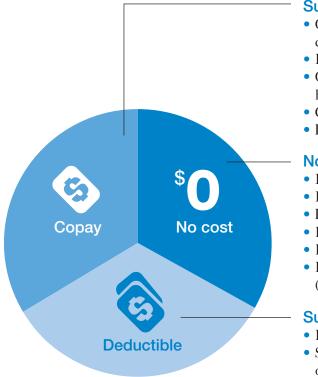
# **Quick Guide to Understanding** Your Health Plan

For City of New Bedford members with:

- Network Blue<sup>®</sup> New England Deductible (an HMO product)
- Blue Choice New England<sup>SM</sup> Plan 2 (a POS product)
- Blue Care Elect Deductible Plan<sup>SM</sup> (a PPO product)

## How to Know When Copayments or Deductibles Apply, and When There's No Cost to You

It is important that as a member you are fully aware of what you are being charged for and when you may need to pay a copayment, a deductible, or both. The pie chart below details when a deductible is owed, when a copayment is required, and when you do not have to make an out-of-pocket payment in order to receive care.



- Subject to Copayment
- Office visits to your primary care provider or specialists<sup>1</sup>
- Emergency room care
- Outpatient behavioral health visits
- Chiropractic care
- Prescription drugs

#### No Cost to You

- Immunizations
- Routine mammograms
- Prostate screenings
- Routine tests
- Routine labs
- Routine physicals and exams (GYN, hearing, and vision)

### Subject to Deductible

- Emergency room care
- Surgical care (inpatient and outpatient at a hospital)
- Inpatient care (including maternity)
- Diagnostic tests, such as X-rays and labs
- MRIs, PET scans, CT scans, and nuclear cardiac imaging tests<sup>2</sup>

## For more information on your health plan and its deductible and copayment requirements, please visit www.bluecrossma.com or call 1-888-363-8069.

1. Annual physicals do not require a copayment.

2. \$100 copay after deductible for PPO plans

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Copayment: A fixed dollar amount you pay each time you use a particular medical service or fill a prescription. Copayments are usually due at the time you have an office visit or fill a prescription.

Deductible: The dollar amount that a member must pay for health care services before a health plan will cover eligible services. For example, if a member's deductible is \$250, the member will pay that amount, out of pocket, before the health plan will cover any eligible services.

#### **Out-of-Pocket Maximum:**

The most you pay per calendar year for covered health expenses before the plan pays 100 percent of covered expenses for the rest of that year. The money you pay for your deductible, co-insurance, copayments, and prescriptions counts toward your out-of-pocket maximum.

**Emergency Care:** Care provided for an accident or sudden illness that an ordinary layperson believes needs to be treated right away or it could result in loss of life, serious medical complications, or permanent disability.

Urgent Care: Treatment for a medical condition that, while not an emergency, requires attention. Examples of urgent care needs include ear infections, sprains, high fevers, vomiting, and urinary tract infections. Urgent situations are not considered to be emergencies.

#### **Primary Care Provider:**

A health care provider, usually a general practitioner, internist, or pediatrician, who provides a broad range of routine medical services and refers patients to specialists, hospitals, and other providers as necessary.