

# Deductibles, copayments, and coinsurance



## Cost sharing: How it works

When you receive care, you and your Mayo Medical Plan usually each pay some of the cost. This is called cost sharing. How the cost is divided is determined by your benefits, as outlined in your Benefits Booklet. Deductibles, copayments, and coinsurance are all examples of cost sharing and describe an amount that may apply when you receive care. Understanding these terms – and how they work together – will help you know what you owe to your provider.

To see which of the following terms apply to your Mayo Medical Plan, check your Benefits Booklet on [Medica.com/SignIn](https://www.medicacom/signin).

TERM	DEFINITION	FURTHER DETAILS																
<b>Deductible</b>	The amount that you are responsible for each year before the Mayo Medical Plan begins to pay for covered services (with the exception of specific preventive care services covered by the Mayo Medical Plan, which are covered at 100%).	Non-covered items do not count toward the deductible, and your deductible can vary by how many family members are covered and the networks your providers participate in. Deductible amounts incurred in different network tiers will cross over and be counted in the other network tiers.																
<b>Copayment (copay)</b>	This is a fixed amount you pay to receive services. Your copayment(s) count toward your out-of-pocket maximum, but not your deductible.	Copays apply to emergency room visits based on the Mayo Medical Plan option you have selected.																
<b>Coinsurance</b>	This is your share of the expense of a covered health care service, calculated as a percentage. Coinsurance applies after you have met your deductible.	Here's an example of how a deductible and coinsurance work together: <table border="1" data-bbox="764 1480 1318 1814"> <thead> <tr> <th colspan="2">EXAMPLE (IN-NETWORK)</th> </tr> <tr> <th colspan="2">Deductible = \$2,500    Coinsurance = 20%</th> </tr> </thead> <tbody> <tr> <td>Amount billed</td> <td>\$5,000</td> </tr> <tr> <td>Minus deductible amount</td> <td>- \$800</td> </tr> <tr> <td>Remaining amount</td> <td>\$4,200</td> </tr> <tr> <td>Coinsurance (20%)</td> <td>x .20</td> </tr> <tr> <td>Coinsurance owed</td> <td>\$840</td> </tr> <tr> <td><b>Total amount you owe</b> (\$800 deductible + \$840 coinsurance)</td> <td><b>\$1,640</b></td> </tr> </tbody> </table>	EXAMPLE (IN-NETWORK)		Deductible = \$2,500    Coinsurance = 20%		Amount billed	\$5,000	Minus deductible amount	- \$800	Remaining amount	\$4,200	Coinsurance (20%)	x .20	Coinsurance owed	\$840	<b>Total amount you owe</b> (\$800 deductible + \$840 coinsurance)	<b>\$1,640</b>
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<b>Out-of-Pocket Maximum</b>	This is the most that you will pay in a year for services covered by the Mayo Medical Plan, including your deductible, copayments, and coinsurance.	Your out-of-pocket maximum will vary depending on how many family members are covered and the networks your providers participate in. Out-of-pocket maximums incurred in different network tiers will cross over and be counted in the other network tiers. After your plan expenses have met the out-of-pocket maximum, the Mayo Medical Plan pays 100% of covered services for the remainder of the calendar year.
<b>Covered Services</b>	Services that your Mayo Medical Plan covers. You and your Mayo Medical Plan share the cost of most services.	Costs you pay for covered services count toward your deductible and out-of-pocket maximum.
<b>Non-covered Services</b>	Services that your Mayo Medical Plan does not cover. You pay the full cost of these services.	Costs you pay for non-covered services do not count toward your deductible or out-of-pocket maximum.

See your Benefits Booklet on [Medica.com/SignIn](https://www.Medica.com/SignIn) for specific details.



**Have questions? We're here to help.**

Call Member Services at **1 (866) 839-4015** (TTY: **711**).