

BENEFITS TO GO

Understanding Your PPO Deductible



One Thing You Need to Know

You must meet the annual deductible before SHC/LPCH begins sharing the cost of care. The **deductible applies to all covered expenses, including prescription drugs**. You pay the full cost (contracted rate) of in-network doctor's visits, prescription drugs and other covered services, until you meet your deductible ... if it's covered by the plan, it applies to the deductible.



Your In-Network Deductible

- \$1,200 if only you are enrolled
- \$2,400 if you and any other family members are enrolled

What Medical Expenses Count?

Doctor or Specialist Visits

ER visits

Lab charges for non-routine tests

Hospital stays

Outpatient services

Non-preventive prescription drugs

What Doesn't Count?

Over-the-counter medicines

Non-covered care
(for example, elective cosmetic surgery)

Preferred preventive drugs
(they're free)



What Happens When I Reach My Deductible?

SHC/LPCH pays **80% of in-network medical expenses for the rest of the year**. You pay the provider (or pharmacy) your share of the cost when you receive services. You pay your 20% out-of-pocket for the rest of the year or until you reach the out-of-pocket maximum.* Once reached, SHC and LPCH pays 100% of all covered in-network expenses. Depending on the balance reached in your Health Savings Account (HSA), you could use your HSA debit card to pay all or in part for your share of the costs.



Track Your Deductible

It's easy to see how much you've spent toward meeting your deductible at umr.com. Or, review your most recent Explanation of Benefits (EOB) statement.

*In-network, out-of-pocket max is \$2,400 (individual) or \$4,800 (family).