

Forwarding Service Requested

Member ID: 000000000
Group ID: 000000000
Print Date: 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

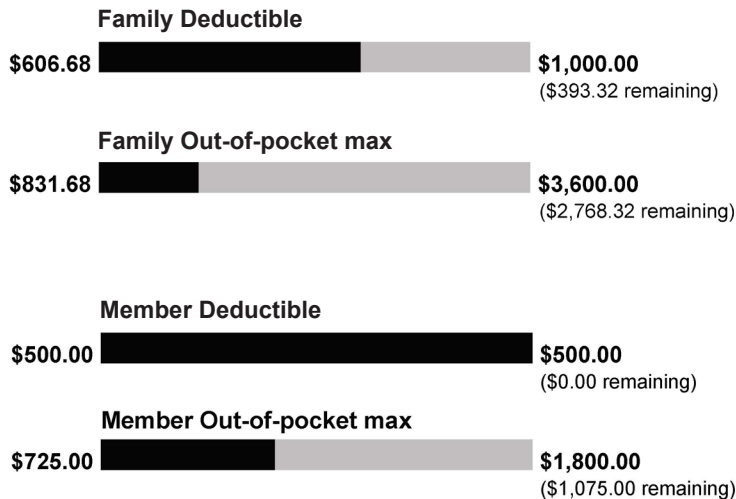
This is not a bill. This is an overview of claims we processed for you. You will receive a bill from your provider for any remaining balance you owe.

[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.
Your member rate	\$X,XXX.XX	This is the amount the providers have agreed to accept for the care you received.
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. This amount may include your copay , coinsurance , any deductible you still need to meet, and any services that your benefits don't cover. You may have paid your providers all or part of this amount during your visit.

Who received care: **JANE SAMPLE**
Date of care: June 24, 2016 | **Date of care:** June 25, 2016
Provider: SAMPLE PROVIDER A, MD | **Provider:** SAMPLE PROVIDER B, MD

Plan Year 01/01/2016 - 12/31/2016



Care Details

Member: JANE SAMPLE
 Provider: SAMPLE PROVIDER A, MD
 Member ID: 000000000
 Claim ID: E0000000000

Date of care	Type of service	Amount billed by provider	Your member rate	Amount we paid	Applied to your deductible	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.							
Subtotal		XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX

Member: JANE SAMPLE
 Provider: SAMPLE PROVIDER B, MD
 Member ID: 000000000
 Claim ID: E0000000000

Date of care	Type of service	Amount billed by provider	Your member rate	Amount we paid	Applied to your deductible	Your copay/coinsurance	Amount you owe
6/25/16	IV	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
6/25/16	Laboratory	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
MSC: Message code and explanation will go here.							
6/25/16	Pharmacy	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
Subtotal		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
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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.

How to appeal

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 Member Services.

Self-Funded Groups

If your group has chosen to "self-fund" or "self-insure" its benefits, please note that Capital BlueCross provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Questions?

We want to help. For a list of frequently asked questions, sign in to your secure member account at capbluecross.com.

Contact us at capbluecross.com

Email us at ContactCBC@capbluecross.com

Call us at **1.800.123.4567**

Visit us in person at one of our Capital Blue Health and Wellness Centers. Go to CapitalBlueStore.com for hours and locations.



Your benefits status

Want to know how much you've paid toward your deductible and out-of-pocket maximum so far this year? Sign in to your secure member account at capbluecross.com.



Where to get help

Check out our series of **Health Insurance 101** videos on the Capital BlueCross channel on Youtube.



Go paperless

Want to save some trees and go paperless? Sign in to your secure member account at capbluecross.com and opt out from paper statements.