



**Arkansas
BlueCross BlueShield**
An Independent Member of the BlueCross and BlueShield Association

Personal Health Statement

For JOHN DOE

September 16, 2009 through October 03, 2009

YOUR MEMBER INFORMATION

Your ID Number: 987654321

Statement Number: Z123456789

WE LOVE TO HEAR FROM YOU

Call: 1-800-238-8379

Write: P.O. Box 2181, Little Rock, AR 72203-2181

Web: arkbluecross.com/contact

HEALTH PLAN BENEFITS AT-A-GLANCE

COPAYMENT

Medical Services

Primary Care Physician	-
Specialist	-

A co-payment is the dollar amount you pay for each visit to the doctor's office. All other office visit charges are paid by your health plan. Some health plans also have ER or Inpatient co-pays.

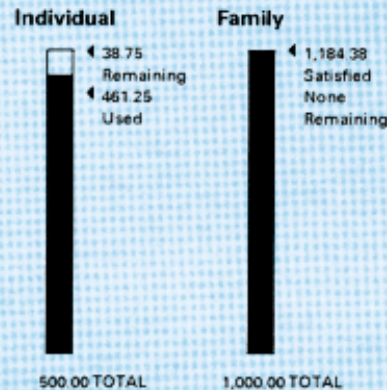
Prescription Drugs

Generic	10.00
Preferred Brand Name See arkbluecross.com/PD_List	40.00
Non-Preferred Brand	60.00

A co-payment is the dollar amount you pay for each prescription. One co-payment covers a supply lasting up to one month.

DEDUCTIBLE

In-network deductible



The deductible is the amount you pay for covered medical services before your health plan begins to pay.

HEALTH PLAN PAYMENT SUMMARY

Your total medical and prescription amount charged. **\$111.15**
For the period September 16, 2009 - October 03, 2009

Your Arkansas Blue Cross member discount
(Your in-network provider has agreed not to bill you for this amount) **- \$74.48**

Your net medical and prescription amount charged **\$36.67**

Your health plan(s) paid **- \$6.42**

YOU OWE OR MAY HAVE PAID \$30.25
(Includes deductibles, co-pays, coinsurance, non-covered or excluded services)

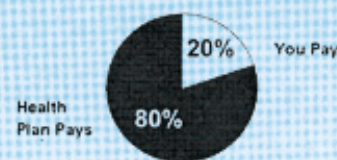
YOUR HEALTH MATTERS

Prescription drugs can be expensive, so when you visit the pharmacist, ask for generics. Generic drugs work like the brand-name drug in dosage, strength, performance and use, and generic drugs are reviewed by the FDA for quality and safety.

Having recommended preventive care is important to maintaining good health.

COINSURANCE

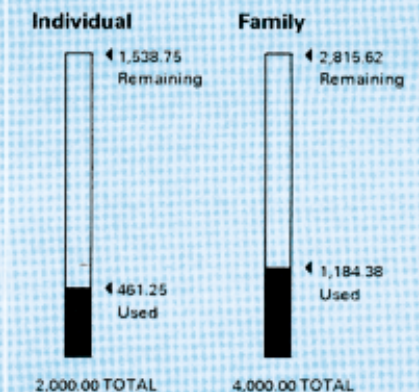
In-network coverage



After you have satisfied your deductible, you will be responsible for 20% of the total (covered) medical services amount charged for most services. This is your 'coinsurance.' Coinsurance is applied to medical services not subject to co-payments, such as inpatient hospital visits.

Your coinsurance amount is 40% if you use out-of-network providers.

OUT-OF-POCKET MAXIMUM



Each year when you satisfy your deductible and your other out-of-pocket expenses reach a predefined limit, the health plan pays 100% of your covered medical services for the rest of the year.



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We love to hear from you. Call 1-800-238-8379 (en español también) | 1

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HOW TO APPEAL A CLAIM

If a claim is denied and you don't understand why, please call our customer service number. If, after speaking with customer service the claim still is denied and you believe it should have been paid by your health insurance plan, you may ask in writing for an appeal.

When should you submit an appeal?

Within 180 days after you've been notified of the denial.

Where do you send it?

Please send your request to:
Appeals Coordinator
Arkansas Blue Cross and Blue Shield
P.O. Box 2181
Little Rock, AR 72203-2181

Please provide us with the copies of any paperwork you have (EOBs, PHSs, doctor bills, etc.) and your comments.

When will you hear from us?

We will conduct a thorough and complete review of the claim for payment and your contract with us to be certain that we have not made an error in processing the claim. You will receive a final decision in writing within 60 days after your request is received unless special circumstances require extensive review.

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+ MEDICAL SERVICES PAYMENT DETAIL

					YOUR HEALTH PLAN(S) PAID		YOU OWE OR MAY HAVE PAID			
Provider/ Claim Number/ Service	Service Date/ Claim Received	Your Provider Billed	Your Member Discount	Net Amount Charged	Arkansas Blue Cross Paid	Other Insurance Paid	Co-pay/ Excluded Services	Deductible	Coinsurance <small>is a % of net amt. charged after subtracting co-pay deductible, and excluded services.</small>	Total Co-pay+ Excluded Services+ Deductible+ Coinsurance
HOSPITAL 987654321 Metabolic Panel Total Ca	09/09/10 09/09/10	21.00	3.25	17.75	-	4.20	-	13.55	-	13.55
Provider charges exceed the Ark Blue Cross Blue Shield maximum allowed amount for this procedure										
		21.00	3.25	17.75	-	4.20	-	13.55	-	13.55
Total charged after savings \$17.75					Your health plan(s) paid \$4.20		YOU OWE OR MAY HAVE PAID \$13.55			

Rx PRESCRIPTION DRUGS PAYMENT DETAIL

					YOUR HEALTH PLAN(S) PAID		YOU OWE OR MAY HAVE PAID			
Drug Name	Date Filled/ Filled By	Total Drug Costs	Your Member Discount	Net Amount Charged	Arkansas Blue Cross Paid		Co-pay	Deductible	Coinsurance <small>is a % of net amt. charged after subtracting co-pay</small>	Total Co-pay only
LISINOPRIL, 40MG TABLETS	09/09/10 PHAR-MOR	51.84	39.62	12.22	2.22		10.00	-	-	10.00
METOPROL TAR, 50MG TABLETS	09/09/10 PHAR-MOR	38.31	31.61	6.70	-		6.70	-	-	6.70
		90.15	71.23	18.92	2.22		16.70	-	-	16.70
Total charged after savings \$18.92					Your health plan(s) paid \$2.22		YOU OWE OR MAY HAVE PAID \$16.70			



YOU OWE OR MAY HAVE PAID \$30.25
(includes deductibles, co-pays, coinsurance, non-covered or excluded services)



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