

How to Read Your Member Statement

Member Statements replace Explanation of Benefits (EOBs) with user-friendly, easy-to-understand wording. The layout is similar to a bank statement—something that is recognizable and simple to quickly review.

Your Member Statements will be mailed the second week of each month. At a glance, you will see all claims processed in the previous month. EOBs are always available online and will continue to be sent only in cases of coverage denials. These EOBs will contain instructions for filing appeals.

Member Statement information:

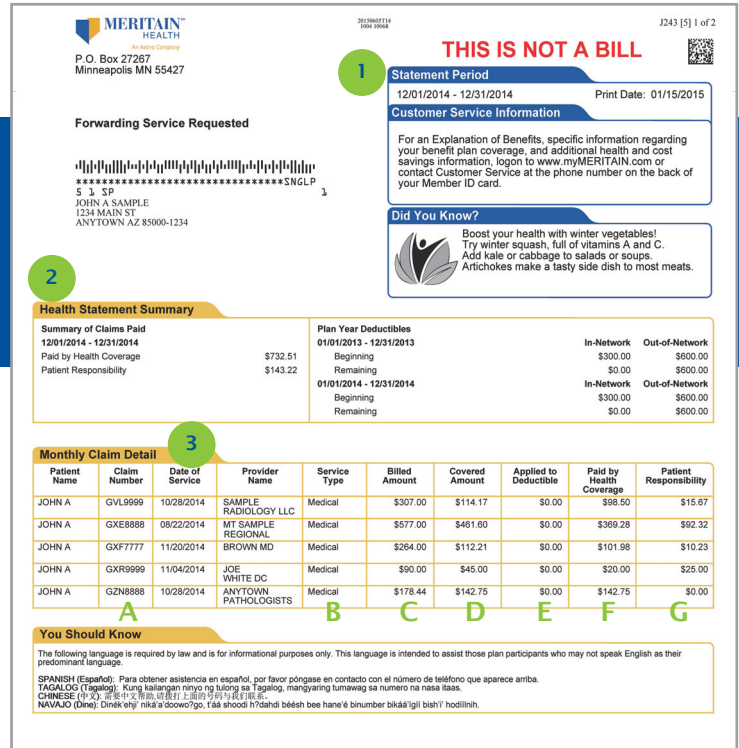
1. Statement period and health tips.
2. Health Statement Summary

- **Summary of Claims Paid:** This includes your claims paid during the previous month broken down by Health Coverage and Patient Responsibility.
- **Plan Year Deductibles:** Are broken down into in-network and out-of-network amounts. Any deductibles for dependents will be displayed individually. The amounts listed show your deductible balance(s) at the beginning of the plan year and your deductible amount(s) remaining for the year.

3. Monthly Claim Detail

The monthly claim detail shows how your claims were processed during the statement period. The details include:

- A. The patient's name, claim number, date the service was provided and the name of the provider.**
- B. The type of service provided (such as Medical, Rx or Protected).** If the type of service and provider say *Protected*, this means that the patient is a dependent 18 years or older.



MERITAIN HEALTH
An Aetna Company
P.O. Box 27267
Minneapolis MN 55427

THIS IS NOT A BILL

Statement Period: 12/01/2014 - 12/31/2014
Print Date: 01/15/2015

Forwarding Service Requested

*****SINGLP
5 3 SP
JOHN A SAMPLE
1234 MAIN ST
ANYTOWN AZ 85000-1234

Did You Know?
Boost your health with winter vegetables!
Try winter squash, full of vitamins A and C.
Add kale or cabbage to salads or soups.
Artichokes make a tasty side dish to most meats.

Health Statement Summary

| Summary of Claims Paid 12/01/2014 - 12/31/2014 | Plan Year Deductibles 01/01/2013 - 12/31/2013 | In-Network | Out-of-Network |
|---|--|------------|----------------|
| Paid by Health Coverage \$732.51 | Beginning \$300.00 | \$300.00 | \$600.00 |
| Patient Responsibility \$143.22 | Remaining \$0.00 | \$0.00 | \$600.00 |
| | 01/01/2014 - 12/31/2014 | In-Network | Out-of-Network |
| | Beginning \$300.00 | \$300.00 | \$600.00 |
| | Remaining \$0.00 | \$0.00 | \$600.00 |

Monthly Claim Detail

| Patient Name | Claim Number | Date of Service | Provider Name | Service Type | Billed Amount | Covered Amount | Applied to Deductible | Paid by Health Coverage | Patient Responsibility |
|--------------|--------------|-----------------|----------------------|--------------|---------------|----------------|-----------------------|-------------------------|------------------------|
| JOHN A | GVL9999 | 10/28/2014 | SAMPLE RADIOLOGY LLC | Medical | \$307.00 | \$114.17 | \$0.00 | \$98.50 | \$15.67 |
| JOHN A | GXE8888 | 08/22/2014 | MT SAMPLE REGIONAL | Medical | \$577.00 | \$461.60 | \$0.00 | \$369.28 | \$92.32 |
| JOHN A | GXF7777 | 11/20/2014 | BROWN MD | Medical | \$264.00 | \$112.21 | \$0.00 | \$101.98 | \$10.23 |
| JOHN A | GXR9999 | 11/04/2014 | JOE WHITE DC | Medical | \$90.00 | \$45.00 | \$0.00 | \$20.00 | \$25.00 |
| JOHN A | GZN8888 | 10/28/2014 | ANYTOWN PATHOLOGISTS | Medical | \$178.44 | \$142.75 | \$0.00 | \$142.75 | \$0.00 |

You Should Know

The following language is required by law and is for informational purposes only. This language is intended to assist those plan participants who may not speak English as their predominant language.

SPANISH (Español): Para obtener asistencia en español, por favor póngase en contacto con el número de teléfono que aparece arriba.

TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog, mangyaring tumawag sa numero na nasa itaas.

CHINESE (中文): 如需中文帮助, 请拨打上面的号码与我们联系。

NAVAJO (Dine): Dine'ek'eh' nika a doowot'igo, t'aa shoodi h'ohand' beesh bee hane'e bi'number bikai'igi bish'i hodilinih.

In such cases, government regulations state that the information may not be shown in order to protect the dependent patient's privacy. Dental and prescription claims will appear on the member statement if paid under the medical plan.

- C. The amount billed for the service provided.**
- D. The amount covered under your plan.** If there is an asterisk (*) in front of the amount, this means the claim was from an out-of-network provider. Generally, you may increase your benefit amount by using in-network providers.
- E. The amount applied to your annual deductible.**
- F. The amount paid by your plan.** This amount equals the (D) covered amount, minus (E) the amount applied to your deductible, minus any applicable copay and coinsurance.
- G. The amount of patient responsibility.** This amount does not reflect any copay or other payments made at the time of service. You shouldn't make payment to your provider based on the amounts shown on the member statement. Instead, wait for the provider to send you a bill for the remaining balance.

Questions? Just call Meritain Health Customer Service at the number listed on your ID Card.