

Get Covered Florida

How Health Insurance from the Marketplace Works

Think health insurance is confusing?

You're not alone. Here's a basic overview of how health insurance from the Affordable Care Act (ACA) Marketplace works.



Make your first payment

This will activate your health insurance so you can start using it.



Get an annual check up

Your annual wellness visit, preventive care like cancer screenings, yearly vaccinations and blood work for cholesterol and diabetes are covered at \$0.



Care when you're not feeling well

Life happens and that's when insurance helps a lot. You and your insurance company will share the cost of your care for covered services. Depending on your plan, you may have copayments, coinsurance or both when you visit a doctor, go to the hospital or need a prescription.



Copayments

You may need to pay a flat fee when checking out after seeing a doctor or you may get a bill in the mail. Copays do not apply to any deductible for your health insurance plan.



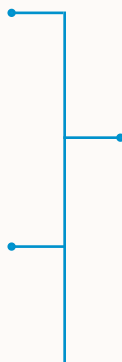
Coinsurance

After you meet your deductible, you'll pay a percentage of the bill and the insurance company will pay the rest. The good news is that your insurance company negotiates a lower cost for your care from in-network providers.



Out-of-Pocket Maximum

Once this amount is met, the insurance company pays 100% of covered services. This doesn't include the amount you pay each month (your premium). This protects you from the cost of a long illness, hospital stay or surgery.



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Terms to know

PREMIUM

The amount you pay each month for your health insurance.

SUBSIDY (Financial Assistance)

The amount the government pays toward your health insurance premium each month. This tax credit is determined by the federal government based on your yearly income.

PROVIDER

A doctor, hospital or pharmacy that provides services to you.

DEDUCTIBLE

The amount you must pay before your insurance company starts to pay for covered services and prescription drugs each year.

OUT-OF-POCKET MAXIMUM

The most you or your family pays during the year for covered health care services and prescription drugs.

COPAYMENTS (Copays)

The fixed amount you pay for covered services such as a doctor visit (such as \$25 per visit).

COINSURANCE

The percentage of the medical expense you pay after you've met your deductible (such as 20% of the total bill).

COVERED SERVICES

Medical services included in your insurance plan, such as doctor visits, health screenings and hospital stays.

IN-NETWORK

The doctors, hospitals and other medical facilities and suppliers that contract with your insurance company to provide medical services.

OUT-OF-NETWORK

A doctor or medical facility that's not contracted with your insurance company. You may pay a higher amount of the medical bills or the entire bill if you see an out-of-network provider.