

How Your Claims Get Paid...

Navigating the health care system can be confusing. Our job is to help make it easier so you can focus on what's important - staying healthy. Below is a chart that shows how your claims get paid and how to read your Explanation of Benefits.



Claims Summary: Explanation of Benefits

THIS IS NOT A BILL

Susie Q. Smith
Member ID: 11223344
Statement Period 02/01/2015 – 03/01/2015

Medical Services

Claim Number
Doctor/Facility
Claim Processed (Network)

12345678
Dr. Smith
02/01/2015 (In-network)

- A** Service Type
- B** Date of Service
- C** Amount Doctor/Facility Submitted

Office Visit
01/15/2015
\$100.00

Claim 12345678 Total \$100.00

Statement Period

	YOUR HEALTH PLAN(S) PAID		BREAKDOWN OF MEMBER RESPONSIBILITY					
	Member Price	Paid	Copay	Deductible	Coinsurance	Not Covered	Notes	Your Total Responsibility
	D	E	F	G	H	I	J	K
	\$100.00	\$80.00	\$20.00	-	-	-	-	\$20.00
Statement Period	\$100.00	\$80.00	\$20.00	-	\$0.00	\$0.00	-	\$20.00

Highmark Blue Shield of Northeastern New York (Highmark BSNENY) processes the claim according to your contract and calculates payment responsibilities for you and us. An Explanation of Benefits is sent to you.

An Explanation of Benefits is a summary of provider charges, contract allowances, and patient responsibility amounts.

- A** Service you received.
- B** Date of service provided.
- C** Amount charged by doctor or facility for service provided.
- D** The negotiated rate between the provider and Highmark BSNENY for that service.
- E** The amount paid by Highmark BSNENY.
- F** Copayments you may be responsible for paying (typically a set dollar amount).
- G** A set dollar amount you pay for your covered medical care before your benefits start.
- H** Your cost-share for services. The amount you are responsible for paying for certain covered services, (typically a percentage of the contract allowance for the service).
- I** Amount not covered under the terms of your health plan.
- J** An explanation of a payment or a reason for denial of a claim (if applicable).
- K** Total amount you are responsible for paying (combined total of copay, deductible, and/or coinsurance).



HIGHMARK
NORTHEASTERN NEW YORK

If Your Plan Has A Deductible...

...when you have not met your deductible

Claims Summary: Explanation of Benefits

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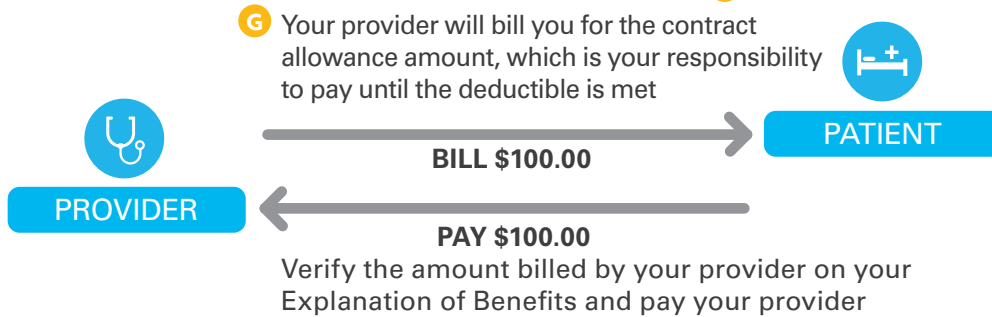
Susie Q. Smith

Member ID: 11223344

Statement Period 02/01/2015 – 03/01/2015

Medical Services

Claim Number Doctor/Facility Claim Processed (Network)	Service Type Date of Service Amount Doctor/ Facility Submitted	Member Price	YOUR HEALTH PLAN(S) PAID		BREAKDOWN OF MEMBER RESPONSIBILITY					
			Paid		Copay	Deductible	Coinsurance	Not Covered	Notes	Your Total Responsibility
12345678 Dr. Smith 02/01/2015 (In-network)	Office Visit 01/15/2015 \$100.00	\$100.00	\$0.00		-	\$100.00	-	-	-	\$100.00
Claim 12345678 Total		\$100.00								
Statement Period		\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	-	\$100.00	



...when your deductible has been met

Claims Summary: Explanation of Benefits

THIS IS NOT A BILL

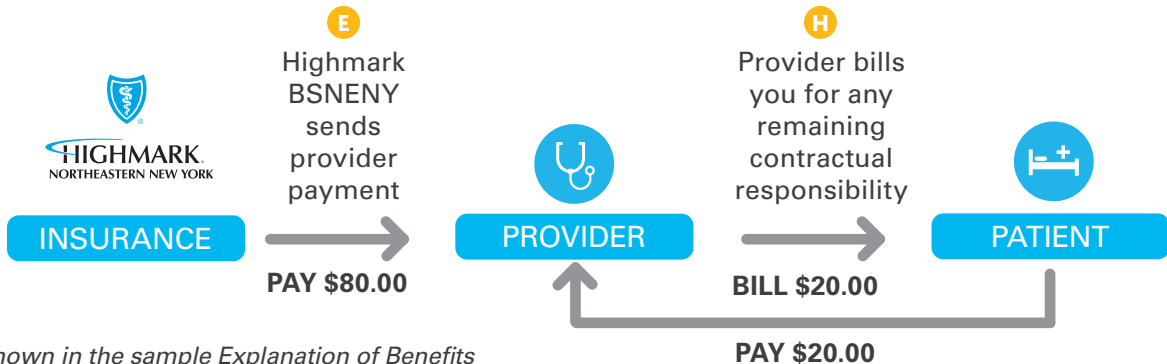
Susie Q. Smith

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Medical Services

Claim Number Doctor/Facility Claim Processed (Network)	Service Type Date of Service Amount Doctor/ Facility Submitted	Member Price	YOUR HEALTH PLAN(S) PAID		BREAKDOWN OF MEMBER RESPONSIBILITY					
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12345678 Dr. Smith 02/01/2015 (In-network)	Office Visit 02/01/2015 \$100.00	\$100.00	\$80.00		-	-	\$20.00	-	-	\$20.00
Claim 12345678 Total		\$100.00								
Statement Period		\$100.00	\$80.00	-	-	\$20.00	-	-	\$20.00	



The amounts shown in the sample Explanation of Benefits images are for illustrative purposes only. Actual amounts will vary according to the types of services received and the terms of your member contract.