

County of Henrico Health Plan
Deductible Q&As

Q: If my child sees the doctor for a sick visit, will I have to pay the Deductible?

A: No. The Deductible does not apply to visits with participating PCPs or specialists. You will only be responsible for the Office Visit Copay.

Q: Suppose I have a chest X-ray or have blood drawn while I'm at the doctor's office. What will I pay?

A: You will only be responsible for the Office Visit Copay. These services are covered by your Office Visit Copay and the Deductible will not apply.

Q: When I refill my prescription, what will I pay?

A: You will only be responsible for the applicable Prescription Drug Copay for that drug. The Deductible does not apply to the Prescription Drug Benefit.

Q: I will be enrolled in the Care HMO Plan with Family coverage for 2011. My husband will need an overnight (one day) Inpatient Hospital stay in January. This would be our family's first major service for the Benefit Year. What would we pay?

A: First, the \$150 Deductible would be applied. Then, the \$200 Copay Inpatient Hospital Copay would be applied for a one-day hospital stay. Altogether, you would be responsible for the Benefit Year Deductible plus the Inpatient Hospital Copay, which would total \$350.

Q: Also, we are expecting a baby in April. What will we pay for my hospital stay?

A: Since the \$150 Deductible has already been met for your entire family, you will not need to pay this amount again for the Benefit Year. On the Care HMO Plan, you would be responsible for the \$200 per day Copay. A two-day maternity stay would total \$400. In addition, you will be responsible for the \$50 Inpatient PCP/OBGYN Delivery Copay.

Q: I will be enrolled in the Value HMO Plan with Employee Only coverage for 2011. I will need a MRI in January and will not have had any other major services prior to this service in the new Benefit Year. What will I pay?

A: You will be responsible for the \$150 Deductible and 30% Coinsurance of the Allowable Charge (AC). Depending on the type of MRI, the Allowable Charge will vary. For example, if the Allowable Charge for your particular MRI is \$1000, then you would be responsible for the \$150 Deductible and then 30% Coinsurance on the remaining balance of the Allowable Charge:

\$3000 = Amount billed by the provider

\$1000 = Allowable Charge

\$150 = Your responsibility for the Deductible

\$850 = You then pay 30% Coinsurance of this amount

x **30%**

\$255 = 30% Coinsurance of balance of Allowable Charge (after Deductible)

+\$150 = Deductible for the Benefit Year

\$405 = Total amount you pay