

# Welcome to Your New Summary of Health Plan Payments



MASSACHUSETTS

## Formerly Explanation of Benefits or Claims Summary

Below is a sample of the new Summary of Health Plan Payments. Using feedback from members like you, we created a simpler and easier-to-understand statement that shows how we process your claims and if you owe any balances.

This is not a bill. Your doctor or hospital will bill you for any outstanding balances. If you have any questions, please call Member Service at the number on the front of your ID card. You can also view your claims information online at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral).

**SAMPLE**  
Read the descriptions below for details about each section

### SUMMARY OF HEALTH PLAN PAYMENTS FOR JOHN DOE

**What is this?**  
This summary shows the amount covered by Blue Cross for the claim(s) below, and the amount that is your financial responsibility. This is not a bill, your health care provider(s) will bill you directly for the amount not covered.

MASSACHUSETTS

Summary Date: 11/14/12

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

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

Adjusted amount charged		
Amount your provider charged	Blue Cross discount	Adjusted amount
\$6,280.35	-\$1,340.35	\$4,940.00

**Glossary**

**Blue Cross discount**  
Your savings from the discounted rate Blue Cross negotiated with your health care provider.

**Copayments**  
A fixed dollar amount, typically collected at your medical appointment, at a doctor's office or other medical facility.

**Deductible**  
The amount you pay for specific services each plan year before Blue Cross starts paying.

**Co-insurance**  
The amount you pay for specific health care services, calculated as a percent.

**Out-of-pocket maximum**  
The most you'll pay each plan year for health care services, typically this includes copayments, co-insurance, and deductible amounts.

**Health care provider**  
A doctor, hospital, health care professional, or health care facility.

**PAYMENT OVERVIEW**

**Adjusted amount charged**  
The amount charged by your health care provider(s) based on Blue Cross' contract rates. **\$4,940.00**

**Amount covered**  
Benefits provided by Blue Cross for your medical services. **-\$3,590.00**

Your financial responsibility	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$350.00
	<b>\$1,350.00</b>

**View up-to-date information about your health plan.**  
Go to [bluecrossma.com/membercentral](http://bluecrossma.com/membercentral).

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

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FRONT

- A** Your individual deductible (if you have one) is the amount you pay toward certain covered medical services each year before we start to pay. Your family deductible (if you have one) is the amount you pay before we start paying expenses for the other members on your plan and includes the amount you've paid toward your individual deductible.  
  
**Note:** You do not have to pay toward your deductible for certain services, for example, preventive care.
- B** This section shows how the adjusted amount charged was calculated.
- C** This shows how we processed your claim, so you can see the amount your health care provider(s) charged, the amount we covered, and the amount that's your responsibility.
- D** You'll find the meaning of any unfamiliar terms here.
- E** Your most current claim information can be found on Member Central at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral).

**HEALTH PLAN PAYMENT BREAKDOWN**

Service date	Service type	Amount charged		Other insurance	Amount covered	Your financial responsibility	Your financial responsibility calculation					See notes
		Amount your provider charged	Blue Cross discount				Adjusted amount	Copayments	Deductible	Co-insurance	Not covered (see notes)	
<b>Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111</b>												
10/12/12	Routine Services	\$400.00	-\$180.00	\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/12/12	X-Ray	\$180.35	-\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00
10/12/12	Lab	\$350.00	-\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00
10/12/12	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
<b>Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 22222222222222</b>												
11/01/12	Lab	\$350.00	\$0.00	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00 A
<b>Subtotal</b>		\$350.00	\$0.00	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00
<b>Grand total</b>		\$6,280.35	-\$1,340.35	\$4,940.00	\$0.00	-\$3,590.00	\$1,350.00	\$0.00	\$1,000.00	\$0.00	\$350.00	\$1,350.00

**F**

**G**

**H**

**I**

**J**

To see the amount you've paid toward your deductible and out-of-pocket maximum, log in to Member Central at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral).

**HAVE QUESTIONS?**  
 Call the number on your ID card.  
 Or log in to your account at [bluecrossma.com/membercentral](http://bluecrossma.com/membercentral)  
 For TTY, call 1-800-522-1254



Keep for your records  
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**BACK**

- F** This section shows recently submitted claim information for your medical services, including dates of services, health care providers, charges, and payment details.
- G** The amount of each claim that's your responsibility.
- H** Shows how we calculated your financial responsibility per service. The amount depends on whether the service is covered by your plan, if you have met your deductible, and if you have a copayment or co-insurance.
- I** You may find additional information on how we processed your claim(s) here.
- J** This is the amount you owe toward this claim after we've covered our share. Your health care provider may bill you for this amount. If you have an additional health insurance plan that covers these services, this doesn't apply to you.