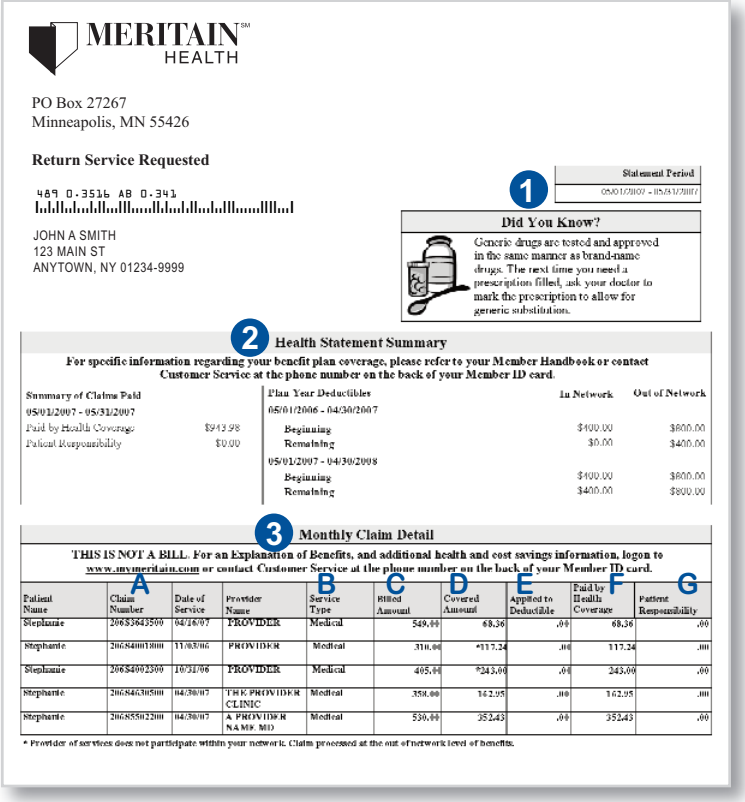
How To Read Your Member Statement

Collier County Sheriff's Office

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.



MERITAIN HEALTH

PO Box 27267
Minneapolis, MN 55426

Return Service Requested

489 0.3516 AB 0.341

JOHN A SMITH
123 MAIN ST
ANYTOWN, NY 01234-9999

1

Statement Period
05/01/2007 - 05/31/2007

Did You Know?

Generic drugs are tested and approved in the same manner as brand-name drugs. The next time you need a prescription filled, ask your doctor to mark the prescription to allow for generic substitution.

2 **Health Statement Summary**

For specific information regarding your benefit plan coverage, please refer to your Member Handbook or contact Customer Service at the phone number on the back of your Member ID card.

Summary of Claims Paid	
05/01/2007 - 05/31/2007	
Paid by Health Coverage	$943.98
Patient Responsibility	$0.00

Plan Year Deductibles	In Network	Out of Network
05/01/2006 - 04/30/2007		
Beginning	$400.00	$800.00
Remaining	$0.00	$400.00
05/01/2007 - 04/30/2008		
Beginning	$400.00	$800.00
Remaining	$400.00	$800.00

3 **Monthly Claim Detail**

THIS IS NOT A BILL. For an Explanation of Benefits, and additional health and cost savings information, logon to www.myMeritain.com or contact Customer Service at the phone number on the back of your Member ID card.

Patient Name	Claim Number (A)	Date of Service	Provider Name	Service Type (B)	Billed Amount (C)	Covered Amount (D)	Applied to Deductible (E)	Paid by Health Coverage (F)	Patient Responsibility (G)
Stephanie	206S3843500	04/16/07	PROVIDER	Medical	549.00	68.36	.00	68.36	.00
Stephanie	206S4003000	11/03/06	PROVIDER	Medical	310.00	*117.24	.00	117.24	.00
Stephanie	206S4002300	10/31/06	PROVIDER	Medical	405.00	*243.00	.00	243.00	.00
Stephanie	206S4630500	04/30/07	THE PROVIDER CLINIC	Medical	350.00	162.95	.00	162.95	.00
Stephanie	206S5502200	04/30/07	A PROVIDER NAME MD	Medical	530.00	352.43	.00	352.43	.00

* Provider of services does not participate within your network. Claim processed at the out of network level of benefits.

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

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.

Questions? Contact Meritain Health Customer Service at the number listed on your ID Card.

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www.myMERITAIN.com