SUMMARY OF HEALTH PLAN PAYMENTS

What is this?
This summary shows the amount covered by Blue Cross and Blue Shield of Vermont (BCBSVT) for the claim(s) listed below, and the amount that is your financial responsibility. This is not a bill; your health care provider(s) will bill you directly for the amount you owe, if you have not already paid that amount.

Summary Date: 05/01/20
Member Information
Service for: Plain Lazy
Member ID number: V846343427000
Group Number: 1N93001 SS01
Group Name: Silver Std Native American Hix

PAYMENT OVERVIEW
Amount Billed
The amount your provider charged for these services. $150.00
Provider Responsibility
You may not be billed for these amounts if the provider is participating with Blue Cross and Blue Shield. $0.00
Allowed Amount
The amount we consider reasonable for a covered service or supply. $106.47
Other Insurance Payments
Any payment made by another policy that covers you. Please keep in mind that if your Other Insurance policy made their payment directly to you, your provider may bill you for this amount in addition to the Amount You Owe that is shown below. $0.00
Plan Payment
Payments provided by your plan for your services. $0.00
What You Owe
The amount you may be billed if you have not already paid your provider. This includes your copayments, coinsurance, deductibles, and any amounts not covered by your health plan.
Copayments $0.00
Deductible $106.47
Coinsurance $0.00
Non Covered $0.00

Important information about your appeal rights
If you disagree with any portion of the information shown on your SHPP, you may appeal to Blue Cross and Blue Shield of Vermont (BCBSVT) for an explanation or correction of the information. This includes any claim that has been paid or is pending. To appeal, contact the number listed on your ID card.

Additional Information
Overview
Owning your health care expenses can help you understand your current health care costs and how those costs affect your coverage. In total, this document is an important tool for tracking and understanding your health care expenses.

Understanding your Summary of Health Plan Payments (SHPP)
This document is an important tool for tracking and understanding your health care expenses.

Most importantly, your SHPP is:
- a confirmation or record of what Blue Cross and Blue Shield of Vermont (BCBSVT) has paid on your behalf.
- a detailed account of the service(s) for which your provider billed you.
- a record for how much money you’ve spent throughout a plan year.

Reviewing your SHPP, whenever you receive care, will help you understand what your services cost you and your plan.

There’s a lot of information packed into an SHPP. So, we’ve organized it in this document so you can find what matters most to you.

1. totals page
This page shows a high-level overview of all the claims processed in the previous month.

2. terms-you-should-know page
This page is designed to help you understand health care terminology.

3. claims pages
These pages are organized by service categories, making it easier to track and understand expenses.

The SHPP contains three items of importance:
1. A totals page that provides high-level details about the costs for all of the claims processed in the previous month.
2. A terms-you-should-know page to help you understand health care terminology.
3. Claims pages, which you should use to compare the services you received to the services your provider billed BCBSVT, as shown on your SHPP.

Please note we use service categories on your SHPP to maintain your privacy and avoid overly complicated medical terminology. If you have any questions, please call the number listed on the back of your ID card.
Understanding your Summary of Health Plan Payments (SHPP)

### 3. claims page

**A** Service date: your date(s) of service for the care you received

**B** Service type: your service category, which may include medical, laboratory, X-ray, pharmacy, surgery, office, physical therapy and more.

**C** Amount billed: the total amount your provider billed for your care

**D** Provider responsibility: this is the amount your provider isn’t allowed to charge you in most cases.

**E** Allowed amount: the amount BCBSVT considers reasonable for a covered service or supply

**F** Plan payment: the amount BCBSVT paid for the care you received. This amount goes directly to your in-network providers.

**G** What you owe: the total amount you owe for the care you received.

**H** Benefit limits: these boxes provide a quick review of the total expenses applied toward your out-of-pocket limits and other benefit limits like chiropractic care and physical therapy.

**I** Co-payments: the fixed dollar amount, you must pay for specific services as shown on your Outline of Coverage

**J** Deductible: the amount you must pay toward the cost of specific services each plan year before your plan pays certain benefits

**K** Co-insurance: a percentage of the allowed amount you must pay after you meet your annual deductible amount

**L** Non covered: shows the amount you must pay for non-covered services billed to us by your provider.

**M** What you owe: the total amount you owe for the care you received

**N** Remark codes: explain what informational messages belong to each line of a claim.

**O** Not covered – due from patient: the amount owed to your provider, which may include charges above the allowed amount, or for services you had that BCBSVT doesn’t cover