

# 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 Domestic and Community, HMO Plus and Tiered POS plans, there is no deductible 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.



**All cost sharing you have paid this year,** including copayments, coinsurance and deductibles.

Covered services **covered in full** after reaching maximum.

### Cost sharing:

What you pay for health care services, in general. Copayments, coinsurance and deductibles are all examples.

### Copayment (copay):

A flat dollar amount you pay for certain services at the time of service.

### Deductible:

The amount you need to pay in a benefit year for covered health services before your medical plan starts to pay. For these services, you pay a discounted rate that has been negotiated between the provider and the medical plan. After you've reached your

deductible, you may also be required to pay a copayment and/or coinsurance

### Coinsurance:

A fixed percentage of allowed costs that you pay for covered services and supplies once your deductible has been paid

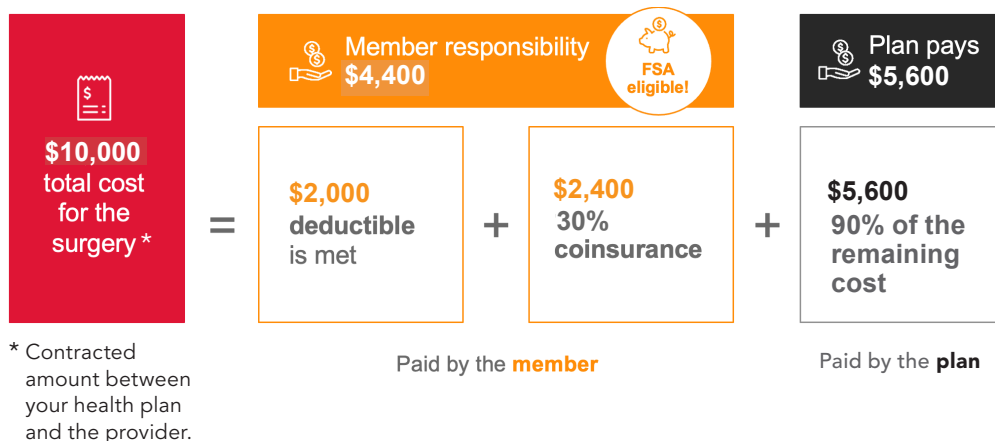
### Out-of-pocket maximum:

The most you'll pay each year for covered services. All of your cost sharing amounts, including copayments, coinsurance and your deductible, count toward your out-of-pocket maximum.

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

An adult member has day surgery at a Tier 2 facility with a Tier 2 doctor. The annual family deductible for this plan is \$2,000. For this service, the member is responsible for paying the deductible, then 30% coinsurance. This example assumes that the member has had no other health care expenses for the year.



## 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](http://www.harvardpilgrim.org/bilh).

### Domestic & Community HMO

#### Tier 2 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\*\***

### 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](http://www.harvardpilgrim.org/bilh) for your specific cost sharing amounts.