

Don't worry, this is not a bill.

Jane Q. Member
123 Main Street, Apt #2
Indianapolis, IN 46268

Hi Jane — Here's your
Health Care Summary
as of March 24, 2017.

Also called an Explanation of Benefits (EOB), it's a quick and easy way to see the care you and your family got, and who pays what. Plus ways to save money and stay healthy.

Need help in a different language? Call us.
¿Necesita ayuda en español? Llámenos.
1-800-123-4567

Helpful resources

Message us

Log in to anthem.com/ca and select this icon

Call

1-800-123-4567 (TTY/TDD)

Go online

Log in to anthem.com/ca or use the Anthem BC Anywhere mobile app.

Sample

Look for 2 savings opportunities inside!

Claims summary

| | |
|------------------------------|-----------------|
| Doctor/facility charges: | \$983.00 |
| Your discounts: | – 584.03 |
| Due to your doctor/facility: | \$398.97 |
| Anthem Blue Cross paid: | – 0.00 |

What you pay: \$398.97

Preventive care reminders*

For Jane

- Breast cancer screening
- Colon cancer screening
- Diabetes check

For Tom

- Child well-care visit
- Flu shot

For Ben

- Child well-care visit
- Flu shot

*Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. Been to the doctor recently? It may not reflect your most recent services.

Tips and tools



Want us to email you instead?

Sign up to get EOBs by email instead of mail. It's easy! Log in to anthem.com/ca. Select this icon then Communication Preferences.

Urgent care without the urgent cost

If it's not an emergency, try an urgent care instead of the ER. It could save you an average of \$500. **UrgentCare Indy** is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

2017 year-to-date summary

Jane Q. Member **Member ID:** WWW900W90909 **Coverage:** Individual + Child(ren)
Group ID: 000123 - ABCDEFG Corporation

| Plan deductible | In-network deductible | Applied to date | Remaining deductible | Out-of-network deductible | Applied to date | Remaining deductible |
|-------------------|-----------------------|-----------------|----------------------|---------------------------|-----------------|----------------------|
| Individual | | | | | | |
| Jane Q. Member | \$1,500.00 | -\$500.00 | \$1,000.00 | \$2,500.00 | -\$750.00 | \$1,750.00 |
| Tom F. Dependent | \$1,500.00 | -\$500.00 | \$1,000.00 | \$2,500.00 | -\$100.00 | \$2,400.00 |
| Family | \$4,000.00 | -\$1,000.00 | \$3,000.00 | \$6,000.00 | -\$1,000.00 | \$5,000.00 |

| Out-of-pocket (OOP) maximum | In-network OOP max | Applied to date | Remaining OOP max | Out-of-network OOP max | Applied to date | Remaining OOP max |
|-----------------------------|--------------------|-----------------|-------------------|------------------------|-----------------|-------------------|
| Individual | | | | | | |
| Jane Q. Member | \$4,000.00 | -\$1,000.00 | \$3,000.00 | \$8,000.00 | -\$1,060.00 | \$6,940.00 |
| Tom F. Dependent | \$4,000.00 | -\$750.00 | \$3,250.00 | \$8,000.00 | -\$1,000.00 | \$7,000.00 |
| Family | \$8,000.00 | -\$1,750.00 | \$6,250.00 | \$10,000.00 | -\$3,000.00 | \$7,000.00 |



Copay is the flat-dollar amount you may pay for health care, such as doctor visits.

Deductible is the amount you pay for health care before we start sharing the cost.

Out-of-pocket maximum is the most you'll pay for covered health care in your plan year. After that, we'll pay for all your covered health care.

Need more info? Go to anthem.com/ca/glossary.

Claims details

Don't recognize these services?
Call the Fraud Hotline at 1-800-987-6543


Jane Q. Member | Claim number: 1234567891255 | Received: 3/6/17 | Doctor: Jennifer Jones, MD (Not in your plan)

Going to this doctor uses out-of-network benefits — if your plan has them.

You pay **\$175.00**.
Here's how it breaks down.

Your total cost

| Service date | Service | Reason code | Doctor charges | Your discounts | Due to your doctor | Anthem Blue Cross paid | Copay | Deductible | Your share of the cost (coinsurance) | Services not covered | |
|----------------|------------------|-------------|----------------|----------------|--------------------|------------------------|-------------|---------------|--------------------------------------|----------------------|-------------------|
| 1/26/17 | Special services | | 175.00 | 0.00 | 175.00 | 0.00 | 0.00 | 175.00 | 0.00 | 0.00 | = 175.00 |
| Totals: | | | 175.00 | 0.00 | 175.00 | 0.00 | 0.00 | 175.00 | 0.00 | 0.00 | = \$175.00 |

 **Savings Opportunity** Did you know our members save an average of \$123.25 by seeing a doctor in their plan? Visit anthem.com/ca or download the Anthem BC Anywhere app to find doctors in your plan.

