

PLAN ACTIVITY STATEMENT

A COMBINED EOB/EOP



TRANSPARENCY TOOLS MAKE COST AND QUALITY EVEN CLEARER

Highmark offers a suite of decision-making tools that help members get the most value from their health plans and providers. Our Transparency Tools provide understandable cost and quality information so members can make smart decisions about their health care and spending. Simple to use and easily accessible, our Transparency Tools support innovative benefit designs that can help you achieve your cost-reduction, health-improvement strategy.

EOB AND EOP DETAILS IN ONE STATEMENT

The Plan Activity Statement consolidates the claims information in the Explanation of Benefits (EOB) with the spending account activity in the Explanation of Payment (EOP) into a single, user-friendly statement. This new document will be available to members who are enrolled in a Highmark medical product and a Highmark Spending Account, including:

- Health Savings Accounts (HSAs)
- Health Reimbursement Accounts (HRAs)
- Medical Flexible Spending Accounts (FSAs)

GREATER INSIGHT ON UTILIZATION AND SPENDING

The Plan Activity Statement captures multiple processed medical claims and spending account transactions in one document, replacing the separate statements that can arrive over a period of days or weeks. This gives members a clear, comprehensive view of what services have been performed, what they cost, what has been paid, and the amount they may owe. Plus members receive less mail, yet still get the information they need.

PLAN ACTIVITY SUMMARY			
Amount Billed		\$175.00	This is t
Discounts	-	\$47.50	Your ne
What Your Plan Paid	-	\$104.30	This am
What Your Spending Account(s) Paid	-	\$23.20	This am
WHAT YOU OWE OR MAY HAVE PAID	=	\$0.00	This is t paid, an reduce

DEC 12, 2011
NEED HELP? CALL 1 (800) 555-1212
9AM - 8PM EST MONDAY - FRIDAY
OR GO TO WEBSITE.COM
OR CALL TTY AT 1 (800) 555-2222

me SCOTT SMITH
123456789001
ABC COMPANY

YOUR PLAN ACTIVITY STATEMENT			
THIS IS NOT A BILL. PROVIDED FOR YOUR REFERENCE.			
SPENDING ACCOUNTS SUMMARY			
ACCOUNT TYPE	PLAN PERIOD START	PLAN PERIOD END	TOTAL ACCT. TRANSACTIONS
Health Reimbursement Account (HRA)	01/01/2011	12/31/2011	\$15.80
Flexible Spending Account (FSA)	01/01/2011	12/31/2011	\$7.40
The values in the Spending Accounts Summary only represent payment information. Check your account online for all the details.			
PLAN ACTIVITY SUMMARY			
Amount Billed	\$175.00	This is the total amount of all claims submitted.	
Discounts	- \$47.50	Your negotiated discounts saved you this amount.	
What Your Plan Paid	- \$104.30	This amount was covered by your plan.	
What Your Spending Account(s) Paid	- \$23.20	This amount was paid by your spending account(s) for medical claims.	
WHAT YOU OWE OR MAY HAVE PAID	= \$0.00	This is the amount you owe on services after we subtracted your discount, what your plan paid, and what your account(s) paid. Any amount you paid at the time of service may reduce the amount you owe.	

Continued on the back

EASY TO READ AND UNDERSTAND

Now members won't have to decipher insurance jargon and perform complex math calculations to figure out what has been paid and what may be owed. The Plan Activity Statement is written using simple language with clear explanations of claims payments and Health Spending Account charges, helping members to become more informed health care consumers. The combined statement also helps members plan for future FSA and HSA contributions.

SPENDING ACCOUNT TRANSACTIONS SUMMARY							
Plan Period 01/01/2011 - 12/31/2011							
PAYMENT AMOUNT	PAYMENT #	PAYMENT DATE	PAYMENT TO	DATE OF SERVICE	ACCOUNT(S)	CLAIM NUMBER	CATEGORY TYPE
\$10.00	123456	12/05/2011	Rite Aid Pharmacy	12/05/2011	HRA	N/A	PHARM Debit Card

The values in the Spending Account Transactions Summary only represent payment information. Check your account online for all the details.

BENEFITS-AT-A-GLANCE (YEAR-TO-DATE)							
Plan Period 01/01/2011 - 12/31/2011							
DEDUCTIBLE				OUT OF POCKET			
IN NETWORK				IN NETWORK			
Program \$300.00				Program \$1,000.00			
Individual	Deductible	Applied	Remaining	Individual	Maximum	Applied	Remaining
Scott	\$300.00	\$100.00	\$200.00	Scott	\$1,000.00	\$48.20	\$951.80
OUT OF NETWORK				OUT OF NETWORK			
Program \$500.00				Program \$2,000.00			
Individual	Deductible	Applied	Remaining	Individual	Deductible	Applied	Remaining
Scott	\$500.00	\$0.00	\$500.00	Scott	\$2,000.00	\$0.00	\$2,000.00

Please refer to your benefit booklet or agreement for further information. Amount(s) shown may include totals from claims which are still being processed and for which you have not been notified.

CONVENIENT STATEMENT FORMATS

The Plan Activity Statement will be produced on an extended cycle rather than on a daily cycle. Members who receive printed copies of their EOBs and EOPs will be mailed paper versions of the Plan Activity Statement. The new statement is also available online as a .pdf via member websites, and can be viewed on smart phones using a web browser.



Help manage quality and costs. Promote Transparency Tools to your members.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield, the Cross and Shield symbols, and Blue Distinction are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Inc.