



Tips for understanding your plan...

# Deductibles, copays and coinsurance

When you receive care, you and your health plan usually each pay some of the cost. This is called cost sharing. How the cost is divided is determined by your plan design, as outlined in your schedule of medical benefits. Deductibles, coinsurance and copayments are all examples of cost sharing and describe amounts that may apply when you receive care. Understanding these terms – and how they work together – will help you know what you owe your provider. MDA Health Plan staff are ready to assist you every step of the way.

Term	Definition	Further details																		
Deductible	The amount you pay each year before your plan starts to pay.	If your deductible is \$1,000 that's what you'll pay before your plan starts to pay. Some services, such as preventative care, may be paid before you meet your deductible. <b>Note: Most plans have separate deductible for in-network and out-of-network care.</b>																		
Copayment (copay)	A set amount that you pay at time of service for some health care services or prescriptions, depending on your plan.	Copays generally apply to office visits and prescription drugs. The amounts may vary by the type of service. For example: <ul style="list-style-type: none"> <li>• Office visit: \$30 copay</li> <li>• Urgent care visit: \$35 copay</li> <li>• Preferred Brand prescription drug: \$50 copay</li> </ul> Actual copay amounts will vary depending on your plan.																		
Coinsurance	This is your share of the cost after you've paid your deductible. Coinsurance is usually a percentage of the charges for the service.	Here's an example of how a deductible and coinsurance work together. You continue to pay coinsurance until you reach your out-of-pocket maximum. <table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="2" style="background-color: #0070C0; color: white; text-align: center;">EXAMPLE (IN-NETWORK)</th> </tr> <tr> <th colspan="2" style="background-color: #0070C0; color: white; text-align: center;">Deductible = \$1,000    Coinsurance = 20%</th> </tr> </thead> <tbody> <tr> <td style="background-color: #D9E1F2;">Amount billed</td> <td style="text-align: right;">\$5,000</td> </tr> <tr> <td style="background-color: #D9E1F2;">Minus deductible amount</td> <td style="text-align: right;">-\$1,000</td> </tr> <tr> <td style="background-color: #D9E1F2;">Remaining amount</td> <td style="text-align: right;">\$4,000</td> </tr> <tr> <td style="background-color: #D9E1F2;">Coinsurance (20%)</td> <td style="text-align: right;">x .20</td> </tr> <tr> <td style="background-color: #D9E1F2;">Coinsurance owed</td> <td style="text-align: right;">\$800</td> </tr> <tr> <td style="background-color: #D9E1F2;">Total amount you pay (\$1,000 deductible + \$800 coinsurance)</td> <td style="text-align: right;">\$1,800</td> </tr> <tr> <td style="background-color: #D9E1F2;">TOTAL AMOUNT PLAN PAYS</td> <td style="text-align: right;">\$3,200</td> </tr> </tbody> </table>	EXAMPLE (IN-NETWORK)		Deductible = \$1,000    Coinsurance = 20%		Amount billed	\$5,000	Minus deductible amount	-\$1,000	Remaining amount	\$4,000	Coinsurance (20%)	x .20	Coinsurance owed	\$800	Total amount you pay (\$1,000 deductible + \$800 coinsurance)	\$1,800	TOTAL AMOUNT PLAN PAYS	\$3,200
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True out-of-pocket (TROOP)	The most you pay in a year for health care services provided by your plan.	All treatment money you pay toward your plan's deductible, coinsurance and copays go toward your out-of-pocket maximum. If your out-of-pocket maximum is \$7,900 for the year, that's the most you'll pay for eligible service charges. Once you reach your out-of-pocket maximum, your plan pays 100% of any additional eligible service charges for the rest of the plan year. What is excluded from your out-of-pocket maximum? The monthly payment you make for your health coverage (contributions) and any health services your plan does not cover.
Payable benefits (in-network)	Benefits that your plan covers. You and your plan share the cost of these benefits.	Costs you pay for eligible benefits count toward your deductible and out-of-pocket maximum. For a complete list of benefits, see your schedule of medical benefits.
Non-payable services	Benefits that your plan doesn't pay. You pay the full cost of these benefits.	Costs you pay for such services do not count toward your deductible or out-of-pocket maximum.  Examples of services that are not covered: <ul style="list-style-type: none"> <li>• Cosmetic procedures</li> <li>• Experimental treatments or drugs</li> <li>• Refractive eye surgery (e.g. LASIK)</li> </ul> For more examples of services that aren't payable, please refer to your schedule of medical benefits.
Contribution	The monthly amount you or your employer pay to keep your health insurance active.	
Special Enrollment Period (SEP)	A 31-day timeframe for you to add, remove or change a dependent on your health plan that is outside the yearly open enrollment period (when you sign up for health insurance). You qualify for a special enrollment period if you've had certain qualified life events including starting a new job, getting married, having a baby or adopting a child.	
Open Enrollment Period (OEP)	Open enrollment for the MDA Health Plan is Oct. 1–Nov. 15. This is when you can change plan designs, eligibility requirements, or add employees who have previously waived the plan. Questions? Call MDA Insurance at 877-906-9924, visit <a href="http://mdaprograms.com">mdaprograms.com</a> , or email Tina Voss at <a href="mailto:tvoss@mdaifg.com">tvoss@mdaifg.com</a> .	

