

Understanding your health care plan

Your online **member account** can help you understand how your plan works — and how to get the most from it.

Here's an example: Lisa strains her knee while running. Her primary care provider recommends physical therapy twice a week for roughly two months to strengthen the ligaments surrounding her knee.* Lisa asks herself:



"Does my plan include physical therapy?"

Lisa checks her account to see if physical therapy is a benefit under her health plan. She's allowed up to 20 visits each year.



"But how close am I to reaching my deductible?"

Lisa has a deductible of \$2,600. Her account shows she needs to pay \$1,000 to meet the deductible before her health plan will pay most of the remaining cost.*



"Can I pay for my portion out of my health spending account?"

Lisa's account shows she has enough to pay her portion of physical therapy. Because she's had few health expenses during the year, she also has enough to pay for the deductible and qualified medical expenses that aren't paid by her plan.



"Who do I see?"

Lisa's primary care provider recommends a physical therapist who's close to Lisa's home. Before making an appointment, Lisa checks her account for more details. She sees he's accepting new patients and takes her plan. Lisa schedules an appointment.

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Learn the terms and how your plan works

Before and throughout your plan year



- To receive health coverage, you or your employer must pay a monthly premium.
- Beginning of your plan year
- Depending on your plan, we pay for certain preventive care and wellness costs throughout the year at no cost to you.
- You may pay copayments for certain services under your plan, such as primary care provider office visits and urgent care.
- You pay for other medical costs until you meet your deductible, if your plan includes one.

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 maximums
- Your plan pays for all other services under your plan.
 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.

Premium

A fixed monthly payment for your health coverage. This payment doesn't include any subsidy for which you may be eligible.

Copayment (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 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.

Ask MIBlue Virtual AssistantSM to help you find answers fast to questions about your plan.

Log in to your member account at bcbsm.com or use our mobile app.

If you need help registering for your account, call the Web Support Help Line at 1-888-417-3479.

For details about our app, go to bcbsm.com/app.