

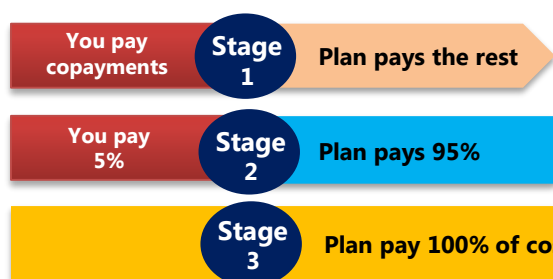
→ STATEMENT PERIOD: Jan 1, 2013 to Mar 31, 2013

Member's Name: John Smith
Member's ID: 11111
Plan Name: Coverage First, Single

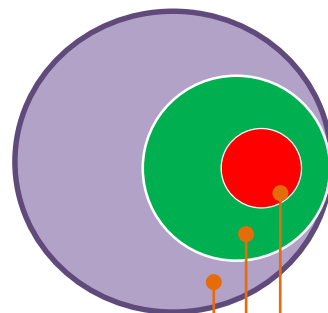


Account SnapShot

Where you stand in your plan (as of Mar 31, 2013)



← **You are here.** You have **\$500** left in medical cost before you reach the next stage.



Deductible (as of Mar 31) is \$110

Copayments (as of Mar 31) is \$70

Coinsurance (as of Mar 31) is \$20



Prescription Numbers to Watch Out

	This Month	This Year
Total Prescription costs with plan	\$539.40	\$750.87
What you paid with the plan	\$234.34	\$567.47
What you would have paid without the plan (Average retail prices)	\$658.65	\$920.13



Information in this statement is current as of March 31, 2013. Premiums are not included in these calculations.



Your total **"Patient Responsibility"** amount as of Mar 31, 2013 is **\$200**.

Once you reached **\$500**, all approved charges will be covered by the Plan at 100% of the Discounted Rate.



Your Last Vital Signs Reading



BODY TEMPERATURE : 98.1 F
PULSE RATE : 76 (Normal Range: 50-80 BPM)
BLOOD PRESSURE : 115/70 (Normal Range: 120/80)
RESPIRATORY RATE : 18
WEIGHT : 213 LBS

Handy Tips for Staying Healthy



- ✓ **Get** an annual physical
- ✓ **Know** your family health history & share it with your doctor
- ✓ **Be Healthy:** This includes your diet, physical activity, sleeping patterns, alcohol consumption & avoiding smoking habits.

For questions about your plan or this statement
Call: - 800-900-1000 or visit www.abcinsurance.com

Your personal health finance and
benefits statement

Statement Period: Jan 1, 2013 to Mar 31, 2013



John Smith
123 Main Avenue
Somewhere, AZ
40000
Address Line Four
Address Line Five

Welcome to your personal health finance and benefit
statement

We take the pleasure in bringing to you your monthly statement with an easy-to-understand presentation, simplified healthcare terms and personalized information.

It is our strong belief and hope that this **X-Plain** will give our esteemed members with an enhanced level of benefits information that they can't get anywhere else.

We invite you to go through this statement and see how it can help you to make confident and more informed healthcare decisions.

And, it is our endeavor to keep you aware and informed of the latest healthcare news and updates, alternative options to tackle escalating costs and many other helpful utilities.

AT A GLANCE

Watch out for these!! <i>Current amounts left of your deductibles, payment accounts and others</i>	1
Your Health Plan Costs <i>Dollar totals of your savings, membership advantages etc</i>	2
Personal Profile of Benefits <i>Your Plan details with current amount used and other attractive options to maximize your benefits</i>	3
Claims Overview <i>Listing of your medical and prescription claims for this month</i>	4
Communication Tracks <i>List of calls you made to our customer service centre</i>	5
Your Health Finance Account <i>Simplified summary of your FSA activities</i>	6
Portable Health Record <i>Easy-to-print one year listing of all healthcare services you received including prescription data</i>	7

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Your personal health finance and benefits statement


Watch out for these numbers

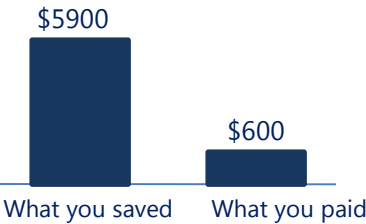
Amount remaining (as of Mar 31, 2013)	Left to pay	Left to use
	--	0
Before you meet your deductible (in-network)	\$4000.00	-
Before you reach the maximum out-of-pocket limit (in-network)	\$500.00	-
In your Flexible Spending Account	-	\$587.00
Covered physical therapy visits		10

