



Forwarding Service Requested

Member ID: 000000000
Group ID: 000000000
09/30/2016
Claim Cycle: 06/24/2016 through 06/25/2016

JANE SAMPLE
1234 MAIN STREET
ANYTOWN, PA 12345-6789

To see this online, sign in to your secure member account at capbluecross.com.

Explanation of Benefits

This is not a bill. This is an overview of claims we processed for you. You will receive a bill from your provider for any remaining balance you owe.

[Your HMO is issued by Keystone Health Plan® Central, a subsidiary of Capital BlueCross.]

| | | |
|----------------|------------|---|
| Amount billed | \$X,XXX.XX | This is the total amount all the providers billed us for the care you received. |
| Allowed amount | \$X,XXX.XX | This is the total amount allowed for choosing out-of-network providers. |
| Amount we paid | \$X,XXX.XX | This is the total amount we paid based on services covered under your plan. |
| Amount you owe | \$X,XXX.XX | This is the total amount you owe your providers for this care. Save money by á |

SAMPLE PROVIDER A, MD |

June 25, 2016
SAMPLE PROVIDER B, MD

Family Deductible

[REDACTED]

Family Out-of-pocket max

[REDACTED]

Member Deductible

[REDACTED]



Care Details

Member: JANE SAMPLE
Provider: SAMPLE PROVIDER A, MD
Member ID:
Claim ID: E0000000000

| | Type of service | Amount billed by provider | amount | Amount | Applied to your | Your copay/ coinsurance | Amount you owe |
|---------|---|---------------------------|--------|--------|-----------------|-------------------------|----------------|
| 6/24/16 | Pharmacy | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX |
| 6/24/16 | IV | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX |
| | MSC: Message code and explanation will go here. | | | | | | |
| 6/24/16 | Laboratory | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX |
| | MSC: Message code and explanation will go here. | | | | | | |
| 6/24/16 | Imaging | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX |
| | DEN: Denial code and explanation will go here. | | | | | | |
| 6/24/16 | ER | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX |
| | DEN: Denial code and explanation will go here. | | | | | | |
| | | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX |

| | | | | | | | |
|----------------------|-------|-------|-------|-------|-------|-------|-------|
| TOTAL FOR ALL CLAIMS | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX | XX.XX |
|----------------------|-------|-------|-------|-------|-------|-------|-------|

Reminder: This is not a bill. Make sure this summary reflects the care you received and the amount billed by your providers. If you suspect fraud or abuse, please call our toll-free hotline at **1.888.612.1277** 24 hours a day, 7 days a week. Callers may remain anonymous.

Are you covered by other insurance?

If you are covered by another health plan in addition to Capital BlueCross, be sure to file your claim with your other plan as well. To update your other plan information, go to **capbluecross.com** and sign in to your secure member account or call us at the number on the back of your member ID card.

Adjusted claims

If you previously received a check from us to use as payment for a service, and that claim has since been adjusted, you may be responsible for returning all or part of that check amount to Capital BlueCross.

Your benefits booklet includes information on how to file an appeal. An appeal must be made within 180 days of receiving an explanation of benefits (EOB) showing a claim's denial. Your appeal rights are explained in your plan documents which can be found on your secure member account at **capbluecross.com**. You may also contact your plan administrator or call

and sign in to your secure member account at **capbluecross.com**.

