



# About Your Meritain Health Member Statements

Do you find your Explanations of Benefits (EOBs) hard to read? We understand that reading your EOBs with claims information from your healthcare providers can be a lot to take in. The codes and different terms might leave you confused—but, we’re here to help. Your Meritain Health Member Statements can help you make sense of your claims, quickly and easily.

You can view your Member Statement online, 24 hours a day, 7 days a week at [www.meritain.com](http://www.meritain.com).

## Less hassle and confusion

Your Member Statements differ from EOBs with user-friendly, easy-to-read wording. The layout is similar to a bank statement—something that is familiar and simple to quickly review.


Member Statements will be mailed the second week of each month. At a glance, you’ll see all the claims processed in the previous month. You can still get your EOBs online. But you’ll only receive an EOB in the mail in the case of a coverage denial. These EOBs will contain instructions for filing appeals.

Not only do these statements have important claims information, they also give you tips to help you get and stay healthy. Member Statements also track your deductible and Health Reimbursement Arrangement (HRA) balances. This will help you manage your benefits, including your healthcare dollars.

## Member Statements include your:

- Amount of covered services.
- Claim number.
- Amount applied to deductible.
- Date of service.
- Amount of member responsibility.
- Billed amount.
- Covered amount.
- Provider’s name.

If you have questions, we can help. Simply call Meritain Health using the phone number on your ID Card.



P.O. Box 27267  
Minneapolis MN 55427

2015M0114  
1004 1004E

J243 [S] 1 of 2

**THIS IS NOT A BILL**


**Statement Period**

12/01/2014 - 12/31/2014 Print Date: 01/15/2015

**Customer Service Information**

For an Explanation of Benefits, specific information regarding your benefit plan coverage, and additional health and cost savings information, logon to [www.myMERITAIN.com](http://www.myMERITAIN.com) or contact Customer Service at the phone number on the back of your Member ID card.

**Did You Know?**

 Boost your health with winter vegetables! Try winter squash, full of vitamins A and C. Add kale or cabbage to salads or soups. Artichokes make a tasty side dish to most meats.

**Forwarding Service Requested**

\*\*\*\*\*SNGLP 1

5 1 SP  
JOHN A SAMPLE  
1234 MAIN ST  
ANYTOWN AZ 85000-1234

**Health Statement Summary**

Summary of Claims Paid 12/01/2014 - 12/31/2014		Plan Year Deductibles 01/01/2013 - 12/31/2013		In-Network	Out-of-Network
Paid by Health Coverage	\$732.51	Beginning		\$300.00	\$600.00
Patient Responsibility	\$143.22	Remaining		\$0.00	\$600.00
		01/01/2014 - 12/31/2014		In-Network	Out-of-Network
				\$300.00	\$600.00
				\$0.00	\$600.00

**Monthly Claim Detail**

Patient Name	Claim Number	Date of Service	Provider Name	Service Type	Billed Amount	Covered Amount	Applied to Deductible	Paid by Health Coverage	Patient Responsibility
JOHN A	GVL9999	10/28/2014	SAMPLE RADIOLOGY LLC	Medical	\$307.00	\$114.17	\$0.00	\$98.50	\$15.67
JOHN A	GXE8888	08/22/2014	MT SAMPLE REGIONAL	Medical	\$577.00	\$461.60	\$0.00	\$369.28	\$92.32
JOHN A	GXF7777	11/20/2014	BROWN MD	Medical	\$284.00	\$112.21	\$0.00	\$101.98	\$10.23
JOHN A	GXR9999	11/04/2014	JOE WHITE DC	Medical	\$90.00	\$45.00	\$0.00	\$20.00	\$25.00
JOHN A	GZN8888	10/28/2014	ANYTOWN PATHOLOGISTS	Medical	\$178.44	\$142.75	\$0.00	\$142.75	\$0.00

**You Should Know**

The following language is required by law and is for informational purposes only. This language is intended to assist those plan participants who may not speak English as their predominant language.

**SPANISH (Español):** Para obtener asistencia en español, por favor póngase en contacto con el número de teléfono que aparece arriba.

**TAGALOG (Tagalog):** Kung kailangan ninyo ng tulong sa Tagalog, mangyaring tumawag sa numero na nasa itaas.

**CHINESE (中文):** 如需中文協助,請撥打上述所列之電話號碼。

**NAVAJO (Dine):** Dinék'enyí nika'a'doowó'go, í áá shoodí h'í'áahdi béésh bee hane'é binumber bikáá'ígíí bishí' hodilinih.

