



Your HMO Blue Deductible PlanSM

With your HMO Blue Deductible Plan, you pay a portion of the costs when you receive care. That portion is your responsibility and is determined by the type of care you receive.

To help you understand your HMO Blue Deductible Plan, the chart below offers an overview of the services that are subject to a copayment, deductible, or are provided at no additional cost. For specifics on your out-of-pocket costs and restrictions on the number of visits covered per year, please refer to your plan’s Schedule of Benefits.

Subject to Copayment	Subject to Deductible ²	No Cost to You
<ul style="list-style-type: none"> • Office visits to your primary care provider (PCP) or specialists • Emergency room care¹ • Outpatient behavioral health • Chiropractic care • Prescription drugs 	<ul style="list-style-type: none"> • Surgical care (inpatient and outpatient at a hospital) • Inpatient care (including maternity) • Diagnostic tests, such as MRIs, PET scans, CT scans, and nuclear cardiac imaging tests 	<ul style="list-style-type: none"> • Immunizations • Routine mammograms • Prostate screenings • Routine tests • Routine labs • Routine physicals and exams (GYN, hearing, and vision)

How It Works

Understanding how your plan works when you seek medical care is as essential as having the plan itself. Below, you’ll find examples of what happens when an individual with an HMO Blue Deductible Plan uses his or her benefits:

- **Preventive Care**—John gets his annual physical with his PCP who performs several preventive lab tests, such as blood work, as part of the visit. John is not responsible for any cost-share. As part of the visit, John’s doctor also runs several X-rays on John’s knee due to persistent pain. John pays toward the deductible for the X-rays because the tests were related to a non-preventive health issue.
- **Sick Visits**—Jane hurts her knee playing basketball with some friends and visits her PCP. Her doctor suggests that she have day surgery on her knee. Jane pays a copayment for the visit to her PCP and pays the deductible toward her knee surgery.²

Susan’s five-year-old child, Bill, is running a high fever. She takes him to see his PCP who runs several lab tests, including a chest X-ray. Susan pays a copayment for her son’s visit to the PCP and the deductible for the nonpreventive lab tests² and X-ray.²

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1. Depending on your plan design, the deductible may apply to the emergency room care benefit.
 2. Depending on your plan design, a copayment may apply after the deductible has been satisfied.

- **Emergency Care**—Steve visits the emergency room for what he suspects is a life-threatening heart condition. The physicians perform a number of tests and find that Steve is not in danger. They recommend that Steve go home, get some rest, fill a prescription, and follow up for treatment with his PCP. Steve is responsible for the copayments for the emergency room¹ and prescription.
- **Inpatient Care**—Sally and Joe go to their local hospital to give birth to their first child. They are responsible for the deductible and their plan will pay the remaining costs.²

Glossary of Terms

- **Copayment:** The fixed amount you pay your provider when you receive certain covered services.
- **Deductible:** The dollar amount that you are responsible for before your plan begins paying some or all of the cost for certain covered services.
- **Emergency:** An accident or sudden illness that someone with an average knowledge of health and medicine believes needs to be treated right away or risk loss of life, serious medical complications, or permanent disability. Important: If you believe that you are having a life-threatening medical emergency, call **911** or your local emergency number and seek medical help immediately.
- **Primary care provider (PCP):** A network provider you choose to coordinate your care and be your first point of contact in the health care system. In some plans, referrals for specialty care must be made through your PCP.

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