When you're choosing a health plan or trying to find health-related services through your health insurance, you'll run across terms and phrases that may be unfamiliar to you. Understanding these common health insurance terms can help as you decide on the best coverage options for you and estimate potential costs for health services.

**COPAYMENT (CO-PAY):**

Also known as an "office-visit (ov) cost," is a fixed amount ($20, for example) you pay for a covered health care service after you have paid your deductible (if you have one). You can usually find your copay on your insurance card, or you can call your insurance company.

**DEDUCTIBLE:**

(If you have one), is the amount you pay for covered health care services before your insurance plan starts to pay. With a $150 deductible, for example, you pay the first $150 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Not all insurance plans are the same, so call your insurance to find out about a possible deductible.

**PPO (PREFERRED PROVIDER ORGANIZATION):**

(If you have one), is a type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**GENERIC VS BRAND NAME PRESCRIPTIONS:**

Generic medications are copies of brand-name drugs that have exactly the same dosage, intended use, effects, route of administration, risks, safety, side effects, and strength as the original drug. Generic is typically less expensive than brand name. Not all prescription have generic options. Check with your doctor or pharmacist.

**MEDICAL CLAIM:**

Medical bills are submitted to health insurance carriers and other insurance providers for services rendered to patients by providers of care. When you go to the doctor, hospital or other provider, your service generates a bill. This bill then becomes a medical claim to your insurance carrier to process for payment.