

HOW TO READ YOUR PLAN ACTIVITY STATEMENT

Do you need help reading your new statement? The sample below explains the most important sections you may see on your own plan activity statement.

1 DEC. 12, 2011
NEED HELP? CALL 1 (800) 555-1212
8AM – 8PM EST MONDAY – FRIDAY
OR GO TO WEBSITE.COM
OR CALL TTY AT 1 (800) 555-2222

2 Scott Smith
123 A Street
Anytown, PA 17011

3 Member Name: SCOTT SMITH
Member ID: 123456789001
Group Name: ABC COMPANY

YOUR PLAN ACTIVITY STATEMENT

THIS IS NOT A BILL.
PROVIDED FOR YOUR REFERENCE.

4 CHECK ENCLOSED

SPENDING ACCOUNTS SUMMARY

ACCOUNT TYPE	PLAN PERIOD START	PLAN PERIOD END	TOTAL ACCT. TRANSACTIONS
Health Reimbursement Account (HRA)	01/01/2011	12/31/2011	\$15.80
Flexible Spending Account (FSA)	01/01/2011	12/31/2011	\$7.40

The values in the Spending Accounts Summary only represent payment information. Check your account online for all the details.

PLAN ACTIVITY SUMMARY

Amount Billed	\$175.00	This is the total amount of all claims submitted.
Discounts	-\$47.50	Your negotiated discounts saved you this amount.
What Your Plan Paid	-\$104.30	This amount was covered by your plan.
What Your Spending Account(s) Paid	-\$23.20	This amount was paid by your spending account(s) for medical claims.
WHAT YOU OWE OR MAY HAVE PAID	=\$0.00	This is the amount you owe on services after we subtracted your discount, what your plan paid, and what your account(s) paid. Any amount you paid at the time of service may reduce the amount you owe.

An independent licensee of the Blue Cross and Blue Shield Association.

7 YOUR DETAILED CLAIMS ACTIVITY

8 SCOTT SMITH

9 DATE AND PROCEDURE EXPLANATION

10 Date of Service: 10/31/2011 Your provider (Allentown Sports Medicine) charged you \$80.00 for this service. Your discount was \$26.00. This is the difference between the provider's charge and our allowance. Since this provider is preferred you are not responsible for this amount. Your plan allowance was \$54.00. Your coinsurance was \$5.40. Your health plan paid \$48.60. You are responsible for \$5.40.

11 FSA 12/08/2011 Status: **Paid** \$5.40 was submitted to your account. Payment was issued to you. Plan Period Start: 01/01/2011 Plan Period End: 12/31/2011

12 Date of Service: 10/31/2011 Your provider (Allentown Sports Medicine) charged you \$40.00 for this service. Your discount was \$12.00. This is the difference between the provider's charge and our allowance. Since this provider is preferred you are not responsible for this amount. Your plan allowance was \$28.00. Your coinsurance was \$2.80. Your health plan paid \$25.20. You are responsible for \$2.80.

13 YOUR MEDICAL COSTS

14 FSA 12/08/2011 Status: **Paid** \$2.80 was submitted to your account. Payment was issued to you. Plan Period Start: 01/01/2011 Plan Period End: 12/31/2011

15 HRA 12/08/2011 Status: **Paid** \$0.80 was submitted to your account. Payment was issued to you. Plan Period Start: 01/01/2011 Plan Period End: 12/31/2011

16 Date of Service: 11/30/2011 Your provider (D Gerhart, DC) charged you \$20.00 for this service. Your discount was \$5.00. This is the difference between the provider's charge and our allowance. Since this provider is preferred you are not responsible for this amount. Your plan allowance was \$15.00. Your health plan paid \$15.00. You are responsible for \$0.00.

17 YOUR DETAILED CLAIMS ACTIVITY (CONT.)

18 ADVERSE MEDICAL SERVICE DETERMINATION INFORMATION

19 PROTECT YOURSELF FROM THE SUN

20 MEMBER MEDICAL HEALTH PLAN INFORMATION

YOUR DETAILED CLAIMS ACTIVITY (CONT.)

SCOTT SMITH (CONT.)

DATE AND PROCEDURE EXPLANATION

Date of Service: 11/30/2011 Your provider (D Gerhart, DC) charged you \$20.00 for this service. Your discount was \$5.00. This is the difference between the provider's charge and our allowance. Since this provider is preferred you are not responsible for this amount. Your plan allowance was \$15.00. Your health plan paid \$15.00. You are responsible for \$0.00.

YOUR MEDICAL COSTS

14 FSA 12/05/2011 Status: **Paid** \$0.00

15 ADVERSE MEDICAL SERVICE DETERMINATION INFORMATION

If you have questions regarding your medical benefits, please contact:

Human Resources
Email: test.com
Telephone: 1 (800) 555-1313
Fax: 1 (800) 555-1414

If you suspect fraud or abuse involving your health insurance, please call the toll-free fraud or abuse hotline at 1 (800) 555-5555.

