

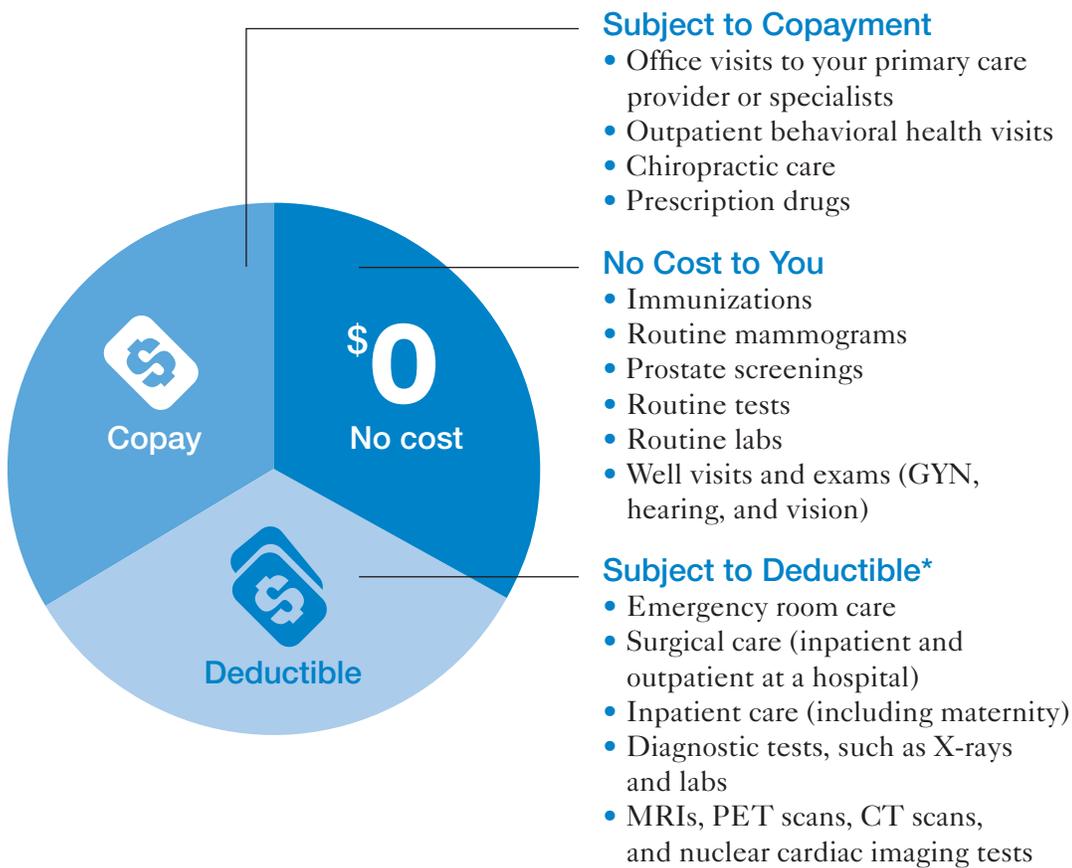
# Understanding Your Deductible Health Plan



MASSACHUSETTS

## How to Know When Copayments or Deductibles Apply, and When There's No Cost to You

It's important that as a member, you're fully aware of what you're being charged for and when you may need to pay a copayment, a deductible, or both. The pie chart below details when a deductible is owed, when a copayment is required, and when you don't have to make an out-of-pocket payment in order to receive care.



**Copayment:** A fixed dollar amount you pay each time you use a particular medical service or fill a prescription. Copayments are usually due at the time you have an office visit or fill a prescription.

**Deductible:** The amount you pay for medical expenses each plan year before Blue Cross Blue Shield of Massachusetts begins to pay. For example, if your deductible is \$500, you'll pay that amount out-of-pocket before your health plan will cover any eligible services.

**Out-of-Pocket Maximum:** The most you pay each plan year for covered health expenses before Blue Cross pays 100 percent of covered expenses for the rest of that year. The money you pay for your copayments, deductible, co-insurance, and prescriptions counts toward your medical or pharmacy out-of-pocket maximum.

**Emergency Care:** Care provided for an accident or sudden illness that an ordinary layperson believes needs to be treated right away or it could result in loss of life, serious medical complications, or permanent disability.

**Urgent Care:** Treatment for a medical condition that, while not an emergency, requires attention. Examples of urgent care needs include ear infections, sprains, high fevers, vomiting, and urinary tract infections.

**Primary Care Provider:** A health care provider, usually a general practitioner, internist, or pediatrician, who provides a broad range of routine medical services and refers patients to specialists, hospitals, and other providers as necessary.

For more information on your health plan, including copayment and deductible amounts, please visit [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

\*Some deductible services may also have a copay after the deductible is met.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).