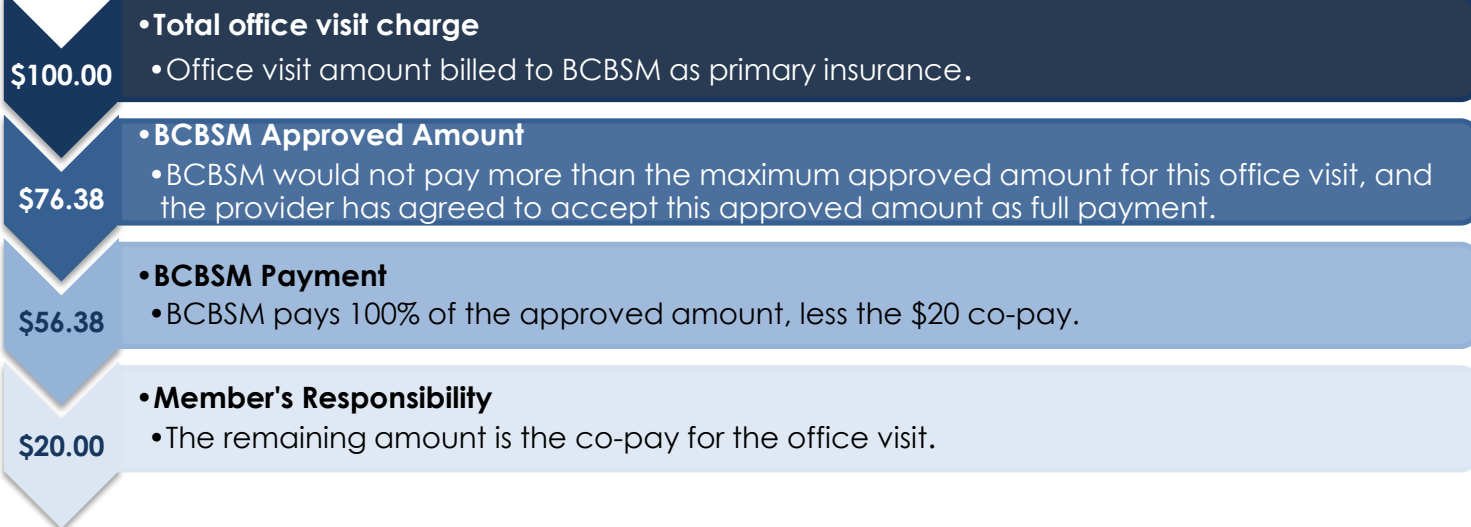


Examples of Member Cost Share – Non-Medicare Retirees

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.*

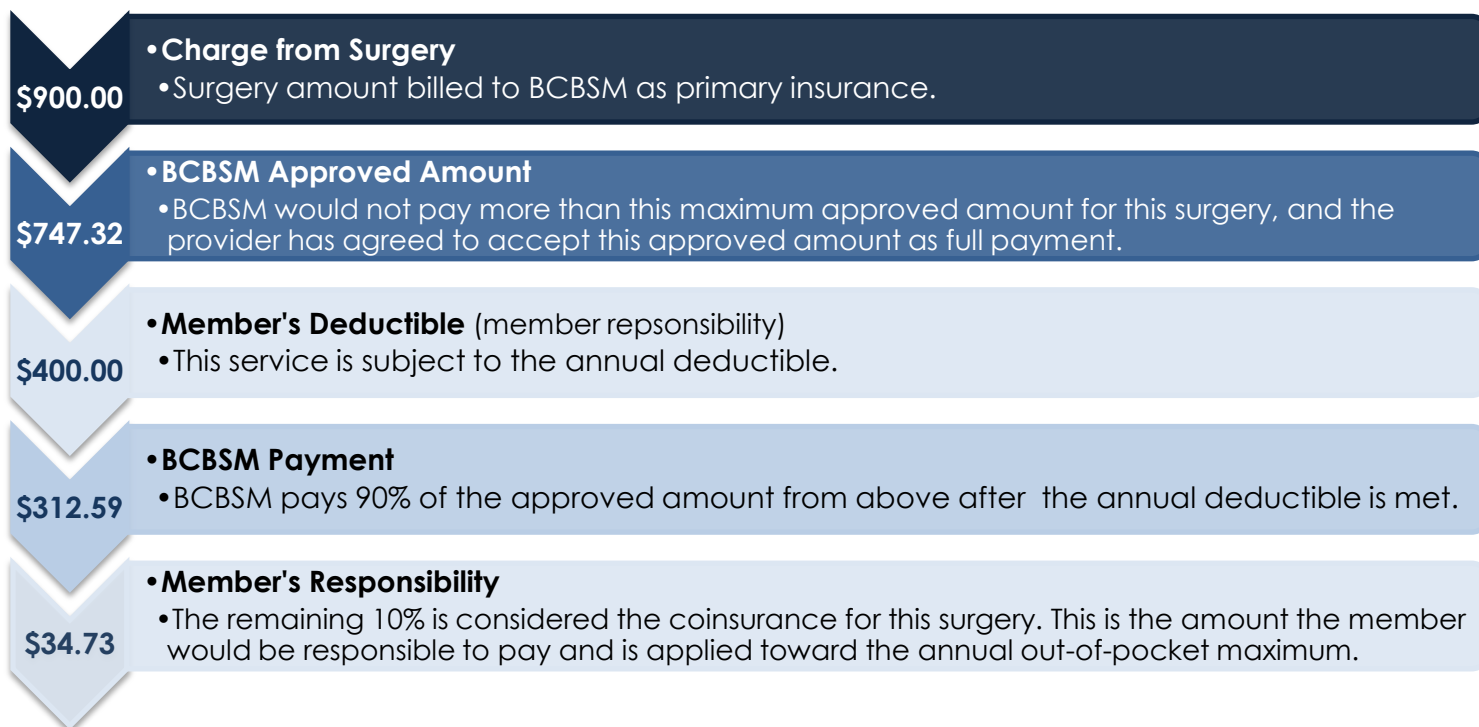
Example 1

Office Visit - Under BCBSM, office visits are *not* subject to a deductible, but effective October 1, 2014 the co-pay will increase from \$15 to \$20.



Example 2

Surgery – Effective January 1, 2015 the in-network deductible will increase from \$300 to \$400, and on October 1, 2014 there will be a 10% coinsurance for many services. 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

Effective January 1, 2015, the in-network deductible will increase from \$300 to \$400. Member has satisfied the annual deductible of \$400 under BCBSM. In this example the member has had several other services this plan year; however, 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 – Effective January 1, 2015 the in-network deductible will increase from \$300 to \$400, and the individual out-of-pocket maximum limit increases from \$1,000 to \$2,000. 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.