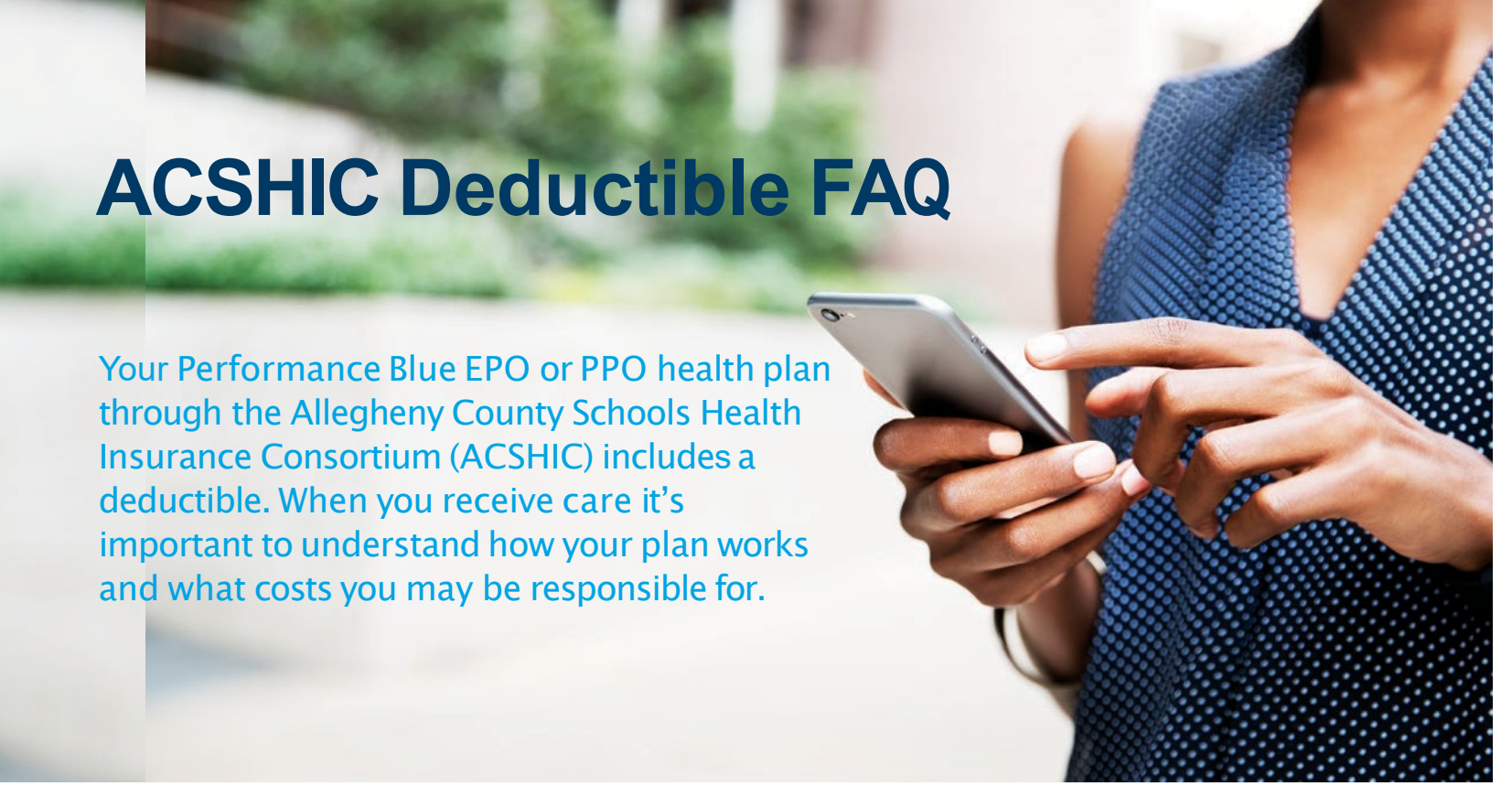
ACSHIC Deductible FAQ



Your Performance Blue EPO or PPO health plan through the Allegheny County Schools Health Insurance Consortium (ACSHIC) includes a deductible. When you receive care it's important to understand how your plan works and what costs you may be responsible for.

