How your deductible plan works

For GIC members of the Direct Care and Select Care plans



Chances are, you're already familiar with the idea of a deductible. A deductible is a specific payment made toward the cost of a claim. In the case of health insurance, your deductible is a set dollar amount that you must pay out of your pocket before your health insurance provider will pay for certain medical services.

Preventive versus diagnostic—and why you need to know the difference.

As a general rule, you do not have to pay a deductible for preventive services. For these types of services, you may have to pay a copayment (where you pay a set dollar amount for services) or coinsurance (where you pay a percentage of the cost). However, once you've paid your deductible in full for the year, you won't pay towards your deductible again until the following year.

What is considered "preventive?" Something you have done routinely or regularly to prevent illness, such as getting a flu shot. But if you go to the doctor every few months to monitor an existing illness to prevent it from getting worse, that's considered treatment, or a diagnostic service. For example, if you have diabetes and go in for a quarterly checkup for bloodwork, that's a diagnostic service.

With Direct Care, there is a maximum amount of $400 that any one family member will pay towards the deductible. For families of three or more, that amount is $800.

With Select Care, there is a maximum amount of $500 that any one family member will pay towards the deductible. For families of three or more, that amount is $1,000.

Commonwealth of Massachusetts
Group Insurance Commission

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This chart shows you what services

are subject to the deductible, what services are not, and for what services you will only have to pay a copayment.

You pay your deductible	You have a copayment	Covered in full*	No deductible,
then no charge:	then pay your deductible:	with no deductible and no copayment:	copayment only:

• **Diagnostic services** (lab tests, X-rays, EKGs, etc.)
• **Ambulance**
• **Skilled nursing**
	• **Inpatient hospital stays**
	• **Same-day surgery Imaging** (CAT, PET, MRI scans; nuclear cardiology)
	• **Emergency room visit** (copayment waived if you are admitted to the hospital)
		• **Annual wellness visits** with your PCP
		• **Preventive screenings, including:**
		  • Cholesterol screenings
		  • Hepatitis C screenings
		  • HIV testing
		  • Hypertension screenings
		  Immunizations
		  • Lead testing
		  • Mammograms
		  • Pap tests
		  • Routine urinalysis
			• **Office visits** for illness or injury with a PCP or specialist
			• **Chiropractic care**
			• **Short-term rehabilitation services**
			• **Speech therapy**

Remember, this is a snapshot of how your deductible plan works. For complete plan details, please refer to Direct Care or Select Care *Member Handbook* and Schedule of Benefits. If you have any questions about your health insurance plan, please call us.

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** Diagnostic services are sometimes performed during routine annual exams. You should talk to your doctor about all services being done so you aren't surprised by any charges.*

12-715-293 Rev. 04 3/18