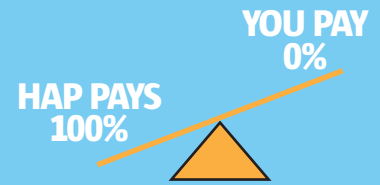




OUT-OF-POCKET LIMIT **

The most you will pay for the combined total of all copays, coinsurance and deductibles for covered services in a benefit period (usually a calendar year). Once you meet your out-of-pocket limit, HAP pays all of the allowed amount for covered services.



100% COVERED



COINSURANCE

The percentage of charges for certain covered services that you pay after your deductible has been met. Coinsurance percentages can vary by plan and some plans don't have it at all.



COPAY*

A set amount you pay each time for covered services, medications or other medical supplies.



DEDUCTIBLE

The amount you owe for certain covered medical services before your health plan begins to pay for them. There are per person (individual) deductible amounts and family deductible amounts.



See how the real costs of health plans add up and you'll choose HAP.

If you're on the path to choose a health plan, it's important to look beyond the monthly premium to see the real costs of using your plan. Starting with copays, then moving from deductibles to coinsurance to out-of-pocket limits, you can see how plans work for you from the ground up.

*Copays do not count toward the deductible but do count toward the out-of-pocket limit. You will continue to pay copays after you have met your deductible, until reaching your out-of-pocket limit. Does not apply to grandfathered plans.

**The out-of-pocket limit never includes your monthly premiums or non-covered services.

