Introducing Meritain Health Member Statements

Simplicity. Convenience. Value.

If you've ever felt mystified trying to decipher the confusing codes and terminology of Explanations of Benefits (EOBs), you'll welcome the new Meritain Health Member Statements.

Simplicity

Member Statements replace 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.

Convenience

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.

Value

Member Statements contain valuable information to help you gain the maximum advantage from your health benefits. They also contain advice to help you get and stay healthy.

Along with healthcare claims, Member Statements track your deductible and HRA balances. This information will help you manage your benefits, including your healthcare dollars.

Member Statement Information

- Claim number
- Date of service
- Provider
- Billed amount
- Covered amount
- Amount applied to deductible
- Amount of covered services
- Amount of member responsibility





How to Read Your Member Statement

Your Meritain Health Member Statement is a monthly report that allows you to review and track the status of your health claims.

In most cases, the member statement replaces your Explanation of Benefits (EOB); however, you will continue to receive an EOB if a claim has been denied. In addition, dental and prescription claims will only appear on the member statement if paid under the medical plan.

Your member statement is not a bill or invoice. For additional information, log onto **www.mymeritain.com** or contact Customer Service at the telephone number on the back of your ID card.

Descriptions of the content of the member statement follow.

1. Statement period and health tips.

The statement period is in the upper right-hand corner; followed by monthly health tips under the heading "Did You Know?"

2. Health Summary Statement

Your Health Statement Summary shows:

Account Summary. This includes the original balances for your HRA and FSA accounts at the beginning of the plan year. It also will list any HRA rollover amount any wellness incentive if applicable.

Account Balances. This selection includes your current HRA and FSA account balances.

Plan Year Deductibles. Your deductibles for the plan year are broken down into in-network and out-of-network amounts (if applicable). The amounts listed show your deductible balance(s) at the beginning of the plan year and your deductible amount(s) remaining to be covered for the year.

Summary of Claims Paid. This includes your claims paid during the current month broken down by Health Coverage, HRA, FSA and Patient Responsibility.

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 services 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 co-pay, and co-insurance.
- (g) The amount paid by your HRA and FSA. This reflects the amount deducted from your HRA and/or FSA accounts. The amount of patient responsibility. This reflects the total amount the patient is responsible for paying. This amount does not reflect any co-pay or other payments made at 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.
- (h) **Important:** When you view the monthly claim detail, please be aware that adding or subtracting the amounts listed will not necessarily result in the amount of patient responsibility.

4. Monthly Account Detail

This section illustrates the amounts deposited in your HRA and FSA accounts for the month (if applicable).



PO Box 853921 Richardson, TX 75085-3921

Return Service Requested

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[postal bar code] JOHN A SMITH 123 MAIN ST ANYTOWN, IL 01234-9999



Statement Period 01/01/2007 01/31/07

Did You Know?



Most Americans brush their teeth twice daily, but nearly half don't floss once a day. Flossing helps prevent gum disease, a major cause of tooth loss, as well as other serious health problems, including heart disease!

9

Health Statement Summary

For specific information regarding your benefit plan coverage, please refer to your Member Handbook or contact your Human Resources Representative.

	Tuman Resources Representative.							
Account Summary		Plan Year Deductions	In Network	Out Network				
HRA Rollover	\$241.93	01/01/2007-12/31/2007						
HRA Employer contribution	\$500.00							
HRA Wellness Incentive	\$100.00	Beginning Deductible	\$2000.00	\$3000.00				
FSA Prior Year Election	\$1500.00	Remaining Deductible	\$1886.00	\$1500.00				
FSA Current Year Election	\$1000.00							
Account Balances HRA Current Balance	\$588.43	Summary of Claims Paid 01/01/2007-12/31/2007						
FSA Prior Year Balance	\$117.50	Paid by Health Coverage		\$153.48				
FSA Current Year Balance	\$932.38	Paid by HRA		\$253.50				
		Paid by FSA		\$67.52				
	7	Patient Responsibility		\$45.00				

Monthly Claim Detail

THIS IS NOT A BILL. For Explanation of Benefits, and additional health and cost savings information, logon to www.mymeritain.com or contact Customer Service at the number on the back of your Member ID card.

Patient Name	Claim Number	Date of Service	Provider Name	Service Type	Billed Amount	Covered Amount	Applied to Deductible	Paid by Health Coverage	Paid by HRA	Paid by FSA	Patient Responsibility
JOHN	206X213150	12/15/06	HORTON	MEDICAL	270.00	250.00	250.00	0.00	200.00	0.00	0.00
SAM	207X253160	01/08/07	JERGEN	MEDICAL	114.00	114.00	114.00	0.00	53.50	60.50	0.00
ETHEL	207X253162	01/11/07	CVS	RX	35.60	35.60	35.60	28.48	0.00	7.12	0.00

	Monthly Account Detail							
Plan Year	Account	Process Date	Description	Account				
2007	FSA	01/01/07	2007 FSA Deposit	1000.00				
2007	FSA	01/01/07	2007 HRA Deposit	500.00				
2007	FSA	01/15/07	HRA Wellness Incentive	100.00				

^{*} Provider of services does not participate within your network. Claim processes at the out of network level of benefits.



What is a Member Statement?

Member statements summarize the activity of a member's "account" within a given monthly period. Members will only receive statements if they have had claim activity occur during that month.

Member statements are designed to eliminate the need to decipher often hard to read EOBs (Explanation of Benefits). Members will more easily be able to keep track of their "account" balances, including deductibles and out of pocket balances where applicable. Members will be able to clearly see the patient responsibility and provider payments for all family members.

The member statement will include all health and dental claims or prescription claims paid under the health plan benefit.

Can members still access EOBs?

Yes, all EOBs will be available to members through their personal password protected accounts at www.myMERITAIN.com.

Members and providers will continue to receive individual EOBs for any claim denials. The EOB outlines the appeal procedures. The denied claims will not appear on the monthly member statements.

Members and providers will continue to receive individual EOBs for any dental claims paid under the voluntary dental program.

Are Member Statements available on www.myMERITAIN.com?

Member statements are not available via www.myMERITAIN.com. However, members may access, view and print their full claims history, account balances, as well as individual EOBs, and more....

When will the member statements be produced?

Member statements are produced the second week of the month following the close of the statement period.

If a member sees their physician during a statement period, will that service always show up on their statements?

Statement periods are closed at the end of the calendar month. Each statement reflects claim PAYMENT activity during the statement period, not necessarily all member activity during this period.

Will members receive a statement every month?

Members will receive statements during each month for which there is claim PAYMENT activity. This also includes claims for which NO payment is made but the claim is processed and as an example, applied towards the calendar year deductible.

What if the member still wishes to receive an individual EOB for every claim processed?

Members may continue to obtain a copy of any individual EOB by registering on-line at www.myMERITAIN.com.