



The HRA quarterly health statement: a brief overview

As a Blue Cross and Blue Shield of Georgia member, you will receive a quarterly health statement electronically. The health statement gives you a comprehensive view of how you're spending your health care dollars. Your statement will be posted to your account on bcbgsa.com.

Below is a sample health statement for the Health Reimbursement Arrangement (HRA) plan, along with an overview of the information that's provided in the statement.

BlueCross BlueShield of Georgia HRA No Rx
SAMPLE Your Quarterly Health Plan Status
 For the period from January 1, 2014 to March 31, 2014

Blue Cross and Blue Shield of Georgia
 P.O. Box 193379
 Atlanta, GA 30348-8379

JOE CONSUMER
 300 MAIN STREET
 ATLANTA, GA 30319

Joe Consumer
 H A P A ID: WEP9998817749004
 G : 9999w199r9
 C A T : Single
 D a P a : 04/11/2014

You can also view this statement online.
 Log on to bcbgsa.com for more details

1 Summary of Annual Benefit

S t a A a B F C a E 01/01/2014

HRA Allocation:	\$ 1,000.00	Your Annual Deductible*:	\$ 2,000.00
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Annual Out-of-Pocket Maximum Amounts:
 In-Network: \$ 4,000.00
 Out-of-Network: \$ 8,000.00

*Your deductible is the annual amount you pay - using your HRA and out-of-pocket - before you reach the coinsurance portion of the plan.

2 P a S a (B Y a D a) Plan Status

HRA Balance*:	\$ 500.00	Amount accumulated towards Annual Out-of-Pocket Maximum:	
Amount paid to satisfy deductible:	\$ 250.00	In-Network:	\$ 250.00
		Out-of-Network:	\$ 0.000.00

*Log on to anthem.com for your most up-to-date HRA balance information.

3 S t a H Y H a C a D a W S (B Y a D a) Summary of How Your Health Care Dollars Were Spent

Service Type	Amount
Preventive care	\$ 250.00
Non-preventive care	\$ 175.00
M	\$ 425.00
Brand name drugs	\$ 50.00
Generic drugs	\$ 25.00
RX	\$ 75.00
T a	\$ 500.00

4 S t a H Y E W P a (B Y a D a) Summary of How Your Expenses Were Paid

Source	Amount
HRA	\$ 250.00
P a a	\$ 250.00
Y	\$ 0.00

- 1 Summary of Annual Benefit**
HRA Allocation: Reminds you of the amount allocated to your HRA annually.
Your Annual Deductible: This is the amount you must pay, from your HRA and out of pocket (if you do not have enough funds in your HRA), before your insurance begins to cover any of your expenses.
Annual Out-of-Pocket Maximum: This is the maximum amount you will pay out-of-pocket for the year for in-network and out-of-network medical (e.g., doctor and hospital visits). Once you have reached this amount, you won't have to pay anything for covered medical services for the remainder of the plan year.
- 2 Plan Status**
HRA Balance: Indicates how much money you currently have in your HRA.
Amount paid to satisfy deductible: The amount you've paid (year to date) toward meeting your annual deductible.
Amount accumulated toward Annual Out-of-Pocket Maximum: Shows the amount you've spent (year to date) toward reaching your out-of-pocket maximum.
- 3 Summary of How Your Health Care Dollars Were Spent**
 This section provides a quick snapshot of how your health care dollars were applied towards general categories of types of services received.
- 4 Summary of How Your Expenses Were Paid**
 This section provides a quick review of the source from which your health care expenses were paid.

For additional information, please contact our Member Services line at 855-641-4862.



The HRA quarterly health statement: a brief overview

Below is a sample of additional components you will find on a quarterly health statement for the Health Reimbursement Arrangement (HRA) plan, along with an overview of the information the statement provides you.

HRA No Rx
SAMPLE
Your Quarterly Health Plan Status
For the period from January 1, 2014 to March 31, 2014

5 Summary of Recent Health Plan Activity (01/01/2014 to 03/31/2014)

Additions To Account		Claim Activity	
Employer Contribution:	\$ 1,000.00	Total paid from HRA:	\$ 250.00
Participant Election:	\$ 0.00	Amount Saved by Choosing Participating Network Providers:	\$ 240.11

6 Health Plan Activity Details (01/01/2014 to 03/31/2014)

Service Date	Posted Date	Member Name	Description	Claim Number	Amount (+/-)	Plan Paid		Your Resp**
						HRA	Other*	
01/01/14	01/10/14	Joe Co s mer	Yearly Accutio	XXXXXXXXXX	\$1,000.00	\$0.00	\$0.00	\$0.00
01/07/14	01/12/14	Joe Co s mer	Smit , Jbn MD	XXXXXXXXXX	\$150.00	\$5.18	\$0.00	\$0.00
02/26/14	03/01/14	Joe Co s mer	App vlp Pdi ltrics	XXXXXXXXXX	\$250.00	\$17.79	\$250.00	\$0.00
02/26/14	03/01/14	Joe Co s mer	Sampl Lab Diag ostics	XXXXXXXXXX	\$350.00	\$150.00	\$0.00	\$0.00
02/26/14	03/11/14	Joe Co s mer	R armacy	XXXXXXXXXX	\$50.00	\$50.00	\$0.00	\$0.00
03/26/14	03/31/14	Joe Co s mer	R armacy	XXXXXXXXXX	\$25.00	\$25.00	\$0.00	\$0.00
TOTAL This Period						\$250.00	\$250.00	\$0.00

7 Making the Most of My Plan

+ **HEALTHY** Diagnosis codes from your doctor's visit at your doctor's office are used to determine if you qualify for a beta blocker. A beta blocker can lower your risk of having a heart attack. We encourage you to communicate with your doctor about this suggestion to see if a beta blocker is right for you.

🔍 **HEALTHY** It is a rare type of recommendation that people obtain certain blood tests 3 months after starting Lipitor. These tests will re-check your cholesterol and triglyceride levels. When you receive a bill from a laboratory that shows you have had these tests, we recommend that you communicate with your doctor about this suggestion (55).

\$ **HEALTHY** Use generic drugs rather than brand name drugs to pay for your prescriptions. Receive a prescription for Provera. A brand name Provera costs \$65.00. A generic form of Provera costs \$7.00. By switching to the generic form, you can save \$395 per year. Talk to your doctor about this suggestion (55).

i **HEALTHY** Use generic drugs rather than brand name drugs to pay for your prescriptions. Receive a prescription for Provera. A brand name Provera costs \$65.00. A generic form of Provera costs \$7.00. By switching to the generic form, you can save \$395 per year. Talk to your doctor about this suggestion (55).

5 Summary of Recent Health Plan Activity

This section shows you the following:

- The annual contribution made to your HRA by SHBP.
- Any incentives you may have earned for taking certain steps to improve or maintain your health.
- Total amount paid from your HRA for covered services.
- Amount saved by visiting doctors, hospitals or other providers in the network.

6 Health Plan Activities Details

This section shows a breakdown of the claims received throughout the quarter, including the amount billed, how much was paid by your HRA, what was covered by traditional health coverage ("Other") and how much you're responsible for paying. If you're responsible for any expenses, you'll receive a bill for services from your provider.

7 Making the Most of My Plan

This section provides personalized tips on ways you can improve your health and take better advantage of the benefits offered through your health plan.

For additional information, please contact Member Services at 855-641-4862.