Understanding the language of health care

IF YOU DON’T UNDERSTAND THE TERMS WE USE, YOU WON’T UNDERSTAND WHERE YOUR DOLLARS ARE GOING.


Your member account at bcbsm.com can help you understand common terms of health care and how your plan works, so you can use your benefits wisely and save money, too.

Here’s an example of what we mean: Lisa suffered a strained knee while running.*

“I’m tired of this nagging pain. It just won’t go away.”

Her doctor recommends physical therapy twice a week for roughly two months to help strengthen the ligaments surrounding her knee.

“Am I even covered?”

Lisa logs in to her bcbsm.com account, and clicks My Coverage in the blue bar at the top to see if her plan covers physical therapy.** It does, and she’s allowed up to 20 visits each year.

“But how close am I to reaching my annual deductible?”

Lisa knows she’ll first need to meet her annual deductible, the amount she pays annually before her plan begins to pick up cost. So while she’s online at bcbsm.com, Lisa checks her deductible balance to see how much she still owes. She sees that she needs to pay $1,000 to meet her $2,600 deductible, before her health plan will pick up most of the cost.*

“I can pay for my portion out of my health savings account.”

Lisa contributes a certain amount from each paycheck to a health savings plan. Because she’s had little health expenses during the year, she uses part of her HSA dollars to pay for her deductible, and even some qualified medical expenses not covered by her plan. The money she contributed and the interest it earns is tax-free, saving her in tax dollars.

*Illustrative example, not actual medical advice. Check your plan for cost and coverage details.  
**Instructions listed for bcbsm.com are for computers, and may differ on mobile devices.
“But who do I see?”

Lisa’s doctor gives her a few recommendations. Her friend tells her about a physical therapist who did wonders for her back and is close to where Lisa lives.

Before making an appointment, Lisa checks on bcbsm.com to see which therapists are in her plan’s network. Lisa’s happy to find her friend’s recommendation is in her plan’s network, and calls to confirm the physical therapist takes her plan and is accepting new patients.

By choosing a facility within her plan’s network, Lisa can save money before she even makes her first appointment.

HOW YOUR PLAN WORKS

BEGINNING OF YOUR PLAN YEAR
- Depending on your plan, it pays for certain preventive care and wellness costs throughout the year at no cost to you.
- You pay for other medical costs until you meet your deductible, if your plan includes one.
- You may pay copayments for certain covered services, such as primary care physician office visits and urgent care.

Copayment (or copay)
A fixed dollar amount (for example, $25) you pay at the time health care is provided, such as a doctor's visit.

Deductible
The dollar amount you or your family pays for covered medical services before your health plan starts to pay.

Coinsurance
The percentage or portion you owe after you’ve paid your deductible, if you have one. Your health plan pays the remaining percentage.

Out-of-pocket maximum
The maximum dollar amount you pay in deductible, copayments and coinsurance during the year.

ONCE YOU’VE MET YOUR DEDUCTIBLE (IF APPLICABLE)
- You continue to pay copayments and coinsurance until the total you’ve paid for copayments, coinsurance and deductible meets your out-of-pocket maximum.
- If there’s more than one person on your plan, you may have to meet a family, as well as an individual, out-of-pocket maximum.

ONCE YOU’VE REACHED THE OUT-OF-POCKET MAXIMUM(S)
- Your plan pays for all other covered services. You don’t owe a thing. (Please note your plan may not have an out-of-pocket maximum.)

AT THE END OF THE PLAN YEAR
- Your deductible and out-of-pocket maximum reset for the next year.

Visit bcbsm.com/understand-cost/ to learn how you can start using bcbsm.com to shop for care and make more informed health care decisions.