What is a Deductible?

Before your plan starts paying, the set amount you are responsible for a covered service. Note the deductible amount will be different if you have individual or family coverage and will run from July 1, 2025 through June 30, 2026.

What costs do NOT count towards the Deductible?*

Costs associated with the following do not count towards your deductible:

- Services with no member cost-share such as preventive services and immunizations
- Employee Payroll Contributions
- Physician/Emergency Room Copays
- Prescription Copays
- Uncovered Services

**This list is not meant to be exhaustive. Please see the ACSHIC Plan documents available at acshic.com for more information*

What is a Copay?

The set amount you pay for a covered service. This amount may vary based on the type of service.

Copays do not count towards your deductible. If a covered service has a copay, you will only pay the copay amount for that service. After paying your copay, if additional services are rendered during that same visit, i.e. blood work or an EKG, there may be additional charges resulting in out-of-pocket costs if you have not yet met your deductible.

What is a Plan Allowance?

The set amount your in-network provider has agreed to accept for a covered service.

IMPORTANT:

- Services listed as "100% after deductible" on the ACSHIC Grids would apply towards your deductible. For these services you would be responsible for the cost of the service until you hit your deductible. For in-network care, you will not be charged more than the set Plan Allowance.
- For services listed with a copay, you would pay that copay amount. Note that copays do not accumulate towards your deductible.

Questions or details on your plan?
Call your Highmark Connect team at 844-946-6238.

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Examples of how a deductible is satisfied.

EXAMPLE 1

Peg has individual coverage under the ACSHIC Plan and needs to see a specialist, have some tests run, and her doctor writes her a prescription. How does this work with a deductible?

ACSHIC PPO Individual Plan $200 Deductible

Service	Plan Allowance	Member Responsibility	Does this count towards the deductible?	Deductible Balance
Peg goes to a specialist visit.	$120	$20 Copay	No	$200 (Remaining Deductible)
Peg needs a generic prescription.	$45	$8 Copay	No	$200 (Remaining Deductible)
Peg gets lab work.	$150	$150	Yes	$200 (Deductible) -$150 (Member Responsibility for lab work) $50 (Remaining Deductible)
Peg gets an MRI.	$500	$50	Yes	$50 (Remaining deductible) -$50 (Member responsibility for MRI) $0 (Deductible Satisfied)
Total	$815	$228		

EXAMPLE 2

Walt has family coverage under the ACSHIC Plan for himself, his spouse, and two children. Walt needs to go to a Specialist, get a mail order prescription, and his children need services. How does this work with a deductible?

ACSHIC EPO Family Plan $200/400 Deductible

Service	Plan Allowance	Member Responsibility	Does this count towards the deductible?	Deductible Balance
Walt goes to a specialist visit.	$120	$20 Copay	No	$400 (Remaining Family Deductible) $200 (Walt's Remaining Individual Deductible)
Walt gets a mail order prescription.	$45	$8 Copay	No	$400 (Remaining Family Deductible) $200 (Walt's Remaining Individual Deductible)
Walt's first child has an inpatient visit.	$5000	$200*	Yes	$400 (Remaining Family Deductible) $200 (Member Responsibility for Child inpatient visit) -$200 (Remaining Family Deductible) $0 (Remaining Individual Deductible for Walt's First Child)
Walt's second child needs an MRI.	$500	$200	Yes	$200 (Remaining Family Deductible after Walt's first child's inpatient visit) -$200 (Member Responsibility for MRI) $0 (Family/Individual Deductible Satisfied)
Walt gets lab work.	$150	$0 (Plan Pays 100%)	N/A	$0 (Deductible Satisfied)
	$5815	$428		

*
- The Family Plan has a $200 individual and $400 family deductible.
- Not every family member must meet the individual deductible in order for the family deductible to be met.
- Once a family member reaches their individual deductible, there will be no more deductible responsibility for that member.
- Once the family deductible has been met, services are covered in full, even if all of the family members have not met their individual deductible.

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