

Your Hourly PCL Medical Plan Deductible and How to Meet It

On January 1 of every year (or at the point in the year when you first become eligible for coverage under our plan), the annual deductible resets. The deductible is the portion of your medical coverage that you pay up front, before the plan pays anything (with a few exceptions).

Once you have met your deductible, your claims are paid through coinsurance, which means the plan pays a portion of the cost, and you pay a portion. The plan pays a 80% of the cost of in-network claims and 60% of the cost for out-of-network claims. In addition, you pay anything over the “allowable” amount calculated for out-of network claims, which is why it is important to try to stay in-network.

Employee-Only Coverage

If you are a single participant, you have a defined deductible that you have to meet by yourself. Once you meet that, you will pay coinsurance on all claims until you meet the breakpoint or out-of-pocket maximum for the year. At that point, the plan starts paying 100% on all claims (except for anything over the “allowable” amount calculated for out-of-network claims, non-covered services and anything above plan limits).

Employee + 1 Coverage

If you are covering 1 other person, either a spouse or child, you will have to meet 2 individual deductibles, meaning that **each of you** will have to meet your single deductible before you move to coinsurance. If one person hits their deductible, claims for that person will be paid under coinsurance until they individually meet their breakpoint or out-of-pocket maximum. Any single person will **stop** contributing to the family deductible when they hit their single deductible.

Employee + Family Coverage

If you cover more than 1 other person, you will have to meet the total of 3 individual deductibles, called a family deductible. You can meet a family deductible in several ways, as outlined below:

- 3 of the covered individuals can meet their individual deductibles;
- 1 individual can meet their individual deductible, and the sum total deductible contributions of the rest of the family added together can meet the second and third deductibles;
- 2 individuals can meet their individual deductibles, and the sum total deductible contributions of the rest of the family added together can meet the third deductible;
- 3 individuals can meet their individual deductibles;
- 4 or more individuals can each contribute to a portion of the total family deductible in order to meet the family deductible, with none of them actually hitting the individual deductible.

In any of these scenarios, when the total family deductible is met (the family deductible is the total of 3 individual deductibles), the entire family moves to coinsurance, and subsequently to 100% of claims paid when they reach the breakpoint or out-of-pocket maximum. If any 1 individual hits the individual deductible, that person will move to coinsurance, regardless of how much the rest of the family has contributed to the other individual deductible. One person in a family can **never pay more than one-third of the family deductible**.

Note: Deductibles and Breakpoints are different based on individual versus family coverage, and are defined in the SPD for each plan. Out-of-pocket maximums are defined in the Summary of Benefits for each plan.