

# HEALTH PLANS

Play a critical role in providing Oklahomans with **access to quality and affordable care**. Health insurance helps offset the rising costs of health care, allowing Oklahomans to receive the services and support they need to live full and healthy lives.

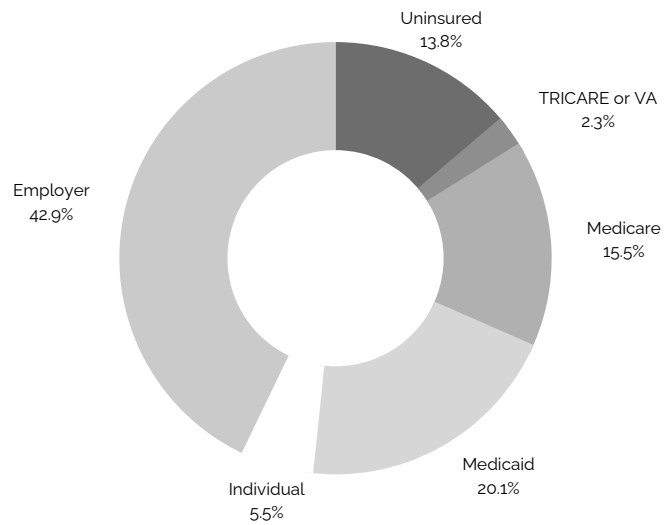
## Where can Oklahomans get health insurance?

Oklahomans have a variety of options when it comes to accessing health insurance coverage, including individual plans, employer-sponsored plans, the Health Insurance Marketplace and government-sponsored plans like Medicare, Medicaid and TRICARE.

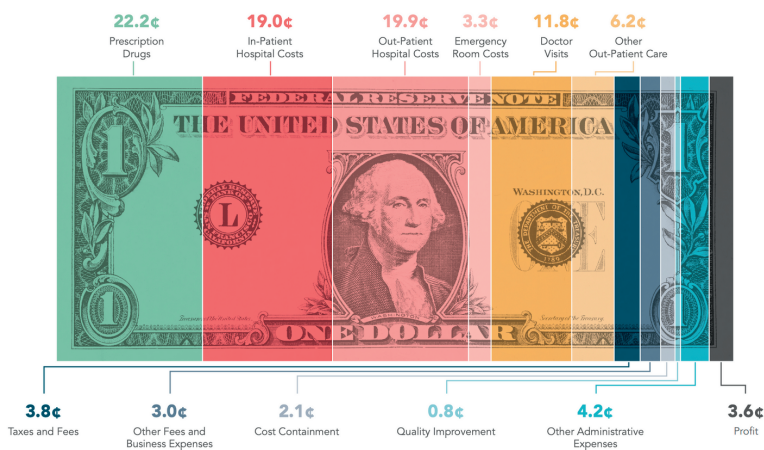
## What is a health insurance premium?

A health insurance premium is the monthly amount a member pays for coverage. The amount varies based on the plan and its included benefits. Health plans offer a wide variety of plan options for Oklahomans, allowing them to choose the plan that best fits their budget and needs.

## Oklahoma Health Insurance Coverage Breakdown



Source: KFF



Source: AHIP

## How are health insurance premium dollars spent?

Over 82% of health insurance premium dollars are directly spent on the cost of care. Prescription drugs are the largest expense, costing 22.2 cents of every premium dollar. Only 3.6 cents of every dollar returns to the health plan as profit.

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## What is an out-of-pocket maximum?

An out-of-pocket maximum is a limit on the amount of money a member must pay for covered health care services in a given year. Once the member meets the out-of-pocket limit, the health plan will pay for 100% of covered services for the remainder of the plan year. Plan premiums, out-of-network care, uncovered services and care, and costs above the allowed amount do not count toward the out-of-pocket maximum.

## What expenses count toward out-of-pocket maximums?

Three items count toward out-of-pocket maximums:

1. **Deductible:** The amount a member pays for covered health care services before a health plan begins to pay.
2. **Coinsurance:** The percentage of costs paid by the member after a deductible has been met.
3. **Copayment:** The fixed amount paid for a covered health care service after a deductible has been met, typically for a doctor's office visit.

## What is a provider network?

A provider network is a group of health care providers, including hospitals, medical groups, physicians and other providers, that contract with a health plan to provide care to the plan's members. Provider networks help assure Oklahomans are receiving quality care from credentialed providers.

## LEARN MORE

Scan the QR code to hear a health care coverage expert explain what type of health care expenses go towards an out-of-pocket maximum.



## ABOUT OAHP

The Oklahoma Association of Health Plans is a coalition of health plans who collectively strive to ensure every Oklahoman has access to high-quality and affordable health care.