



PacifiCare Health Watch

*Copay or Coinsurance
What's the difference?*

Every industry has its own language, and health care is no exception. As a member of one of PacifiCare's health care plans, you should become familiar with certain terms associated with your benefit coverage. Two important terms are copayment and coinsurance.

What does copayment mean?

A copayment is the specified amount that a member must pay for a covered service under the PacifiCare health plan. For example, \$20 for an office visit or \$200 for a hospital admission. Please refer to your member materials for specific copayments for benefits.

What does coinsurance mean?

Coinsurance is a variable amount that a member must pay for a covered service under the PacifiCare Health Plan. The coinsurance rate is usually expressed as a

percentage of the claim. For example, if the insurance company pays 80 percent of the claim, the members coinsurance is 20 percent.

What is an example of a copayment and coinsurance?

NOTE: The following examples of copayment and coinsurance vary according to the plan purchased by the member's employer. In each example, the plan provider agrees to accept the eligible charge. Plan providers will not bill the member for any amounts above the members copayment or coinsurance. Refer to your member materials to determine copayment and/or coinsurance for each covered benefit.

Service	Billed Amount	Eligible Charge*	Copayment		Coinsurance	
			PacifiCare Pays	Member Pays	PacifiCare Pays	Member Pays
Hospital (3 days)	\$5,000	\$4,000	\$3,400	\$600 (\$200 per day)	\$3,600 (90%)	\$400 (10%)

* Eligible charge is the amount a plan provider agrees to accept as payment in full.

If you have questions about benefits, copayment or coinsurance, please contact PacifiCare Customer Service toll-free at 1-800-531-3341.