Your Health Plan Costs (as of Mar 31, 2013)

“Negotiated savings” shown here are for network charges only, you may be responsible for changes billed for those services outside of the network

Out of Your Pocket	Total Billed Charges	Negotiated savings	What ABC Healthcare paid	What you paid
Medical	\$6000	\$3000	\$2500	\$500
Prescriptions	\$500	-	\$400	\$100
TOTAL	\$6500	\$3000	\$2900	\$600

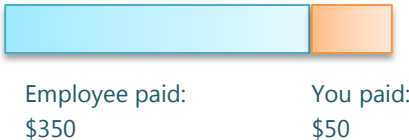
 Your savings for this quarter ending Oct 31, 2012 is \$5900, which is 70% of this quarter’s total.



From your Paycheck

	Total	What your employer paid	What you paid
Premiums	\$400	\$350	\$50

 If you maintain this coverage type throughout the year, your employer will pay a total of \$6000 or 80% of your premiums



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Your personal health finance and benefits statement

About You

Members Name:	John Smith
Members ID	10000000
Your Plan Year	June 1, 2012-May 31, 2013
Your Medical Plan	Coverage First, Single
Your prescription plan	PowerRX
Medical Benefit max.	\$5,000,000
Prescription Benefit max.	\$600,000
Your network	ABC PowerCare Network PPO

Communication Tools

- ☒ Email your statement
- ☒ Register at www.abcinsurance.com/members
- ☐ Send through US Mail

Your Medical Benefits

Copays for Office Visits:	PCP	Specialist
(In-network)	\$30.00	\$60.00
(Out-of-network)	\$60.00	\$120.00

In-Network charges

Deductible	\$1000
Percent you pay (co insurance)	0%
Percent ACB insurance pays	100%
Max. out of your pocket	\$2000/year

Out-of-Network charges

Deductible	\$3000
Percent you pay (co insurance)	40%
Percent ACB insurance pays	60%
Max. out of your pocket	\$5000/year

Your Accounts

- ☒ Flexible Spending Account
- ☒ Power RX Account
- ☒ Coverage First Account

Your Eligible Programs

- ☐ Personal Nurse
- ☐ Disease Management
- ☐ Non-Smoking Benefit
- ☐ Health Risk Assessment
- ☐ Wellness Points Program
- ☐ SilverSneakers Program

Your Prescription Benefits

Allowances ABC insurance pays per prescription

In-network/ Out of Network	With Rollover
Group A Drugs	\$50
Group B Drugs	\$40
Group C Drug	\$30

Maximum amount per prescription/year

Group A,B Drugs	Up to \$300,000
Group C Drug	Up to \$300,000

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Your personal health finance and benefits statement

Your list of Medical Claims (for the period of Mar 31, 2013)

The list below depicts all your claims that occurred during this quarter (Jan 1-Mar 31, 2013). We processed this information from many sources and adjust it to specific plan agreements as per contract. If you have any questions about below information or if you believe a claim was processed incorrectly, you will need to submit a written "grievance & appeal" and also you can call the customer service number listed at the bottom of this page.

Service Dates		Place of Service *	CPT Code/Service Description	Diagnosis Code	Unit Charges (\$)	Days or Unit	Total Charges
From	To						
1/09/2013	12/09/2012	01	99212/Established Patient - Office Visit (10 minutes face to face)	520	\$50	1	\$50
2/4/2013	22/10/2012	55	99244/Consultation Visit – 60 minutes face to face with patient	590	\$250	1	\$250
2/29/2013	12/09/2012	01	99212/Established Patient - Office Visit (10 minutes face to face)	680	\$70	1	\$70
3/1/2013	22/10/2012	55	99244/Consultation Visit – 60 minutes face to face with patient	725	\$550	1	\$550
TOTAL					\$920	4	\$920

- *PLACE OF SERVICE CODES:**
- 01-Doctor's Office
 - 22-Member's Home
 - 33-Urgent Care
 - 54-Inpatient Hospital
 - 55-Outpatient Hospital
 - 66-Emergency Room
 - 87-Skilled Nursing Facility
 - 24-Nursing Home
 - 04-Other Medical/Surgical Facility
 - 08-Ambulance
 - 31-Psychiatric Facility
 - 06-Residential Treatment Center
 - 91-Retail Clinic
 - 61-Independent Laboratory
 - 99-Other Locations