

Understanding ClearRate for Patients

A plain-language guide — no insurance background needed.

Why does this tool ask so many questions?

Hospitals don't charge everyone the same price. They negotiate separate rates with each insurance company — and those rates can vary by thousands of dollars for the same procedure at the same hospital. To show **your** likely out-of-pocket cost, ClearRate needs three things: what service you need, who your insurer is, and what your specific plan looks like.

Two kinds of insurance — which one do you have?

Marketplace / Individual Plan

You bought this yourself — either on healthcare.gov, your state's exchange, or directly from the insurer. Examples in Tennessee: BlueCross BlueShield of TN, Ambetter, UnitedHealthcare, Cigna, Oscar. **How to tell:** You pay the full premium yourself (though you may get a subsidy). Your card probably shows a metal level: Gold, Silver, or Bronze.

Employer / Group Plan

Your job provides this. Your employer pays part of the monthly premium; you pay the rest from your paycheck. Examples: Aetna, Humana, and many more. **How to tell:** A portion of your health insurance cost is deducted from each paycheck. HR or your employee benefits portal is your source of truth.

Not sure? Look at your insurance card. If an employer name appears, or if you see paycheck deductions for "medical" in your pay stub, you have a group plan.

Three numbers on every plan — what they mean

<p>Deductible</p> <p>The amount you pay out-of-pocket before your insurance starts paying its share.</p> <p><i>Example: \$2,000 deductible means you pay the first \$2,000 of covered bills each year yourself.</i></p>	<p>Out-of-Pocket Maximum</p> <p>The most you will ever pay in a single year. After you hit this limit, insurance covers 100%.</p> <p><i>Example: \$7,000 OOP max means once you've paid \$7,000 this year, your insurer pays everything.</i></p>	<p>Coinsurance</p> <p>After your deductible is met, you and your insurer split costs. '80/20' means insurer pays 80%, you pay 20%.</p> <p><i>Example: A \$1,000 bill after your deductible is met — you owe \$200 (20%), insurer pays \$800.</i></p>
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Where to find your plan details

Your insurance card

Plan name and group number are usually on the front. The back often has a phone number where you can confirm your deductible.

healthcare.gov or your state exchange

Log in, find your plan, and look at 'Plan Details.' Deductible and OOP max are listed there.

Your HR / benefits portal

If you have employer coverage, your company's HR system (Workday, ADP, Benefitfocus, etc.) shows your exact plan and cost-sharing details.

Explanation of Benefits (EOB)

After any medical visit, your insurer mails or emails an EOB. It shows what was billed, what they paid, and what you owe — and your running deductible total.

Plans not covered by this tool

Two major Tennessee plans are **not required by federal law** to publish price transparency data, so ClearRate cannot include them:

Farm Bureau Health Plans of TN

Not regulated as insurance under federal law (it's a membership benefit). Farm Bureau is exempt from the federal Transparency in Coverage rule.

TennCare (Tennessee Medicaid)

State Medicaid program. Rates are set by state contract, not published in federal machine-readable files. If you have TennCare, contact your managed care organization (BlueCare, UnitedHealthcare Community Plan, or WellPoint) directly for cost information.