



Your Health Care Summary – beyond an explanation of your benefits

Claims information, how to save money, ways to stay healthy – it's all there and more

You expect a lot from us as your health plan. That's ok. Challenge accepted! It's why your *Health Care Summary* includes all the details you're used to seeing in an explanation of benefits (EOB) – the care you got, what the charge was, how much you'll pay and how much we'll pay. But it doesn't stop there! Check it out ...



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

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Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	
(\$)	(\$)	(\$)	(\$)	(\$)
0.00	175.00	0.00	0.00	+ 175.00
0.00	175.00	0.00	0.00	+ 175.00

It's got everything you'll want to know about a claim.

In the *Claims summary* section, you'll get a quick look at how much the charge was for your care and how much of that you need to pay. For more details about a claim ... well, go to the *Claims details* page. It'll break down the amounts for your copay, deductible, coinsurance and services not covered to make it simpler to understand your claims.



Want to know how much of a claim went toward your deductible and out-of-pocket maximum?

Your year-to-date summary will give you a look at that and also show you how much is left until you reach those.

Jane Q. Member Member ID: WWWS00W90909 Coverage: Individual + Children
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	\$6,000.00	-\$2,000.00	\$4,000.00	\$10,000.00	-\$3,000.00	\$7,000.00

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Looking for savings opportunities?

Maybe you didn't know how much money you can save when you get care from a doctor or facility in your plan. Your *Health Care Summary* can show you easy ways to save on your out-of-pocket costs.



Preventive care reminders*

For Jane

- Breast cancer screening
- Diabetes check
- Colon cancer screening

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.

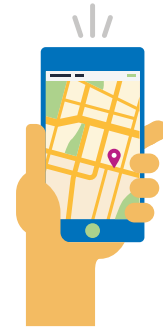
You'll also see any recommended preventive care you should get.

You know, the screenings, checkups, lab tests or vaccines you may have put off or the things you need to do if you have certain health conditions. If you have kids, it'll even show any preventive care they should get.



How about tips and tools on health and wellness, and ways to get the most out of your health plan?

Your *Health Care Summary* has those, too! For example, do you know where the closest urgent care is to your home? We do — and we'll make sure you do, too!



Claims details

Cost savings

Preventive care reminders

Tools & tips



What's in a name? A lot!

Your *Health Care Summary* is exactly what it says it is: a summary of all the important information you need to know about the health care you get.