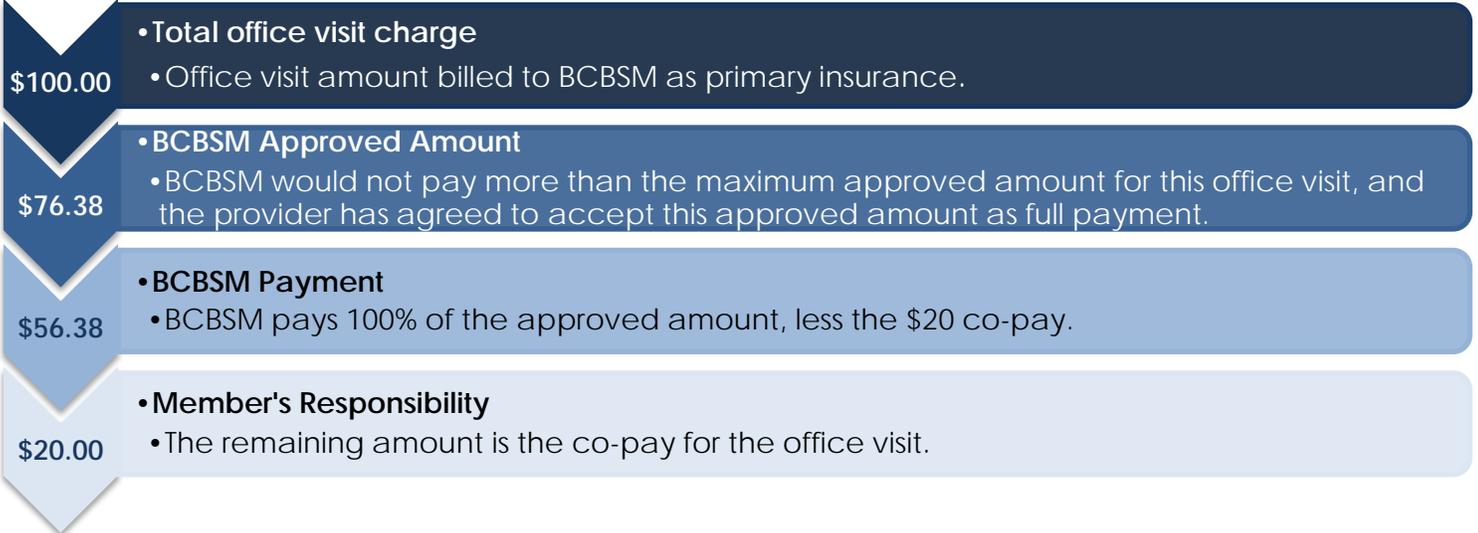


Examples of Member Cost Share – Non-Medicare Retirees

Below are four examples of member cost share for non-Medicare retirees enrolled in the State Health Plan Blue Cross Blue Shield of Michigan (BCBSM). *Please note: charges and approved amounts are examples only, and assume use of a participating provider.*

