Introducing Meritain Health Member Statements

Simplicity. Convenience. Value.

If you've ever felt mystified trying to decipher the confusing codes and terminology of Explanations of Benefits (EOBs), you'll welcome the new Meritain Health Member Statements.

Simplicity.

Member Statements replace 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.

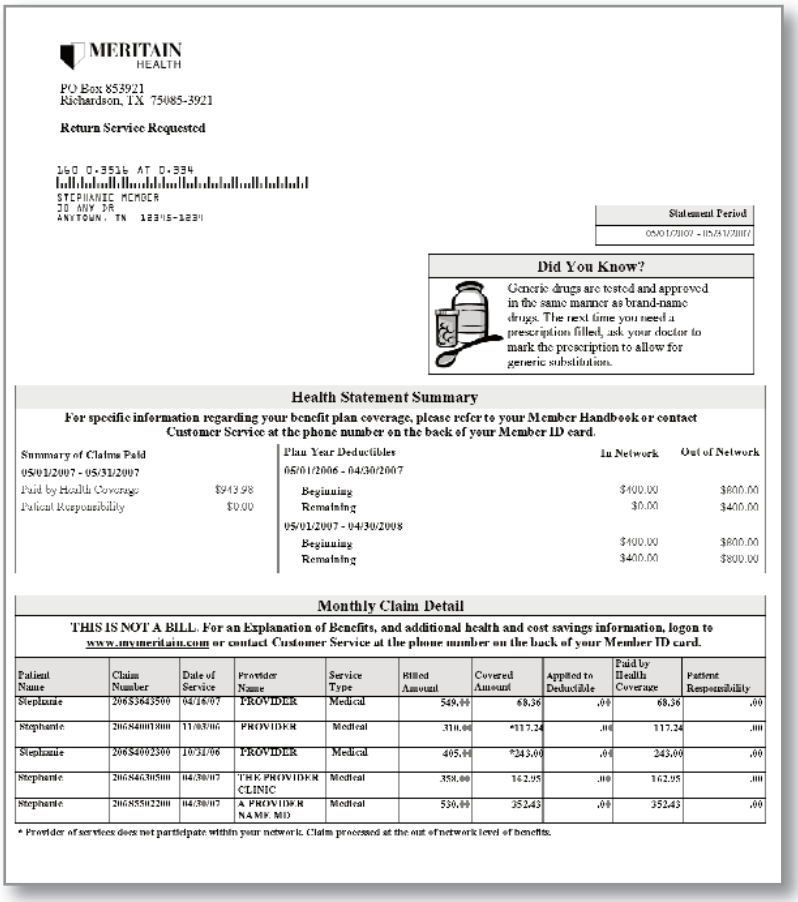
Convenience.

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.

Value.

Member Statements contain valuable information to help you gain the maximum advantage from your health benefits. They also contain advice to help you get and stay healthy.

Along with healthcare claims, Member Statements track your deductible balances. This information will help you manage your benefits, including your healthcare dollars.



MERITAIN HEALTH

PO Box 853921
Richardson, TX 75085-3921

Return Service Requested

160 0.3516 AT 0.334
STEPHANIE MEMBER
10 ANY DR
ANYTOWN, TN 12345-1234

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.

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

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	Date of Service	Provider Name	Service Type	Billed Amount	Covered Amount	Applied to Deductible	Paid by Health Coverage	Patient Responsibility
Stephanie	206S3643500	04/16/07	PROVIDER	Medical	549.00	68.36	.00	68.36	.00
Stephanie	206S4001800	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	358.00	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.

Member Statement information.

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

Questions? Please contact Meritain Health Customer Service at 1.888.668.6855. Remember, you can also view your member statement online, 24 hours a day, 7 days a week!

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www.myMERITAIN.com