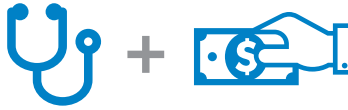


# A Guide to Your Summary of Health Plan Payments<sup>1</sup>

The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.

## How the Payment Process Works

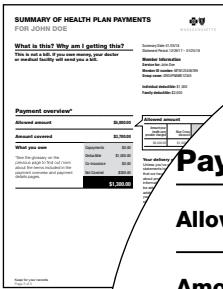
When you visit a health care provider, you pay a copayment.<sup>2</sup>



The provider submits a bill for services to Blue Cross. This is called a claim.



You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.



### Payment overview\*

<b>Allowed amount</b>	<b>\$5,000.00</b>
<b>Amount covered</b>	<b>\$3,700.00</b>
<b>Amount covered you owe by Blue Cross</b>	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
	<b>\$1,300.00</b>

**This is not a bill.**

### Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider<sup>2</sup> or fill a prescription. Look for your copay amount on your member ID card.

### Deductible

If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

### Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

### Amount covered you owe by Blue Cross

\*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

### Amount you owe (if any)

**Tip:** See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.

The provider sends you a bill. (if you owe money)



You pay your provider.



### Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.

1. Medex members receive statements called Explanation of Benefits.

2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.




# Your Summary of Health Plan Payments

## Payment Overview Page

### SUMMARY OF HEALTH PLAN PAYMENTS FOR JOHN DOE

**What is this? Why am I getting this?**

**This is not a bill. If you owe money, your doctor or medical facility will send you a bill.**



MASSACHUSETTS

Summary Date: 01/25/18  
Statement Period: 12/29/17 – 01/25/18

**Member Information**  
**Service for:** John Doe  
**Member ID number:** MTN123456789  
**Group name:** GROUPNAME12345

**Individual deductible:** \$1,000  
**Family deductible:** \$2,000

**Allowed amount**

Amount your health care provider charged	Blue Cross discount	Allowed amount
\$6,400.00	\$1,400.00	<b>\$5,000.00</b>

**Your delivery options**

Unless you've notified us, we typically deliver statements to the subscriber's address that we have on file. If you have concerns about protecting the privacy of your medical information in these statements, you may be able to have them delivered to a different address. Under certain circumstances, you can also request to not receive these statements for a particular service.

For help updating your delivery preferences, please call Member Service at the number on the front of your ID card, Monday through Friday, from 8:00 a.m. to 6:00 p.m. ET.

**Payment overview\***

<b>Allowed amount</b>	<b>\$5,000.00</b>
<b>Amount covered</b>	<b>\$3,700.00</b>
<b>What you owe</b>	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
	<b>\$1,300.00</b>

\*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

Keep for your records (For a detailed breakdown of your payments, please see page 5) ▶

Page 3 of 5

- A** The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).
- B** Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.
- C** This section shows how the allowed amount was calculated.
- D** Your delivery options describes how these statements are delivered and how you can update your preferences.

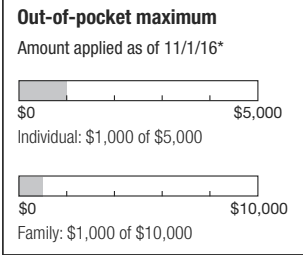
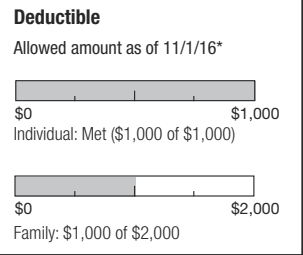


# Your Summary of Health Plan Payments

## Payment Details Page

HEALTH PLAN PAYMENT DETAILS							F	G					H
							Breakdown of what you owe						
Service date	Service type	Amount charged			Other insurance	Amount covered	What you owe	Copayments	Deductible	Co-insurance	Not covered (see notes)	What you owe	See notes
		Amount your health care provider charged	Blue Cross discount	Allowed amount									
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111 (In-Network)													
1/15/18	Routine Services	\$400.00	-\$180.00	\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1/15/18	X-ray	\$180.35	-\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00	
1/15/18	Lab	\$350.00	-\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	
1/15/18	Room & board	\$5,000.00	-\$980.00	\$4,020.00	\$0.00	-\$3,370.00	\$650.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00	
<b>Subtotal</b>		\$5,930.35	-\$1,340.35	\$4,590.00	\$0.00	-\$3,590.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	
Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 222222222222 (In-Network)													
1/15/18	Lab	\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	A
<b>Subtotal</b>		\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	
<b>Grand total</b>		\$6,230.35	-\$1,340.35	\$4,890.00	\$0.00	-\$3,590.00	\$1,300.00	\$0.00	\$1,000.00	\$0.00	\$300.00	\$1,300.00	

This provider will bill you this amount.



**HAVE QUESTIONS?**

Call the number on your ID card.

Or log in to your account at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

For TTY, call 711

\* Includes charges from this coverage period only. Log in to your account at [www.bluecrossma.com/myblue](http://www.bluecrossma.com/myblue) for your plan effective date.

- E** Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.
- F** The amount you owe for each service.
- G** How we determined what you owe, including copayments, deductible, and co-insurance.
- H** Additional information on how we processed your claims.
- I** The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.
- J** A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

## Questions?

Call us at the number on your ID card or log in to your account at [bluecrossma.com/myblue](http://bluecrossma.com/myblue), click **Contact Us**, then enter your question using the **secure inquiry form** in the Member Service section.