



What is a Medical Deductible?

A medical deductible is the amount you pay for covered health care services before your health plan begins to share the cost. Think of it as your share of health care expenses at the beginning of the year. Until you meet your deductible, you are responsible for paying the full cost of most covered medical services. Once you've reached your deductible amount, Network Health will begin paying our portion of covered services, and you'll pay only your copayment or coinsurance for the rest of the calendar year.

Which benefits are subject to a medical deductible?

Not all covered services count toward your deductible. Some benefits are excluded from the deductible, which means you only pay your copayment or coinsurance, even if you have not yet met your deductible.

Understanding how your deductible works can help you plan for health care expenses and make the most of your Medicare Advantage benefits.

Below, you will find a summary of the benefits that are never subject to the deductible, the benefits that are always subject to the deductible and the benefits that are only subject to the deductible out-of-network.

Benefits Never Subject to Deductible	Benefits Always Subject to Deductible
Annual Routine Preventive Physical Exam	Chemotherapy
CBC or Lipid Panel, When Performed with Annual Wellness Visit or Routine Physical	Diagnostic Radiology Services (PET, CAT, MRI, MRA, NUC scans)
Preventive Care Visit	Diagnostic Tests (ultrasound, EKG, stress test)
Emergency Room Services	Diabetic Shoe Inserts
Hospice Care	Dialysis
Medicare-Covered Preventive Services	Durable Medical Equipment
Medicare-Covered Vaccines	Inpatient Hospital Services
Part B Insulin Drugs	Inpatient Mental Health
Extra Supplemental Benefits Such as Dental, Vision or Fitness	Medicare Part B Drugs
Urgent Care Services	Medicare-Covered Home Health Care Visits
Worldwide ER/Urgent Care	Outpatient Hospital Services
	Outpatient Physical, Occupational, Speech Therapies
	Skilled Nursing Facility
	X-Rays

Benefits Only Subject to the Deductible Out-of-Network	
Air and Ground Ambulance Services	Medicare-Covered Chiropractic
Ambulatory Surgery Center (ASC)	Medicare-Covered Dental
Continuous Glucose Monitors (CGMs)	Home Infusion Supplies
Diabetic Supplies	Lab Services
Diagnostic Colonoscopy	Outpatient Blood Services
Diagnostic Eye Exam	Outpatient Mental Health
Diagnostic Hearing Exam	Post-Cataract Eyewear
Diagnostic Mammography	Primary Care Provider (PCP)
Durable Medical Equipment for Home Infusion	Physician Telehealth Services
Medicare-Covered Acupuncture	Specialist Visits

Did You Know?

Here are a few helpful things to know about your Medicare Advantage plan:

- **Your medical deductible only needs to be met once each plan year.** Once you've paid your deductible, you'll only pay your applicable copayments or coinsurance for covered services for the rest of the year.
- **Many services are covered right away.** Not all health care services are subject to the deductible, so you may only need to pay your copayment or coinsurance for certain covered services. Some commonly used services not subject to the deductible are preventive care and emergency services.
- **Your costs may be lower after you meet your deductible.** Once your deductible has been met, you'll pay only your copayment or coinsurance for covered services for the rest of the calendar year.
- **Deductible expenses help you reach your maximum out-of-pocket limit.** Any amount you pay toward your deductible also counts toward your plan's maximum out-of-pocket amount, helping protect you from higher health care costs throughout the year.
- **You have nationwide coverage when traveling within the United States.** When you receive covered care outside of Wisconsin but within the U.S. and its territories, providers will be treated as in-network. As a result, you will be subject only to the cost-sharing requirements that apply to in-network services. Any deductible that applies exclusively to out-of-network services would not apply.
- **The Summary of Benefits outlines how each covered service is applied to your deductible.** For more complete details about your coverage and costs, please refer to your plan's Evidence of Coverage (EOC) document found in your member portal at login.networkhealth.com or at networkhealth.com/medicare/plan-materials.

Out-of-network/non-contracted providers are under no obligation to treat Network Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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