

UNDERSTANDING YOUR SHARE OF THE COST

This section explains how you and BCBSNC share the cost of your health care.

Copayments

A copayment is a fixed dollar amount you must pay for some *covered services* at the time you receive them.

One copayment covers most services at a *provider's* office. Copayments also apply to *urgent care* and *emergency room* services. Copayments are not credited to the individual or family coinsurance maximum or to the *benefit period* deductible.

See "Summary Of Benefits" for your *copayment* amounts.

Deductibles

A deductible is the dollar amount you must incur for *covered services* in a *benefit period* before benefits are payable under the *Plan*. The deductible does not include coinsurance, charges in excess of the *allowed amount*, amounts exceeding any maximum, and expenses for noncovered services. If one or more *dependents* are covered, you each have an individual deductible and your family has a combined family deductible.

Note these special rules:

- Charges for the following services do not apply to the medical *benefit period* deductible:
 - inpatient newborn care for well-baby.
- Amounts applied to your *out-of-network* deductible are credited to your *in-network* deductible
- However, amounts applied to your *in-network* deductible are not credited to your *out-of-network* deductible.

Refer to "Summary Of Benefits" for your deductible amounts.

Coinsurance

Coinsurance is the sharing of charges by BCBSNC and the *member* for *covered services*, after you have satisfied your *benefit period* deductible.

Here is an example of what your costs could be for *in-network* or *out-of-network* services. The scenario is a total outpatient *hospital* bill of \$5,000.

	<i>In-Network</i>	<i>Out-of-Network</i>
A. Total Bill	\$5,000	\$5,000
B. <i>Allowed Amount</i>	\$4,250	\$4,250
C. Deductible Amount	\$250	\$500
D. <i>Allowed Amount</i> Minus Deductible (B-C)	\$4,000	\$3,750
E. Your Coinsurance Amount (x% times D)	(10%) \$400	(30%) \$1,125
F. Amount You Owe Over <i>Allowed Amount</i>	\$0 <i>(in-network charges limited to Allowed Amount)</i>	\$750 <i>(difference between Total Bill and Allowed Amount)</i>
G. Total Amount You Owe (C+E+F)	\$650	\$2,375

Deductible and coinsurance amounts are for example only, please refer to "Summary Of Benefits" for your benefits.

Coinsurance Maximum

The coinsurance maximum is the dollar amount of coinsurance you pay for *covered services* in a *benefit period* before the *Plan* pays 100% of *covered services*.

Note these special rules:

- Copayments, deductibles, charges over *allowed amounts* and charges for noncovered services are not included in the coinsurance maximum
- Charges applied to your *out-of-network* coinsurance are credited to your *in-network* coinsurance maximum. However, charges applied to your *in-network* coinsurance are not credited to your *out-of-network* coinsurance maximum.