

A look at your plan's cost sharing responsibilities

Complete deductible plans

This is a partial list of covered services and your in-network member cost sharing that is generally applied to your deductible plan. A deductible is the amount you pay in a plan year for certain covered health care services before your health insurance plan starts to pay. For a full list of covered services, see your plan's Schedule of Benefits.

A plan year is the 12-month period that resets on your employer's anniversary date.

No charge

- Preventive tests and services*, including:
 - Adult annual visits
 - Well child visits
 - Annual gynecological visits
 - Routine prenatal and postnatal visits
 - Cervical cancer screening, including Pap smears
 - Immunizations, including flu shots (for children and adults as appropriate)
 - Colorectal cancer screening, including colonoscopy, sigmoidoscopy, and fecal occult blood test
 - Cholesterol screening
 - Diabetes screenings
 - Blood pressure screening
 - Breast cancer screening, including mammograms
- Certain over-the-counter (OTC) medications
- Routine eye exams for members diagnosed with diabetes

Subject to copayment

- Office visits for:
 - Treatment of illness or injuries
 - Specialty care
 - Routine eye exams
 - Routine hearing exams
 - Outpatient mental health services
 - Outpatient substance use services
 - Urgent care
 - Cardiac rehabilitation
 - Chiropractic care
- Generic and many brand-name prescription drugs
- On Demand virtual urgent care visits

Subject to deductible, then copayment, coinsurance, or no charge

- Diagnostic procedures, including lab tests, MRIs, and X-rays
- Inpatient acute medical services, including maternity
- Inpatient mental health, drug and alcohol rehabilitation, and detoxification
- Hospital outpatient department services and day surgery
- Inpatient care in a skilled nursing or rehabilitation facility
- Ambulance transport**
- Emergency services**

* Recommended covered preventive tests and services are based on established preventive guidelines and any service outside of those recommended preventive services could result in additional member cost. Services for specific conditions during an annual exam may be subject to cost sharing.
 ** The deductible may not apply to emergency services and ambulance transport on all plans. Check your plan's Schedule of Benefits for details.



Helpful terms and definitions

Copayment: The cost you're required to pay for certain covered services and/or prescription medications.

Individual deductible: A deductible is the amount you pay in a plan year for certain covered health care services before your health insurance plan starts to pay. After you have met your deductible, you may also be required to pay a copayment and/or coinsurance.

Family deductible: The family deductible is met when the combined deductible payments of any covered family members add up to the family deductible. Each individual member only contributes their individual amount toward the family deductible.

Coinsurance: The percentage of the cost you are responsible to pay for certain covered services and/or prescription medications.

Out-of-pocket maximum: The most you could pay in a plan year for covered health care services. After you reach this amount, your insurance pays 100% for covered services through the remainder of the plan year. All medical, behavioral health, and prescription drug copayments, deductibles, and coinsurance amounts you have paid apply toward the out-of-pocket maximum. Some plans may include a separate out-of-pocket maximum for prescription drugs.



Member Resource Center

You can find many of your plan's most frequently used resources all on one page. Log in to allwaysmember.org to access all your online resources, documents, and tools! Or, download our app at allwayshealthpartners.org/memberapp. If you have questions, email customerservice@allwayshealth.org or call us at 866-414-5533 (TTY 711). We are available Monday – Friday from 8 AM to 6 PM and Thursdays from 8 AM to 8 PM.

Important: This information helps to generally explain how your plan's cost sharing works. Please see your plan's Schedule of Benefits for specific cost sharing details and coverage information.

Note: This cost sharing information does not apply to Health Savings Account (HSA)-compliant plans