265.7282015



# How To Read Your Member Statement

Member Statements replace Explanation of Benefits (EOBs) with user-friendly, easy-to-understand wording. The layout is similar to a bank statement—something that is recognizable and simple to quickly review.

Your Member Statements will be mailed the second week of each month. At a glance, you will see all claims processed in the preceding month. EOBs are always available online and will continue to be sent only in cases of coverage denials. These EOBs will contain instructions for filing appeals.

## Member Statement information:

### 1) Statement period and health tips.

### 2) Health Statement Summary.

- Summary of Claims Paid:** This includes your claims paid during the current month broken down by Health Coverage and Patient Responsibility.
- Plan Year Deductibles:** Are broken down into in-network and out-of-network amounts. Any deductibles for dependents will be presented individually. The amounts listed show your deductible balance(s) at the beginning of the plan year and your deductible amount(s) remaining for the year.

### 3) Monthly Claim Detail.

The monthly claim detail shows how your claims were processed during the statement period. The details include:

- A: The patient's name, claim number, date the service was provided, and the name of the provider.**
- B: The type of service provided** (such as "Medical," "Rx" or "Protected"). If the type of service and provider say "Protected," this means that the patient is a dependent 18 years or older. In such cases, government regulations stipulate that the information may not be shown in order to protect the dependent patient's privacy. Dental and prescription claims will appear on the member statement if paid under the medical plan.
- C: The amount billed for the service provided.**
- D: The amount covered under your plan.** If there is an asterisk (\*) in front of the amount, this indicates the claim was from an out-of-network provider. Generally, you may increase your benefit amount by using in-network providers.
- E: The amount applied to your annual deductible.**
- F: The amount paid by your plan.** This amount equals the (D) covered amount, minus (E) the amount applied to your deductible, minus any applicable copay and coinsurance.
- G: The amount of patient responsibility.** This amount does not reflect any copay or other payments made at the time of service. You should not make payment to your provider based on the amounts shown on the member statement, but should wait for the provider to send you a bill for the remaining balance.

**Meritain Health**  
P.O. Box 27287  
Minneapolis MN 55427

**THIS IS NOT A BILL**

Statement Period: 12/01/2014 - 12/31/2014  
Print Date: 01/15/2015

Forwarding Service Requested

\*\*\*\*\*5-DIGIT 3  
5 3 DP  
JOHN A SAMPLE  
1750 MAIN ST  
ANYTOWN AZ 85001-1234

**Health Statement Summary**

Summary of Claims Paid  
12/01/2014 - 12/31/2014 \$732.51  
Paid by Health Coverage \$143.22  
Patient Responsibility

Plan Year Deductibles  
01/01/2013 - 12/31/2013  
Beginning \$300.00  
Remaining \$0.00  
01/01/2014 - 12/31/2014  
Beginning \$300.00  
Remaining \$0.00

**Monthly Claim Detail**

Patient Name	Claim Number	Date of Service	Provider Name	Service Type	Billed Amount	Covered Amount	Applied to Deductible	Paid by Health Coverage	Patient Responsibility
JOHN A	CV18686	10/25/2014	SAMPLE RADIOLOGY LLC	Medical	\$307.00	\$114.77	\$0.00	\$89.00	\$15.97
JOHN A	QXE5888	08/22/2014	MT SAMPLE REGIONAL	Medical	\$677.00	\$461.60	\$0.00	\$369.28	\$92.32
JOHN A	QK17777	11/20/2014	BROWN	Medical	\$284.00	\$132.21	\$0.00	\$101.88	\$10.25
JOHN A	QXR9898	11/04/2014	JOE WHITE	Medical	\$60.00	\$48.00	\$0.00	\$20.00	\$25.00
JOHN A	QZ48888	10/26/2014	ANYTOWN PATHOLOGISTS	Medical	\$178.44	\$142.75	\$0.00	\$142.75	\$0.00

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**SPANISH (Español):** Para obtener información en español, por favor comuníquese en contacto con el número de teléfono que aparece arriba.

**INDO-CHINESE (Chinois):** Pour plus d'informations en chinois, veuillez communiquer avec le numéro de téléphone ci-dessus.

**CHINESE (Chinese):** 如需了解有关福利计划的详细信息，请拨打上面的电话号码。

The above sample member statement is provided for informational purposes only.

Questions? Just call Meritain Health Customer Service at the new number listed on your ID Card.