Tom Dependent | Claim number: 1234567891255 | Received: 3/17/17 | Hospital: Methodist Hospital (In your plan)


Going to this hospital uses in-network benefits. This is your best value.

You pay **\$223.97**.
Here's how it breaks down.

Your total cost

| Service date | Service | Reason code* | Hospital charges | Your discounts | Due to your hospital | Anthem Blue Cross paid | Copay | Deductible | Your share of the cost (coinsurance) | Services not covered | |
|----------------|----------|--------------|------------------|----------------|----------------------|------------------------|-------------|---------------|--------------------------------------|----------------------|-------------------|
| 2/14/17 | ER Visit | 066 | 808.00 | 584.03 | 223.97 | 0.00 | 0.00 | 223.97 | 0.00 | 0.00 | = 223.97 |
| Totals: | | | 808.00 | 584.03 | 223.97 | 0.00 | 0.00 | 223.97 | 0.00 | 0.00 | = \$223.97 |

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

 **Savings Opportunity** You should always go to the ER or call 911 if you think you're in danger. For less serious situations, try urgent care. It could save you time and money. UrgentCare Indy is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

Not happy? Here are your appeal rights.

Any time you pay for a portion of your care, you have the right to question whether we calculated it right. We call that your appeal rights.

Call us at 1-800-123-4567

- Get help understanding this notice.
- Talk through your portion and our portion of these service costs, including any denials.

If you think something should have been covered (in whole or in part), but it wasn't, or it wasn't covered in the way you think it should be — you can appeal it and we'll take another look.

Here's how you file an appeal. Check your plan benefits for how long you have to file an appeal. Usually it's within 180 days of when we told you our decision. You or someone acting for you can send us a note saying you want to appeal. You can do this by secure message on [anthem.com/ca](https://www.anthem.com/ca). Make sure to select Grievances/Appeals as the subject of your message.

Or send us a note in the mail to:

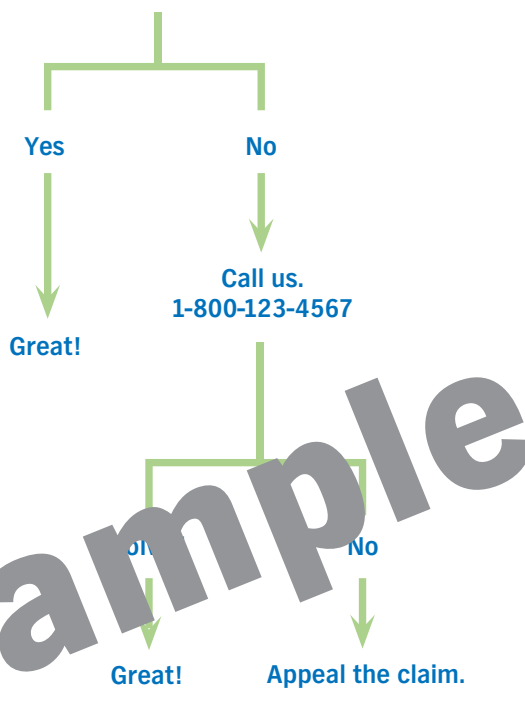
Grievances and Appeals
P.O. Box 105568
Atlanta, GA 30348-5568

Be sure your appeal includes:

- Patient info: name, member ID, address, phone number, date of birth
- Claim info: date(s) of the service, your doctor's name/address/phone number
- Any other info about your claim that you think is important

Do it online or in writing if you can. Or check your benefits booklet or plan documents to see if you can file an appeal by phone.

Do your claims in this document look correct?



If you need a decision fast, call us. You can ask for an "expedited appeal," and get an answer in about 72 hours, unless your benefits booklet or plan documents states otherwise. Use this option if:

- Your life or health is in danger.
- In your doctor's opinion, your pain can't be adequately controlled while you wait.
- You had emergency services, but haven't been discharged from the facility.

To ask for an expedited appeal or expedited review by someone outside our company — you, your doctor or someone acting for you can call the Member Services number on your ID Card or by mailing to the address provided for appeals.

Get more info on your claim — it's free. You can get billing, diagnosis or treatment codes and their meanings, or any other info we used to decide your claim, anytime. This includes any new or additional evidence or reasons for the decision on your claim. If we decided that any of the services aren't medically necessary or experimental, or used a guideline, criteria or clinical rationale in making our decision, you can get a copy of it free of charge. Just give us a call.

If you appeal, we'll review and give you a written decision within 30 calendar days from the date we received your appeal request. Check your benefits booklet to see if it gives a different time limit. If you still don't feel our response is right, or if you don't hear back from us in time, you may be able to ask for a review from someone outside our company, an independent third party. Their decision then is final.