

Why “Covered” Doesn’t Mean Free

A service can be covered by your insurance and still cost you money.

When an insurance company says a service is “covered,” it generally means the service is eligible for benefits under your plan when the plan’s requirements are met.

It does not necessarily mean your insurance company will pay the entire bill.

You may still be responsible for part of the cost through your deductible, copayment, or coinsurance. Your cost can also depend on whether the provider is in-network, where the service is performed, and how much of your deductible or out-of-pocket maximum you have already met.

A covered service may also require prior authorization or other conditions before your plan will pay according to its benefits.

What you can do

Instead of asking only, “Is this covered?” also ask:

- Does my deductible apply?
- What will my estimated responsibility be?
- Is prior authorization required?
- Are both the provider and facility in-network?
- Are there other providers or locations that could cost less?

The bottom line

“Covered” tells you that a service may qualify for benefits under your plan. It does not tell you what you will personally owe.

Need help making sense of what comes next?

SurePath Health helps you understand the system, prepare for next steps, and move forward with greater clarity and confidence.