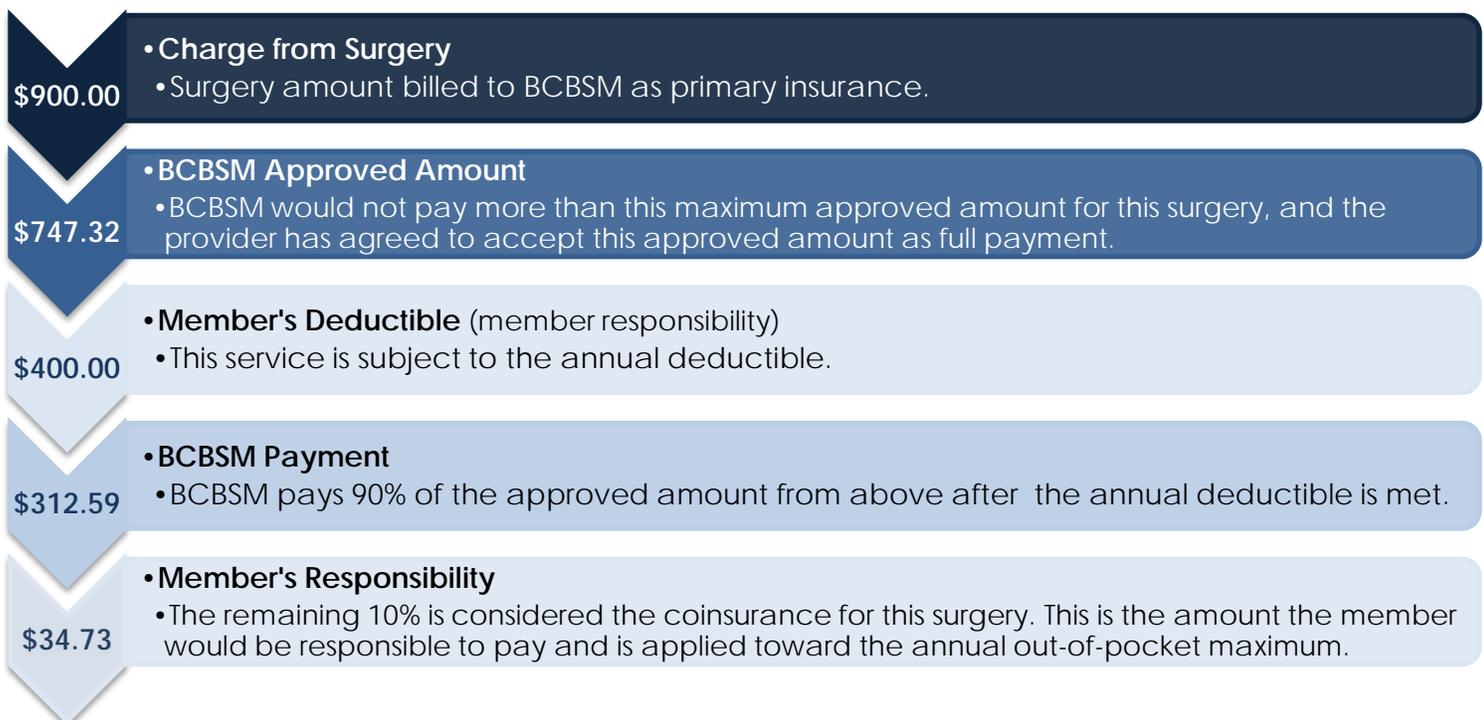
Example 1

Office Visit - Under BCBSM, office visits are not subject to a deductible. However, you are required to pay a \$20 copay. See the below example for how this cost share works.



Example 2

Surgery – The in-network deductible is \$400 with a 10% co-insurance. In this example, the member has not satisfied the annual deductible of \$400 under BCBSM.



Examples of Member Cost Share – Non-Medicare Retirees

Example 3

The in-network annual deductible is \$400, which this member has satisfied under BCBSM. In this example, the member has had several other services this plan year. However, the member has not reached the \$2,000 out-of-pocket maximum.

\$900.00

- **Charge from Surgery**
- Surgery amount billed to BCBSM as primary insurance.

\$747.32

- **BCBSM Approved Amount**
- BCBSM would not pay more than the maximum approved amount for this surgery, and the provider has agreed to accept this approved amount as full payment.

\$672.59

- **BCBSM Payment**
- BCBSM pays 90% of the approved amount from above.

\$74.73

- **Member's Responsibility**
- The remaining 10% is considered the coinsurance for this surgery.

Example 4

Surgery – The in-network deductible is \$400, and the individual out-of-pocket maximum is \$2,000. This member has satisfied the annual deductible of \$400 under BCBSM. In this example the member has had several other services this plan year and has reached the \$2,000 out-of-pocket maximum.

\$900.00

- **Charge from Surgery**
- Surgery amount billed to BCBSM as primary insurance.

\$747.32

- **BCBSM Approved Amount**
- BCBSM would not pay more than this maximum approved amount for this surgery, and the provider has agreed to accept this approved amount as full payment.

\$672.59

- **BCBSM Payment**
- BCBSM pays 90% of the approved amount from above.

\$74.73

- **BCBSM Payment**
- Member has reached the \$2,000 Out-of-Pocket Maximum for the year therefore, the remaining 10% coinsurance cost for the surgery will be covered at no cost to the member.

\$0.00

- **Member's Responsibility**
- Member reached the \$2,000 Out-of-Pocket Maximum and is not required to pay anything further within this plan year.