

Paying for your health care coverage

As a Healthy Michigan Plan member, you will help pay for your health care coverage. Here's information about keeping track of and paying for your costs.

Keeping track of your costs

The *MI Health Account* helps you keep track of your health care costs.

We will send you a statement every 3 months. Here's what it tells you:

- What you have paid
- What your health plan paid
- What you still need to pay
- How to pay, if you owe

Watch for these statements in the mail, and be sure to read them carefully.

Paying for your coverage

You will help pay for your coverage with **co-pays** and **contributions**. Here's how they work:

Co-pays

Co-pays through the *MI Health Account* work like this:

1. The *MI Health Account* keeps track of your services and co-pays for 3 months.
2. We send you a statement that shows services and co-pays you had for those 3 months. The statement tells you what to pay into the *MI Health Account* each month for the next 3 months.
3. Every 3 months, we will update you on what you need to pay.

You may have to pay co-pays at your doctor or pharmacy visits for services not covered through this account. Remember, not all services have co-pays. For example, there are no co-pays for preventive care or for some services and medicines that help you control a chronic disease. Some members may not have to pay co-pays at all, such as members under 21, Native Americans, or Alaska Natives.

Contributions

Based on your income, you may have to pay a contribution into the *MI Health Account* starting 6 months after you join a health plan. Your first statement will tell you if you must pay a contribution and how much it will be. The contribution for one person will not be more than \$25 a month. You can go to www.healthymichiganplan.org to see what your contribution might be.

Tips for taking care of yourself and paying less in health care costs

Here are a few things you can do to take care of yourself that may lower your health care costs:

- See your doctor for a checkup.
- Get all your recommended health screenings.
- Do a *Health Risk Assessment* with your doctor. Your health plan will tell you how.

You could earn a reward by making healthy choices!



Questions? Call the Beneficiary Help Line at 1-800-642-3195 (TTY: 1-866-501-5656).

You can call Monday through Friday, 8 am to 7 pm. The call is free. Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-800-642-3195 (TTY: 1-866-501-5656).

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