

# 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.

Location Name  
123 Any Avenue • City, ST 12345-6789

1  
DEC. 12, 2011

2  
NEED HELP? CALL 1 (800) 555-1212  
SAR – SAR EST. MONDAY – FRIDAY  
OR GO TO WEBSITE.COM  
OR CALL TTY AT 1 (800) 555-1222

3  
Member Name  
Member ID  
Group Name

4  
CHECK ENCLOSED

5  
SPENDING ACCOUNTS SUMMARY

6  
PLAN ACTIVITY SUMMARY

Scott Smith  
123 A Street  
Anytown, PA 17011

Member Name  
SCOTT SMITH  
Member ID  
123456789001  
Group Name  
ABC COMPANY

YOUR PLAN ACTIVITY STATEMENT

THIS IS NOT A BILL.  
PROVIDED FOR YOUR REFERENCE.

Account Type

Amount Billed

Disc

What Your Plan Paid

What Your Spending Account(s) Paid

WHAT YOU OWE OR MAY HAVE PAID

7  
YOUR DETAILED CLAIMS ACTIVITY

8  
SCOTT SMITH

9  
DATE AND PROCEDURE

10  
EXPLANATION

11  
FSA

12  
Status: Paid

13  
YOUR MEDICAL COSTS

14  
Date of Service: 10/31/2011

15  
Claim No. 11099282822

16  
Procedure Code: 97110

17  
Physical Medicine

18  
Status: Approved

19  
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.

20  
\$5.40

21  
FSA

22  
12/08/2011

23  
Status: Paid

24  
Plan Period Start: 01/01/2011

25  
Plan Period End: 12/31/2011

26  
Date of Service: 10/31/2011

27  
Claim No. 11099282822

28  
Procedure Code: 97140

29  
Physical Medicine

30  
Status: Approved

31  
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.

32  
\$2.80

33  
FSA

34  
12/08/2011

35  
Status: Paid

36  
Plan Period Start: 01/01/2011

37  
Plan Period End: 12/31/2011

38  
Date of Service: 11/30/2011

39  
Claim No. 12312312300

40  
Procedure Code: 98940

41  
Manipulation (Spine)

42  
Status: Paid

43  
Your discount was \$4.50. 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 \$30.50. Your coinsurance was \$15.50. Your copayment was \$15.00. You are responsible for \$15.00.

44  
\$15.00

45  
FSA

46  
12/08/2011

47  
Status: Denied

48  
Plan Period Start: 01/01/2011

49  
Plan Period End: 12/31/2011

50  
Date of Service: 11/30/2011

51  
Claim No. 12312312300

52  
Procedure Code: 98940

53  
Manipulation (Spine)

54  
Status: Denied

55  
Due to insufficient funds no payment has been made.

56  
\$0.00

57  
HRA

58  
12/08/2011

59  
Status: Paid

60  
Plan Period Start: 01/01/2011

61  
Plan Period End: 12/31/2011

62  
Date of Service: 11/30/2011

63  
Claim No. 12312312300

64  
Procedure Code: 98940

65  
Manipulation (Spine)

66  
Status: Paid

67  
Your discount was \$4.50. 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 \$30.50. Your coinsurance was \$15.50. Your copayment was \$15.00. You are responsible for \$15.00.

68  
\$15.00

69  
HRA

70  
12/08/2011

71  
Status: Paid

72  
Plan Period Start: 01/01/2011

73  
Plan Period End: 12/31/2011

74  
Date of Service: 11/30/2011

75  
Claim No. 12312312300

76  
Procedure Code: 98940

77  
Manipulation (Spine)

78  
Status: Paid

79  
Your discount was \$4.50. 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 \$30.50. Your coinsurance was \$15.50. Your copayment was \$15.00. You are responsible for \$15.00.