SPENDING ACCOUNT TRANSACTIONS SUMMARY

Plan Period Start: 01/01/2011 – 12/31/2011

PAYMENT AMOUNT	PAYMENT #	PAYMENT DATE	PAYMENT TO	DATE OF SERVICE	ACCOUNT(S)	CLAIM NUMBER	CATEGORY	TYPE
\$10.00	12345678	12/05/2011	Rite Aid Pharmacy	12/05/2011	HRA	N/A	PHARM	Debit Card

The values in the Spending Account Transactions Summary only represent payment information. Check your account online for all the details.

PAYMENT SUMMARY

PAYMENT	CHECK#	PAYMENT #	CLAIM NUMBER	CHECK AMOUNT	ORIGINAL AMOUNT	OFFSET>?	PAYOUT AMOUNT
<Scott Smith>	<XXXXXX>	<XXXXXX>	<XXXXXX>	\$<XX,YY>	<N/A>	<N/A>	\$<XX,YY>
<Scott Smith>	<XXXXXX>	<XXXXXX>	<XXXXXX>	\$<XX,YY>	\$<XX,YY>	–	\$<XX,YY>

BENEFITS AT-A-GLANCE (YEAR-TO-DATE)

Plan Period 01/01/2011 – 12/31/2011							
DEDUCTIBLE		OUT OF POCKET		IN NETWORK		OUT OF NETWORK	
\$500.00		\$200.00 Remaining		Program \$500.00		Program \$1,200.00 Remaining	
Individual	Deductible	Applied	Remaining	Individual	Maximum	Applied	Remaining
Scott	\$300.00	\$100.00	\$200.00	Scott	\$1,000.00	\$48.20	\$951.80
OUT OF NETWORK				OUT OF NETWORK			
Program	\$500.00	\$500.00	Remaining	Program	\$2,000.00	\$2,000.00 Remaining	
Individual	Deductible	Applied	Remaining	Individual	Deductible	Applied	Remaining
Scott	\$300.00	\$0.00	\$300.00	Scott	\$2,000.00	\$0.00	\$2,000.00
OUT OF POCKET				OUT OF POCKET			
Program	\$1,200.00	\$1,200.00	Remaining	Program	\$1,200.00	\$1,200.00	Remaining
Individual	Deductible	Applied	Remaining	Individual	Deductible	Applied	Remaining
Scott	\$1,200.00	\$120.00	\$1,200.00	Scott	\$1,200.00	\$0.00	\$1,200.00

1 STATEMENT DATE
This is the date your statement was created.

2 HOW TO REACH US
Tells where you can contact us if you need help.

3 MEMBER INFORMATION
Lists the primary Member Name, which could be you or another family member. It also shows the Member ID number, the same number printed on your health care coverage card. If you're covered by more than one company's benefits plan, information for all of your Groups will be listed.

4 CHECK ENCLOSED
If there's a check included with your statement, there will be a message here. The check will be printed on a separate page. (See #17)

5 SPENDING ACCOUNTS SUMMARY
Shows the total amount you spent out of your spending account(s) during this statement period. If your spending account activity spans more than one plan period, all of the periods will be listed.

6 PLAN ACTIVITY SUMMARY
Summarizes all the medical claims that were submitted, how much was paid, and the amount you may owe.

7 YOUR DETAILED CLAIMS ACTIVITY
Breaks down each medical claim in detail.

8 WHOSE CLAIM IT IS
Claims for each person in your household are grouped together by name.

9 INDIVIDUAL CLAIM STATUS
Lists the specifics of a medical claim line-by-line, starting with the date the service was performed. The Claim No. identifies this particular claim in our computer system. The doctor's name, or the place of service, is also listed. The Status line says whether the claim is approved, denied or still waiting for a final decision.

10 EXPLANATION OF STATUS
Explains our decision about this item within the claim. Starting with how much the doctor or place of service charged you, we walk through the math to show you how we figured the amount you may be responsible to pay, if anything at all.

11 SPENDING ACCOUNT INFORMATION
Shows which health spending account paid the medical claim, and the date payment was made.

12 EXPLANATION OF PAYMENT
Tells exactly how much was paid out of your spending account, or why payment was not made.

13 YOUR MEDICAL COSTS
Shows the approved amount you are responsible for, how much was paid, and what you still may owe.

14 DENIED CLAIMS, EXPLANATION OF DENIAL, AND ADJUSTMENTS

If there are adjustments to previously processed claims, we'll tell you about it here.

15 ADVERSE MEDICAL SERVICE DETERMINATION INFORMATION
If your claim was denied, you may get additional contact or plan-specific information here.

16 SPENDING ACCOUNT TRANSACTIONS
Lists spending account transactions not associated to a medical claim shown on that statement.

17 PAYMENT SUMMARY
If we're sending you checks as payment, a summary of how the amount of the check was calculated will appear in this area.

18 BENEFITS AT-A-GLANCE (YEAR-TO-DATE)
See how much of your deductible and out-of-pocket expenses are left. Total maximum out-of-pocket amount includes deductibles, copayments and coinsurance. Out-of-pocket amount excludes copayments and deductibles and generally includes only coinsurance.

19 ANNOUNCEMENTS
We may also include announcements about new products and services of interest to you.

20 APPEALING A DENIED CLAIM
Gives instructions on how to appeal a denied claim, and where to mail your written appeal.