



Member tips

Deductibles, Copayments and Coinsurance

Your contribution to the cost of your care

When you receive care, the amount you pay is determined by your benefit plan. Some common charges and related terms are explained below. Check your coverage information on mymedica.com to see which apply to you.

| | EXAMPLES (Note: Your specific benefits may vary) | KEEP IN MIND... |
|---|---|--|
| <p>Deductible: The amount you must pay each year before your health plan begins paying benefits.</p> | <p>Let's say your deductible is \$1,000. You'll pay the full cost of your care until you've spent \$1,000.* After that, your plan will begin paying benefits.</p> <p>If your plan includes both a deductible and coinsurance, see the example under "Coinsurance," below.</p> | <p>If your plan includes out-of-network coverage, you may have different deductibles for in- and out-of-network care (for example, a \$1,000 in-network deductible and a \$2,000 out-of-network deductible). These deductibles are treated separately. In this example, you'd get coverage for in-network care after spending \$1,000 for in-network services, and out-of-network coverage after spending \$2,000 for out-of-network services.** It pays to stay in the network for all of your care – you'll reach your deductible more quickly, and you'll generally pay a lot less.</p> |
| <p>Copayment (copay): A fixed dollar amount that you pay when you see a doctor, fill a prescription or receive other services.</p> | <p>Different types of services often have different copays. For example, you could have a copay of \$45 for an office visit, \$75 for an urgent care visit and \$125 for an emergency room visit.</p> | <p>If your plan features a tiered network, you may have different copays based on those tiers. Your plan could also have tier-based copays for prescription drugs (for example, \$15 for Tier 1 drugs and \$30 for Tier 2 drugs). Copays don't count toward your deductible.</p> |
| <p>Coinsurance: The percentage of the covered charges that you pay.</p> | <p>For example, if your plan pays 75% for an office visit, your coinsurance (your share of the costs) would be 25%. So if the amount charged for the visit was \$200, you would pay \$50 (25% of \$200).</p> | <p>If your plan includes coinsurance, you'll likely have different coinsurance amounts for in-network and out-of-network care.</p> <p>If your plan has both coinsurance and a deductible, here's how it works: When you receive care, you'll pay the full cost until you meet your deductible.** Once you meet your deductible, you'll pay coinsurance.</p> |

| EXAMPLE (IN-NETWORK) Deductible = \$1,000 Coinsurance = 20% | |
|---|------------------|
| Amount billed | \$5,000 |
| Minus deductible amount (your responsibility) | - \$1,000 |
| Remaining amount | \$4,000 |
| Multiplied by coinsurance (20%) | x .20 |
| Coinsurance owed (your responsibility) | \$800 |
| Total member responsibility (\$1,000 deductible + \$800 coinsurance) | \$1,800 |

* Some services are covered even if you haven't met your deductible. For example, preventive care is generally covered at 100%, regardless of whether you've met your deductible.

** For care received outside the network, you pay any amount needed to meet your deductible or coinsurance (if applicable), plus any charges above the amount Medica reimburses the provider. These extra charges aren't counted toward your deductible or out-of-pocket maximum. See Medica's [Out-of-Network Care Tip Sheet](#) at medica.com/membertips for more information and examples.

TIP:

Visit mymedica.com to check your coverage, and, if applicable, see how much of your deductible you've met, plus check balances for your health reimbursement account, health savings account or flexible spending account.

| | EXAMPLES (Note: Your specific benefits may vary) | KEEP IN MIND... |
|--|---|---|
| Out-of-pocket maximum: The maximum amount you would pay in a year for covered health care services. Once you've paid this amount, your costs are covered at 100%. | Let's say your out-of-pocket maximum is \$4,000 for the year. Once you've spent \$4,000 on covered health care services, your plan will pay for all of your care for the remainder of the year (provided the care you receive is covered by your benefit plan). | For some plans, copayments or prescription drug costs don't count toward your out-of-pocket maximum. You'll likely have two separate amounts for in-network and out-of-network out-of-pocket maximums (for example, \$4,000 for in-network care and \$6,000 for out-of-network care). In addition, only a portion of any out-of-network costs may count toward your out-of-pocket maximum.* |
| Non-covered services: Health care services that your plan doesn't cover. | Examples of non-covered services include cosmetic procedures, investigative treatments or drugs, refractive eye surgery, etc. You'll find a list of non-covered services (sometimes called "exclusions") in your coverage documents. | If you receive any non-covered services, you'll pay the full cost. These amounts won't count toward your deductible or out-of-pocket maximum. |
| Calendar year/contract year: The 12-month period during which deductibles and out-of-pocket maximums accumulate. | <p>If your plan follows the <i>calendar year</i>, your deductibles and out-of-pocket maximums accumulate Jan. 1 through Dec. 31.</p> <p>If your plan follows a <i>contract year</i>, your deductibles and out-of-pocket amounts accumulate during the 12-month period that begins on your contract start date. For example, a contract year plan could run July 1, 2012, through June 30, 2013.</p> | If you are unsure whether you are on a contract-year or calendar-year plan, check your coverage documents or call Customer Service at the number on the back of your ID card. |

* For care received outside the network, you pay any amount needed to meet your deductible or coinsurance (if applicable), plus any charges above the amount Medica reimburses the provider. These extra charges aren't counted toward your deductible or out-of-pocket maximum. See Medica's **Out-of-Network Care Tip Sheet** at medica.com/membertips for more information and examples.