



# UNDERSTAND YOUR T-OF-POCKET COSTS

**Avoid the cost-share mystery with these tips.** 



Many factors go into the cost of health care — let's start with the basics.

# **Out-of-pocket maximum**

The most you pay during a year before your health insurance begins to pay 100 percent of covered health care services. All plans have an out-of-pocket maximum (OPM). For example, the Blue Access® plan has a \$750 OPM for an individual or \$1,500 for a family.

TO REACH YOUR OPM, DIFFERENT AMOUNTS APPLY TOWARD IT:

- Your share of costs for covered health care services, calculated as a percent.
- Coinsurance stops when you reach your OPM, so you don't have any more out-of-pocket costs.
- You will typically pay a coinsurance when you receive services like outpatient and inpatient hospital services.

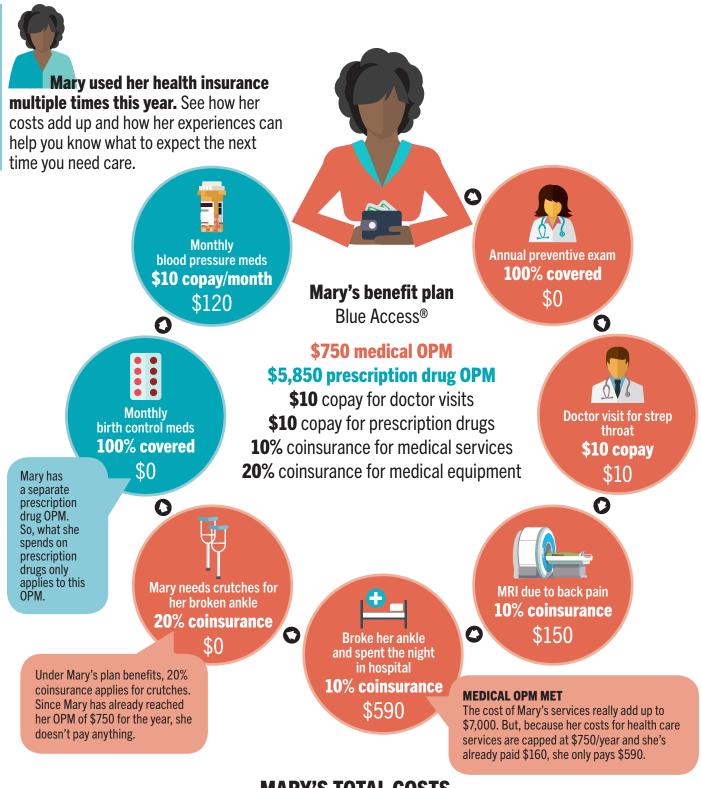
- > The fixed amount you pay for a covered health care service.
- > Copayments stop when you reach your OPM, so you don't have any more out-of-pocket costs.
- Copays often apply for services like doctor visits and prescription drugs. Please note, you may have a separate OPM for prescription drugs.

## Deductible

The amount you owe for covered health care services before your plan begins to pay. If you have a deductible, and the amount, depends upon your plan.







### **MARY'S TOTAL COSTS**

**\$750 OPM** + **\$120 prescription drugs cost** = **\$870** 

