



Knowing what you'll pay for health care services before you get care is important in understanding how your plan works. In the following example, Jill's costs are based on her single-person Blue Elect Plus POS plan with a \$2,000 deductible and 20% coinsurance and copayments for various services. These payments may change according to different health plans. The costs for services are estimates. Check your plan for cost and coverage details.



**Member:** Jill    **Age:** 35    **Plan:** Blue Elect Plus<sup>SM</sup> POS

Jill's plan	In network	Out of network
<b>Annual deductible</b>	\$2,000	\$4,000
<b>Out-of-pocket maximum</b>	\$7,350	\$14,700
<b>Coinsurance</b>	20%	40%

The chart on the following pages serves as an example of Jill's out-of-pocket costs for in-network and out-of-network services.

## Common definitions

### Copayment (or copay)

A set dollar amount you pay for a health care service or prescription, usually when you receive it (for example, \$30 for a primary provider visit or \$50 for an urgent care visit).

### Deductible

A set dollar amount (apart from your premiums) that you have to pay for health care services, before your plan begins to pay. The deductible may not apply to all services.

### Coinsurance

Your share of the cost of a health care service, a percentage of what BCN pays for the service. You typically start paying coinsurance after you've met your health plan's deductible (for example, you pay 20% of the BCN allowed amount and we pay 80%).

### Out-of-pocket maximum

The most you'll have to pay during a plan year for health care services you receive. Your out-of-pocket maximum includes your deductible, copay and coinsurance.

## In network

If Jill sees an in-network provider, she pays	BCN pays
<b>JANUARY: Jill visits her primary provider for her annual physical   Provider's cost: \$40</b>	
<b>\$0</b> As a preventive service*, the annual wellness visit is fully covered. No copay is required, and nothing is applied to the in-network out-of-pocket maximum.	\$40
<b>MARCH: Jill visits her primary provider for a cold   Provider's Cost: \$85</b>	
<b>\$30 copay</b> Jill's responsible for the copay. Her deductible doesn't apply.	\$55
<b>APRIL: Jill takes a trip to the emergency room after falling   Provider's cost: \$3,500</b>	
<b>\$250 ER copay</b> Jill's deductible doesn't apply.	\$3,250
<b>MAY: Jill takes a trip to urgent care for difficulty breathing   Provider's cost: \$120</b>	
<b>\$50 urgent care copay</b> Jill's deductible doesn't apply.	\$70
<b>MAY: Jill receives prescription antibiotics for a sinus infection   Provider's cost: \$50</b>	
<b>\$15 generic drug copay</b>	\$35
<b>AUGUST: Jill visits the dermatologist   Provider's cost: \$100</b>	
<b>\$50 specialist office visit copay</b> Jill's deductible doesn't apply.	\$50
<b>AUGUST: Jill gets a wrist X-ray (outpatient procedure)   Provider's cost: \$600</b>	
<b>20% coinsurance after deductible</b> Jill pays <b>\$600</b> toward her in-network deductible.	\$0
<b>SEPTEMBER: Jill has surgery (inpatient admission)   Provider's cost: \$15,000</b>	
<b>20% coinsurance after deductible</b> Jill pays \$1,400 toward her in-network deductible and another \$2,720 for coinsurance.	\$10,880
<b>TOTAL COSTS   Provider cost: \$19,495</b>	
<b>\$5,115 is the total amount Jill has paid toward her \$7,350 in-network out-of-pocket maximum.</b>	<b>\$14,380</b>

\*For a list of preventive services, visit [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/). Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

## Out of network

If Jill sees an out-of-network provider, she pays	BCN pays
<b>JANUARY: Jill visits her primary provider for her annual physical   Provider's cost: \$40</b>	
Annual physicals are not an included benefit when provided by out-of-network providers. Jill pays \$40. Nothing is applied to her out-of-network, out-of-pocket maximum.	\$0
<b>MARCH: Jill visits her primary provider for a cold   Provider's Cost: \$85</b>	
Since primary care providers are only in-network, the specialist benefit would apply. Jill pays <b>\$85 toward her out-of-network deductible.</b>	\$0
<b>APRIL: Jill takes a trip to the emergency room after falling   Provider's cost: \$3,500</b>	
<b>\$250 ER copay</b> Jill's deductible doesn't apply.	\$3,250
<b>MAY: Jill takes a trip to urgent care for difficulty breathing   Provider's cost: \$120</b>	
<b>\$50 urgent care copay</b> Jill's deductible doesn't apply.	\$70
<b>MAY: Jill receives prescription antibiotics for a sinus infection   Provider's cost: \$50</b>	
Prescriptions are not covered out of network. Jill pays \$50. Nothing goes toward her out-of-network, out-of-pocket maximum.	\$0
<b>AUGUST: Jill visits the dermatologist   Provider's cost: \$100</b>	
<b>40% coinsurance after deductible</b> Jill pays <b>\$100</b> toward her out-of-network deductible.	\$0
<b>AUGUST: Jill gets a wrist X-ray (outpatient procedure)   Provider's cost: \$600</b>	
<b>40% coinsurance after deductible</b> Jill pays <b>\$600</b> toward her out-of-network deductible.	\$0
<b>SEPTEMBER: Jill has surgery (inpatient admission)   Provider's cost: \$15,000</b>	
<b>40% coinsurance after deductible</b> Jill pays \$3,215 toward her out-of-network deductible and another \$4,714 for coinsurance.	\$7,071
<b>TOTAL COSTS   Provider cost: \$19,495</b>	
<b>\$9,014 is the total amount Jill has paid toward her \$14,700 out-of-network, out-of-pocket maximum.**</b>	<b>\$10,391</b>

\*\*Because Jill pays \$90 for services that weren't included by out-of-network providers, this amount doesn't apply to her out-of-network, out-of-pocket maximum.

**Note:** An out-of-network provider can bill you the balance if the portions you pay and we pay don't equal the full cost of the provider's service. You're responsible for the remaining balance. This amount won't apply to your out-of-network deductible, coinsurance or out-of-pocket maximum.

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