

# Deductible vs Copay vs Coinsurance Infographic

A beginner comparison of common patient cost-share terms after payer processing.

**TYPE** Infographic

**WHO** Patient billing learners, front-end VAs, billers, and RCM beginners.

**WHEN** Use when explaining basic cost-share concepts for education or studying EOB/benefits examples.

**HOW** Compare the terms and remember actual responsibility depends on payer processing and current policy.

## Workflow stage: Patient responsibility - benefits, EOB/ERA, and patient billing basics

### Deductible

Amount the patient may need to pay before plan cost-sharing changes, depending on benefit rules.

### Copay

Fixed amount that may apply to certain visit or service categories.

### Coinsurance

Percentage share that may apply after allowed amount or deductible rules.

### OOP max

Out-of-pocket maximum may limit eligible patient cost share when met.

### EOB/ERA proof

Final patient responsibility should be supported by payer processing and current policy.

### Verify wording

Use may/verify language; avoid promising exact coverage or payment before final processing.

### COMMON MISTAKE AVOIDED

Avoid telling learners that benefits estimates always equal final patient responsibility.

### NO-PHI REMINDER

Do not use or enter real patient names, dates of birth, insurance IDs, member IDs, claim numbers, medical record numbers, addresses, phone numbers, diagnoses, treatment details, login details, or protected health information. Use fictional data only when practicing.

### EDUCATIONAL DISCLAIMER

This resource is for beginner-friendly healthcare admin education only. It is not medical advice, legal advice, coding certification, payer-specific billing authority, a replacement for employer training, or a guarantee of employment. Always verify current requirements with official sources, employer policy, payer rules, client instructions, and updated guidance.

### SOURCE / REVIEW NOTE

This beginner resource explains general claim and billing workflow concepts. Requirements can vary by payer, plan, provider type, specialty, place of service, contract, and current policy. Last reviewed: July 2026.