

Family vs. Individual Deductible: What's the Difference?

Family plans have both an individual and family deductible.
But how exactly does that work? Let's follow this family of four as an example.

Sample Plan Details

DEDUCTIBLE:

Individual: \$2,750 | Family: \$5,500

The amount you owe for health services before your plan begins to help pay.

CO-PAY: \$35

A fixed cost you pay for certain services. Does not contribute to deductibles.

COINSURANCE: 30%

A percentage of the cost for a service you pay after you meet your deductible.

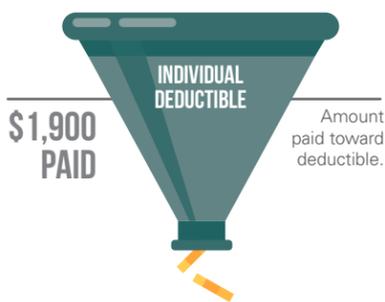
MAX OUT-OF-POCKET:

Individual: \$7,500 | Family: \$15,000

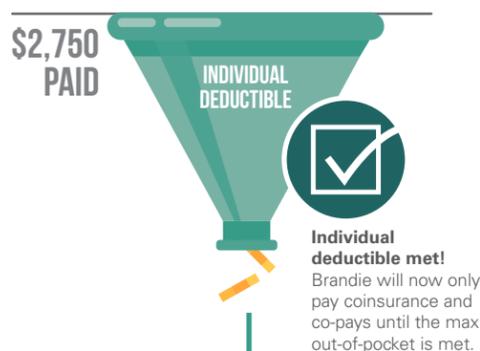
The maximum amount of money you pay for covered health care services in a plan year, including co-pays and coinsurance.



Erik Goes to the emergency room for a simple ankle fracture.



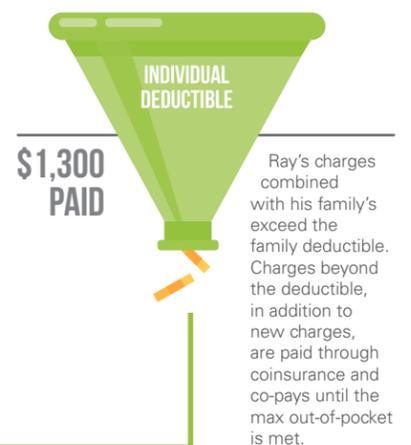
Brandie Has a baby with a vaginal delivery with epidural and postpartum care.



Remi Goes to urgent care for a 102-degree fever. She gets a prescription.

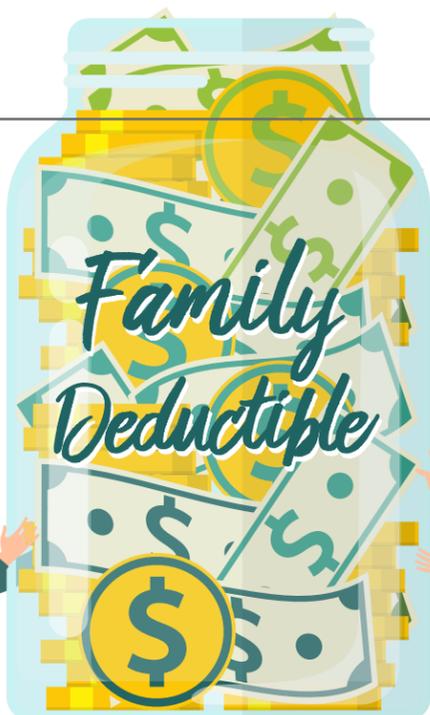


Ray Goes to the ER and is admitted to the hospital for RSV.



Any money paid after meeting the deductible goes toward the maximum out-of-pocket.

\$5,500
Family deductible met!



All family members are covered!

The entire family will continue to pay coinsurance and co-pays until the maximum out-of-pocket is met.

Key things to know:



The **family deductible** can be met *without* any members on a family plan meeting their individual deductible.



If two family members reach their **individual maximum out-of-pocket**, all members of the family are covered 100% through the end of the plan year.



The **least you'll pay**: 12 monthly premiums.

The **most you'll pay**: 12 monthly premiums + your family out-of-pocket maximum.