

Get to know how insurance works



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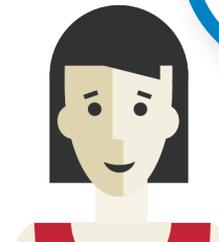
Feeling less-than-great but worried about how much a doctor's visit might cost? See how Jennifer's health insurance works to help her pay for medical expenses.

Meet Jennifer

She has insurance and pays a monthly bill – called a premium – to keep her health plan active. Her insurance also has some additional costs. For covered services from network providers, she has:

- Copays: **\$15** Primary care provider (PCP) office visit
\$40 Specialist doctor visit
\$60 Urgent care visit
- Annual Deductible: **\$4,000**
- Coinsurance: **80%** paid by insurance/**20%** paid by Jennifer

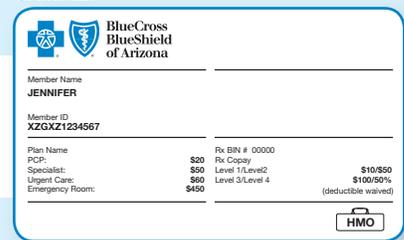
Jennifer's plan also has a network Annual Out-of-Pocket Maximum of **\$6,650**.



OUCH...now what?

One day Jennifer wakes up with bad stomach pains and a fever. Thinking she should visit a doctor before things get worse, she considers her options by checking the front of her insurance card.

SAMPLE:



Weighing the copays

Jennifer wants to see a doctor quickly but she doesn't think she needs to go to the emergency room. She weighs her options: call her regular PCP for an appointment or visit a local urgent care.

PCP Office Visit
Copay: **\$15**
By appointment

Urgent Care
Copay: **\$60**
Walk-in



The doctor is in

Jennifer's doctor has an appointment available so she heads over and pays her **\$15** PCP office visit copay (in-network). In most cases her insurance will cover the rest of the costs for her doctor's visit. Easy!



PCP Office Visit
Copay: **\$15**

Yikes!

The doctor thinks Jennifer's condition is quite serious, and she will need a surgery. She learns that the surgery will mean hospital bills, surgeon bills, anesthesiologist bills, lab fees...that will add up to about \$55,000. Now Jennifer really feels sick!

The good news is that the surgery is covered by her insurance plan and the doctor's preferred hospital is in her plan's network. This means she will only pay for part of the cost of the surgery.

Find out how Jennifer will pay for this procedure



Now what? Jennifer needs to understand how her procedure will be covered. Since she's using services from network providers, here's what she'll really pay:

1 DEDUCTIBLE

Jennifer's plan has a \$4,000 annual deductible so she must pay the first \$4,000 of her expenses.

Insurance Pays	Jennifer Pays
0%	100%

2 COINSURANCE

Now that Jennifer has met her \$4,000 deductible, the network coinsurance for Jennifer's insurance plan is an 80%/20%.

Her insurance plan will now pay 80% of her medical expenses, and Jennifer will be responsible for just 20%, until she reaches her total annual out-of-pocket maximum of \$6,650.

Insurance Pays	Jennifer Pays
80%	20%

3 OUT-OF-POCKET MAXIMUM

Jennifer's out-of-pocket maximum for network services is **\$6,650** so once she pays a total of \$6,650 in qualifying medical expenses, her insurance will begin paying 100% of the remaining charges for covered services. She's already paid a \$4,000 deductible so she will need to pay \$2,650 of coinsurance and copay expenses and she's reached her out-of-pocket maximum! She'll still have to pay her premiums, but won't have many other out-of-pocket costs for the rest of the year, so long as she stays in her network.

Insurance Pays	Jennifer Pays
100%	0%

In the end



Jennifer's recovering well and her insurance is paying the rest of her medical bills which includes her medications, X-rays, hospital bill and follow-up care.

TOTAL COST of her medical care: \$55,000

Jennifer pays: \$6,650

Insurance pays: \$48,350

Good thing she had insurance and used network providers. Jennifer's total savings is \$48,350!

The plan information and amounts in this document are for informational purposes only.

A variety of variables will influence the exact amount that you will have to pay for services. Costs will vary based on factors such as the plan type, your plan's specific benefits and coverage, benefit limitations and exclusions, the services performed, deductible level and, the provider's network status.

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