out-of-pocket maximum (OOP)?

- It is the total amount you have to pay during a policy period (usually a year) toward your plan's deductible, co-insurance, and copays. The out-of-pocket maximum is determined by your plan.

What does it mean when you have reached your OOP maximum?

- Once you reach your out-of-pocket maximum, your plan will cover 100 percent of the allowed amount for covered services, including any copay and co-insurance amounts.

What is the difference between deductible and out of pocket maximum?

- The out of pocket maximum is most often higher than the deductible. If you meet your deductible, you will still have to pay your copay and co-insurance amounts. However, once you meet your out-of-pocket maximum, your insurance company will cover all copay and co-insurance amounts.

What is the difference between deductible and co-insurance?

- The deductible is a set amount you have to pay every year toward your medical bills before your insurance company starts paying anything. Co-insurance is the percentage of costs of a covered health care service that you pay. For example, if you have a co-insurance rate of 10% and the allowed amount for a service is \$30, your out-of-pocket cost would be \$3.

What is the difference between an individual and family deductible?

- If you have a family insurance plan, you may have individual deductibles as well as a family deductible, which is known as an embedded deductible. In this case, if an individual deductible is met, deductibles for other family members will still need to be paid until the family deductible is met. Non-

embedded deductibles only include a family deductible which can be met by any member(s) of the family.

Why did I receive multiple bills for the same hospital visit?

- Some doctors that Children’s employs are contracted through a third-party physician group. If your child had a surgical procedure at Children’s and a contracted doctor was involved in the procedure, you may receive a bill from Children’s for the procedure and a bill from the physician practice for the doctor.

How many pieces of mail should I expect to get from Children’s for my outstanding balances?

- Children’s uses two types of mail to notify you of an outstanding balance – statements and letters. A statement shows charge and payment information for all of your outstanding balances. A letter has information specific to one single balance for a specific visit. You have six months to pay a balance or set up a payment plan. The first two months you will receive a statement, and the last 4 months you will receive a letter.