

Understanding your **High Deductible Health Plan**

A high deductible health plan or “HDHP” is designed to help keep premium costs low for you and your family. You’ll have coverage for things like:

- Choice of doctors and hospitals
- No-cost telemedicine*
- Doctor visits
- Prescription drug
- Maternity and newborn care
- Hospitalization
- Urgent care visits
- Laboratory coverage
- Free preventive care
- Specialty care

Let’s start with the basics:

Preventive care can help you avoid getting sick and improve your health. With an HDHP, preventive services such as routine physicals, screenings and vaccinations are covered in full.** The deductible does not apply to preventive services; they are covered in full from day one.

For services other than preventive care, you are responsible for paying out of your pocket until you meet your **deductible**. The deductible amount will vary based on your plan, so make sure you know what that amount is. Once you reach your deductible, you will pay a percentage of cost, called coinsurance. **Coinsurance** is your share of the costs of a covered health care service, calculated as a percent. You will have to pay a percentage of that service and the health insurance company will pay the rest.

How it works***

You Pay Everything

When your plan year begins, you will pay all your medical costs until you reach a fixed amount, called a deductible. Many preventive visits and screenings are covered at no cost.

Insurance Pays Some

After your deductible is met, insurance pays some of the bill, except a percentage called coinsurance.

You Pay Some

You pay the coinsurance amount until you meet your out-of-pocket maximum.

Insurance Pays Everything

If you meet your out-of-pocket maximum, the insurance company pays for all covered medical services in full.

Your out-of-pocket maximum is made up of the deductible and coinsurance amounts you paid. Now, all you continue to pay is your monthly premium.

You can use a tax-free account, called a Health Savings Account (HSA), to help pay for your portion of the costs. Talk to your HR or benefits representative about the account options that might be available to you.

*Subject to the deductible where applicable.

**In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B. Recommendations of the United States Preventive Services Task Force.

***Note: for illustrative purposes only - plan options vary

For example:

Let's say your deductible is **\$2,000.**



You go to your doctor for low back pain.
You pay **\$100** for the visit.

You still have to pay **\$1900** more to reach your deductible.



Your doctor orders an **MRI** of your lower back.
You pay **\$1,000** for the MRI.

You still have to pay **\$900** more to reach your deductible.



After a series of visits to your doctor and a chiropractor, you have **\$0** left to reach your deductible. Now you will pay a percentage of cost, called **coinsurance.**



If your coinsurance is **20%**, and the next time you visit your doctor your bill is **\$100**, then **you'll pay \$20 and we will pay \$80.**

To help you with your costs, there is an **out-of-pocket maximum** which is an annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums. Remember, preventive care is covered in full and is not subject to the deductible.

To determine your deductible, out-of-pocket maximum and coinsurance amounts, check your Summary of Benefits and Coverage (SBC), your online member account at Member.UniveraHealthcare.com, or your monthly health statements.

How much will you pay?

A lot goes into that. First, is how much your provider charges for a service. At Univera Healthcare, we've negotiated with providers so our members pay less than if you went to your doctor uninsured.

There are a few other things you can do to help figure out how much you're going to pay when you need care:

1



Use our **Estimate Medical Costs tool** at UniveraHealthcare.com/EstimateCosts. This tool provides an estimate of what a procedure might cost among different providers. For personalized results based on your benefits, use the tool while logged in to your member account.

2



Call your doctor or specialist ahead of time and ask how much the anticipated service will cost.

3



Log into your member account at **UniveraHealthcare.com/login** Find a Doctor that participates with your plan or to check benefits.