

What Applies to your Deductible?

Town of Medfield	<u>Traditional HMO/PPO</u> Network Blue NE HMO \$500 Deductible OR In- Network PPO	<u>High Deductible Option</u> Access Blue NE Saver Deductible with no copays
Deductible		
Single/Family	\$500/\$1,000*	\$2,000/\$4,000***
How Family Deductible works	\$500 per family member capped \$1,000 total for the entire family	If you are enrolled in Family coverage the entire family deductible must be met.
Routine Physicals included related tests	Fully Covered by plan. No Deductible	Fully Covered by plan. No Deductible
Well Child Exams	Fully Covered by plan. No Deductible	Fully Covered by plan. No Deductible
Routine GYN Exams & Labs	Fully Covered by plan. No Deductible	Fully Covered by plan. No Deductible
Routine hearing exams includes related tests	Fully Covered by plan. No Deductible	Fully Covered by plan. No Deductible
Routine Vision exams (24months)	Fully Covered by plan. No Deductible	Fully Covered by plan. No Deductible
PCP Visit	Copay Only: Copay does not apply to Deductible	Applies to Deductible
Specialist Visit	Copay Only: Copay does not apply to Deductible	Applies to Deductible
Short Term Therapy (PT/OT)	Copay Only: Copay does not apply to Deductible	Applies to Deductible
Speech Therapy	Copay Only: Copay does not apply to Deductible	Applies to Deductible
Chiropractic	Copay Only: Copay does not apply to Deductible	Applies to Deductible
Outpatient Mental Health Visits	Copay Only: Copay does not apply to Deductible	Applies to Deductible
Urgent Care	Copay Only: Copay does not apply to Deductible	Applies to Deductible
Emergency Room Visit	Applies to Deductible (Copay may apply after deductible is met)	Applies to Deductible
Diagnostic Labs & X-Rays	Applies to Deductible	Applies to Deductible
High Tech Imaging	Applies to Deductible (Copay may apply after deductible is met)	Applies to Deductible
Inpatient Hospitalizations	Applies to Deductible (Copay may apply after deductible is met)	Applies to Deductible
Day Surgery (Outpatient)	Applies to Deductible (Copay may apply after deductible is met)	Applies to Deductible
Home Health Care	Applies to Deductible (Copay may apply after deductible is met)	Applies to Deductible
Durable Medical Equipment	Applies to Deductible (Copay may apply after deductible is met)	Applies to Deductible
Prescriptions	Seperate Rx annual Deductible of \$100/\$200 Copays apply after \$100/\$200 deductible	Applies to Medical Deductible Copays apply after \$2000/\$4000 Deductible

Notes:

Deductible are based on the Plan year of July 1, to June 30.

Based on In-Network PPO. Co-insurance applies to Out of Network Care

Difference between Deductible and Copay

A deductible is the set amount of money you pay out of pocket for covered services per plan year before your insurance starts to share costs.

A copay is also a set amount of money, but it's a fixed fee attached to certain covered services.