

Getting to Know Your Summary of Health Plan Payments

This is a sample of what you'll receive from us after certain doctor visits. The Summary of Health Plan Payments is not a bill. It simply shows you the breakdown of the billing process for the medical services you received. If you owe money, your doctor will send you a separate bill.



After the claim is processed, we'll send you a statement called **Summary of Health Plan Payments** that explains the billing breakdown of your service.

This is not a bill.

PAYMENT OVERVIEW											
Allowed amount 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 covered services.	-\$3,590.00										
What you owe The amount not covered by your Blue Cross health plan. This includes copayments, co-insurance, and deductible.	<table border="1"> <tr> <td>Copayments</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Deductible</td> <td style="text-align: right;">\$1,000.00</td> </tr> <tr> <td>Co-insurance</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Not Covered</td> <td style="text-align: right;">\$350.00</td> </tr> <tr> <td>Amount you owe (if any)</td> <td style="text-align: right;">\$1,350.00</td> </tr> </table>	Copayments	\$0.00	Deductible	\$1,000.00	Co-insurance	\$0.00	Not Covered	\$350.00	Amount you owe (if any)	\$1,350.00
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Deductible	\$1,000.00										
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Copay
Your copayments are the fixed dollar amount you pay each time you see a doctor¹ or fill a prescription. Look for your copay amount on your member ID card.

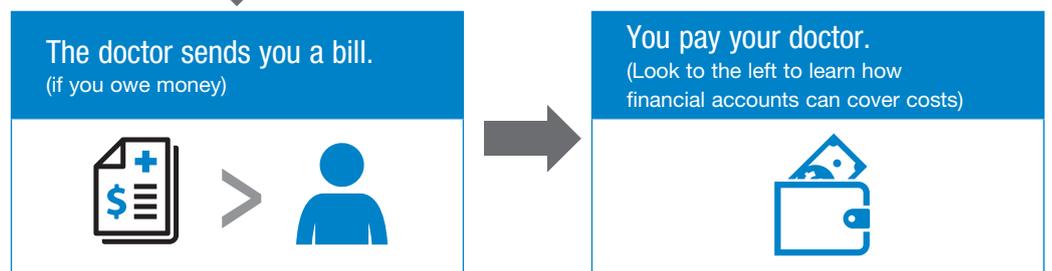
Deductible
This is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

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.

Financial accounts 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. Except for preventive services, which are fully covered by your plan.



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



MASSACHUSETTS

Know What You're Reading

A quick guide to your Summary of Health Plan Payments

FRONT

SUMMARY OF HEALTH PLAN PAYMENTS FOR JOHN DOE

What is this?
This summary shows the amount covered by Blue Cross Blue Shield of Massachusetts ("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 you owe.



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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
\$6,280.35	-\$1,340.35	\$4,940.00

Payment Overview

Allowed amount
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**

What you owe	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$350.00
	\$1,350.00

Glossary

Blue Cross discount
Your savings from the discounted rate Blue Cross negotiated with your health care provider. The discount only applies to health care providers that are in our network.

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 coverage 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 annually for your share of the cost of covered services. These may include copayments, co-insurance, and deductibles.

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

Keep for your records

(For a detailed breakdown of your payments, please see next page)

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

- A

The front of your Summary of Health Plan Payments gives you a payment overview, including the charges billed to Blue Cross, the amount we cover, and what you owe your doctor (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

You'll find the meaning of any unfamiliar terms here.

You can always view your current plan information at bluecrossma.com/myblue.



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Know What You're Reading

Summary of Health Plan Payments

BACK

HEALTH PLAN PAYMENT DETAILS							F	G					H	
E	Service date	Service type	Amount charged			Other insurance	Amount covered	What you owe	Breakdown of what you owe					See notes
			Amount your health care provider charged	Blue Cross discount	Allowed amount				Copayments	Deductible	Co-insurance	Not covered (see notes)	What you owe	
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111 (In-Network)														
	11/1/16	Routine Services	\$400.00	-\$180.00	\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	11/1/16	X-ray	\$180.35	-\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00	
	11/1/16	Lab	\$350.00	-\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	
	11/1/16	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	
	Subtotal		\$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)														
	11/10/16	Lab	\$350.00	\$0.00	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00	A
	Subtotal		\$350.00	\$0.00	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	\$350.00	
	Grand total		\$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	

I This doctor or medical facility will bill you this amount.

J

Deductible
Allowed amount as of 11/1/16*

Individual: Met (\$1,000 of \$1,000)

Family: \$1,000 of \$2,000

Out-of-pocket maximum
Amount applied as of 11/1/16*

Individual: \$1,000 of \$5,000

Family: \$1,000 of \$10,000

HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at bluecrossma.com/myblue

For TTY, call 711

* Includes charges from this plan year only.
Log in to your account at www.bluecrossma.com/myblue for your plan effective date.

On the back of your Summary of Health Plan Payments, you'll find:

- 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 doctor 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, including the amount you've previously paid towards it.

