



Virginia Department of Human Resource Management State Health Benefits Program

May 8, 2014

Understanding Your Deductible and Out-of-Pocket Limit

As you make decisions during Open Enrollment on your health coverage, one major thing to consider is what you may pay out-of-pocket for the coming plan year that begins July 1, 2014.

How Deductibles Work

Most state health plans include deductibles for certain covered services. A deductible is the fixed dollar amount you pay in a plan year before your health plan will pay for the remaining covered services during that same period. The deductible begins again each plan year. In general, you pay a deductible for medical and behavioral health services, and a separate deductible if you choose the Expanded Dental option. For some plans, your pharmacy costs also apply to your deductible.

The Most You Pay Out of Your Pocket

The other term you need to understand is the out-of-pocket expense limit. This is the total amount of money you will pay out of pocket for certain allowable covered expenses during the plan year. It is important to understand what services count toward the out-of-pocket limit, especially when you anticipate major health care expenses during the year.

See the list on the right for an overview of what covered services apply to the deductible and out-of-pocket expense limit for each of your state health plans.



DEDUCTIBLE

- Applies to medical and behavioral health services subject to coinsurance
 - Examples: Medical equipment and supplies, diagnostic tests, labs and x-rays
- Does not apply to wellness, preventive, or outpatient prescription drug benefits
- Is separate for Expanded Dental benefits

OUT-OF-POCKET EXPENSE LIMIT

- Includes your out-of-pocket costs for:
 - Deductible, copayments and coinsurance for in-network medical and behavioral health services
- Does not include deductible, copayments and coinsurance for outpatient prescription drugs

Health Benefits Questions of the Week

During Open Enrollment, one or more questions submitted by employees will be answered each week.

Question: Is any action required if I want to keep my current plan? How about my Flexible Spending Account?

Answer: No action is necessary to remain in your current health plan. You are encouraged to review your benefits, especially [dental coverage](#), to be sure that you have the appropriate level of coverage for the new plan year. You may also want to check your personal information in [EmployeeDirect](#).

If you are currently enrolled in a Flexible Spending Account (FSA), remember that you must re-enroll if you want an FSA for the 2014-2015 plan year.

Question: How do I submit a request to enroll in an FSA, or change my health plan enrollment?

Answer: Submit your election request on a health benefits [enrollment form](#) to your Benefits Administrator in your agency's Human Resources office or online through [EmployeeDirect](#) by the May 23rd deadline for Open Enrollment.

Find Out More

See the [2014 Benefits-At-A-Glance](#) to compare coverage across plans, including the coverage provided by the Kaiser Permanente regional HMO offered primarily in Northern Virginia. You also may want to ask [ALEX](#), your online benefits counselor, for estimated plan out-of-pocket costs.

Many questions may be answered by visiting the [Open Enrollment](#) or [general health benefits](#) pages on the DHRM Website. Or contact your agency Benefits Administrator for assistance.



DEDUCTIBLE

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- Does not apply to wellness or preventive benefits
- Is separate for Expanded Dental benefits

OUT-OF-POCKET EXPENSE LIMIT

- Includes your out-of-pocket costs for:
 - Deductibles and coinsurance for medical, behavioral health **and** **pharmacy services**

COVA HDHP

DEDUCTIBLE

- Applies to medical, behavioral health and pharmacy benefits
- Does not apply to wellness or preventive benefits
- Is separate for Expanded Dental benefits

OUT-OF-POCKET EXPENSE LIMIT

- Includes your out-of-pocket costs for:
 - Deductibles and coinsurance for medical, behavioral health **and** **pharmacy services**

Contact your [health plan](#) for more information about the deductible and out-of-pocket expense limit.