80  
\$15.00

14  
YOUR DETAILED CLAIMS ACTIVITY (CONT.)

15  
SCOTT SMITH (CONT.)

16  
DATE AND PROCEDURE

17  
EXPLANATION

18  
YOUR MEDICAL COSTS

19  
Date of Service: 11/30/2011

20  
Claim No. 12312312300

21  
Procedure Code: 97014

22  
Physical Medicine

23  
Status: Paid

24  
Your provider (ID 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 \$5.00.

25  
\$0.00

26  
ADVERSE MEDICAL SERVICE DETERMINATION INFORMATION

27  
If you have questions regarding your medical benefits, please contact:

28  
Human Resources

29  
Email: test.com

30  
Telephone: 1 (800) 555-1313

31  
Fax: 1 (800) 555-1414

32  
If you suspect fraud or abuse involving your health insurance, please call the toll-free fraud or abuse hotline at 1 (800) 555-5555.

33  
SPENDING ACCOUNT TRANSACTIONS SUMMARY

34  
Plan Period 01/01/2011 – 12/31/2011

35  
PAYMENT AMOUNT

36  
PAYMENT #

37  
PAYMENT DATE

38  
PAYMENT TO

39  
DATE OF SERVICE

40  
ACCOUNT(S)

41  
CLAIM NUMBER

42  
CATEGORY

43  
TYPE

44  
\$10.00

45  
123456

46  
12/05/2011

47  
Rite Aid Pharmacy

48  
12/05/2011

49  
HRA

50  
N/A

51  
PHARM

52  
Debit Card

53  
PAYMENT SUMMARY

54  
PAYMENT TO

55  
CHECK/ PAYMENT #

56  
CLAIM NUMBER

57  
CHECK AMOUNT

58  
ORIGINAL AMOUNT

59  
OFFSET-+/-

60  
PAYMENT AMOUNT

61  
-<Scott Smith>

62  
-<00000000>

63  
-<00000>

64  
-<\$00.00>

65  
-<N/A>

66  
-<N/A>

67  
-<\$00.00>

68  
-<Scott Smith>

69  
-<00000000>

70  
-<00000>

71  
-<\$00.00>

72  
-<N/A>

73  
-<N/A>

74  
-<\$00.00>

75  
BENEFITS-AT-A-GLANCE (YEAR-TO-DATE)

76  
DEDUCTIBLE

77  
IN NETWORK

78  
Program

79  
\$300.00

80  
\$200.00 Remaining

81  
OUT OF POCKET

82  
OUT OF NETWORK

83  
Program

84  
\$1,000.00

85  
\$951.80 Remaining

86  
Individual

87  
Deductible

88  
Applied

89  
Remaining

90  
Scott

91  
\$300.00

92  
\$100.00

93  
\$200.00

94  
\$200.00

95  
OUT OF POCKET

96  
TOTAL MAXIMUM OUT-OF-POCKET

97  
\$1,000.00

98  
\$1,000.00

99  
Individual

100  
Deductible

101  
Applied

102  
Remaining

103  
Scott

104  
\$1,000.00

105  
\$0.00

106  
\$1,000.00

107  
\$2,000.00

19  
PROTECT YOURSELF FROM THE SUN

20  
HOW OFTEN TO APPLY SUNSCREEN

21  
APPLY SUNSCREEN BEFORE GOING INTO THE SUN

22  
RE-APPLY SUNSCREEN AFTER GOING INTO THE SUN

23  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

24  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

25  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

26  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

27  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

28  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

29  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

30  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

31  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

32  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

33  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

34  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

35  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

36  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

37  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

38  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

39  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

40  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

41  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

42  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

43  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

44  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

45  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

46  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

47  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

48  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

49  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

50  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

51  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

52  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

53  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

54  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

55  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

56  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

57  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

58  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

59  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

60  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

61  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

62  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

63  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

64  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

65  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

66  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

67  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

68  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

69  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

70  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

71  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

72  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

73  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

74  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

75  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

76  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

77  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

78  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

79  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

80  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

81  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

82  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

83  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

84  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

85  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

86  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

87  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

88  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

89  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

90  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

91  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

92  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

93  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

94  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

95  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

96  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

97  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

98  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

99  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

100  
RE-APPLY SUNSCREEN AFTER 2 HOURS OF TANNING

## 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.