



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 preceding 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 current 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 presented 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. In such cases, government regulations stipulate 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 indicates 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 should not make payment to your provider based on the amounts shown on the member statement, but should wait for the provider to send you a bill for the remaining balance.

Questions? Contact Meritain Health Customer Service at the new number listed on your ID Card.



MERITAIN HEALTH
P.O. Box 27287
Minneapolis MN 55427

THIS IS NOT A BILL

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

Customer Service Information: For an Explanation of Benefits, specific information regarding your benefit plan coverage, and additional health and cost savings information, login to www.mymeritain.com or contact Customer Service at the phone number on the back of your Member ID card.

Did You Know? 1 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 meals.

Forwarding Service Requested: JOHN A SAMPLE, 1754 MAIN ST, ANYTOWN AZ 85004-1234

Health Statement Summary

Summary of Claims Paid: 12/01/2014 - 12/31/2014 Paid by Health Coverage: \$732.51 Patient Responsibility: \$143.22

Plan Year Deductibles: 01/01/2013 - 12/31/2013 In-Network Out-of-Network Beginning: \$200.00 \$600.00 Remaining: \$0.00 \$0.00

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	CVL8686	10/25/2014	SAKPLE, RICHARDSON LLC	Medical	\$307.00	\$114.17	\$0.00	\$89.83	\$115.87
JOHN A	GXE8888	08/22/2014	MT SAMPLE REGIONAL	Medical	\$677.00	\$461.60	\$0.00	\$369.28	\$68.32
JOHN A	GKI7777	11/20/2014	BROWN	Medical	\$264.00	\$112.21	\$0.00	\$101.88	\$15.23
JOHN A	GXR8686	11/04/2014	JOE WHITE	Medical	\$60.00	\$45.00	\$0.00	\$20.00	\$25.00
JOHN A	GZB8888	10/25/2014	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 información en español, por favor comuníquese con el número de teléfono que aparece arriba.

INDO-CHINA (Vietnamese): Nếu bạn gặp khó khăn khi đọc tài liệu hướng dẫn, hãy gọi số điện thoại ở trên để được trợ giúp.

CHINESE (Chinese): 如需瞭解詳情，請致電上方所列之電話號碼。

ARABIC (Arabic): إذا كنت تواجه صعوبة في قراءة هذه الوثيقة، يرجى الاتصال بالرقم الموجود في الأعلى للحصول على المساعدة.

The above sample member statement is provided for informational purposes only.