Understanding cost sharing

Deductibles. Copayments. Coinsurance. These are all types of cost sharing — what you pay for health care services. To make the most of your medical benefits and stay on top of your expenses, it’s important that you understand how they all work together.

For certain services, like most office visits, you’re responsible for a **copayment**, a flat dollar amount. So, it’s easy to know what your payment is ahead of time.

For other services, like inpatient care or day surgery, you may have a **deductible** to meet, and you must pay toward your deductible before your medical plan starts paying. Once you reach your deductible amount, you’ll be responsible for paying copayments and **coinsurance**, and your medical plan will pay the rest.

Because coinsurance is a percentage, you’ll need to calculate how much you’ll pay and how much your medical plan will pay. For example, you may have to pay 20% of a provider’s bill for your care, while your medical plan pays 80%.

Your plan also has an **out-of-pocket maximum**. This is the most you’ll have to pay each year for services covered by your plan.

**Did you know?**

- All Beth Israel Lahey Health medical plans have an annual deductible, with varying amounts.
- Deductible amounts vary for individual and family plans.
- Different tiers within your plan have different deductible amounts. For the HMO Plus and Tiered POS plans, there is no deductible or coinsurance for Tier 1 services.
- Copayments do not apply toward your deductible.
- If you have a flexible savings account (FSA), you can use it to pay toward your copayment, coinsurance and deductible expenses.

For specific details about your BILH medical plan, please refer to your Schedule of Benefits at [www.harvardpilgrim.org/bilh](http://www.harvardpilgrim.org/bilh).
EXAMPLE: DOMESTIC & COMMUNITY FAMILY HMO PLAN

A member has day surgery at a Tier 1 facility with a Tier 1 doctor. The annual family deductible for this plan is $1,000. For this service, the member is responsible for paying the deductible, then 10% coinsurance. This is the member’s first health care expense of the year; no payments have been applied to their deductible yet.

WHICH SERVICES ARE SUBJECT TO THE DEDUCTIBLE?

Here are some common services that are subject to the deductible, based on your plan. For more details on cost sharing, refer to your plan’s Schedule of Benefits at www.harvardpilgrim.org/bilh.

**Domestic & Community HMO**
- Tier 1 & Tier 2 services:
  - Inpatient mental health/substance use disorder treatment
  - Emergency admission
  - Hospital inpatient care
  - Day surgery
  - Skilled nursing facility
  - Lab/X-ray/diagnostic services and high-end radiology (MRI, CT, PET) at a hospital or hospital-affiliated facility**

**HMO Plus**
- Tier 2 & Tier 3 services:
  - Hospital inpatient care
  - Day surgery
  - Lab/X-ray/diagnostic services and high-end radiology (MRI, CT, PET) at a hospital or hospital-affiliated facility**

**Tiered POS**
- Tier 2 & Tier 3 services:
  - Hospital inpatient care
  - Day surgery
  - Lab/X-ray/diagnostic services and high-end radiology (MRI, CT, PET) at a hospital or hospital-affiliated facility**

Out-of-network services
- All services are subject to the deductible

Questions?
Your MyConnect Member Advocate team is here to help! Call (888) 333-4742 and have your Harvard Pilgrim ID number handy:
- Monday, Tuesday, Thursday and Friday: 8 a.m.-8 p.m. EST
- Wednesday: 10 a.m.-8 p.m. EST

**Typically, you’ll pay less for lab, X-ray, diagnostic services and high-end radiology at a physician’s office or facility not affiliated with a hospital. Refer to your plan’s Schedule of Benefits at www.harvardpilgrim.org/bilh for your specific cost sharing amounts.**