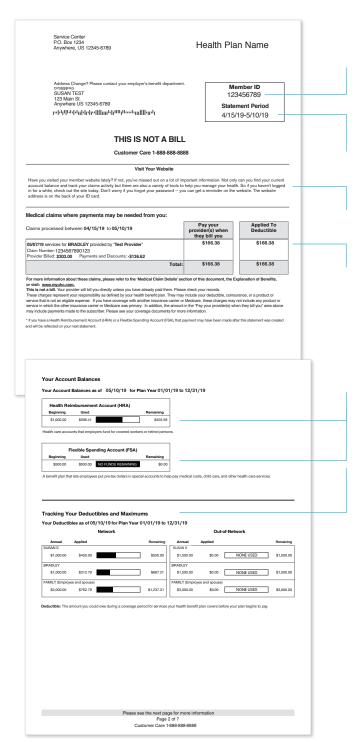
Understanding your health plan statement.



Member ID Number

A unique employee number that protects your Social Security number.

Statement Period

Your benefit plan activity during a period of time.

Message Center

Messages that promote better health awareness.

What You Owe (if applicable)

The amount you need to pay your health care professional if you did not pay at the time you received services.

Your Account Balances (if applicable)

Financial balances for your health reimbursement account (HRA) or flexible spending account (FSA).

Tracking Your Deductibles and Limits

Summary of your deductible and out-of-pocket limit and balances. Your health statement contains both network and outof-network balance information. You also will be able to see both your out-of-network deductible and out-of-pocket balance summaries.







Medical Claims Where Payments Are Not Needed From You

- A: Total amount billed by your health care professional or facility before any network discounts are applied.
- B: The discount health care professionals and facilities in our network agree to give you as a member.
- C: The amount the plan allows for health care services.
- **D:** Amount paid by your benefit plan for covered expenses.
- E: A fixed fee that medical plan subscribers must pay for their use of specific medical services covered by the plan. This may have been paid when you received services.

Depending on your benefit plan, your statement may have additional columns or sections.

Medical Claim Details

Detailed information from a claim for services you received. It will display what you may need to pay. This information can be used to support coordination of benefits for a secondary carrier or proof of claim for an external FSA.

- F: Total amount billed by your health care professional or facility before any network discounts are applied.
- G: The discount health care professionals and facilities in our network agree to give you as a member.
- H: The amount the plan allows for health care services.
- **I:** Amount paid by your benefit plan for covered expenses.
- J: A fixed fee that medical plan subscribers must pay for their use of specific medical services covered by the plan. This may have been paid when you received services.
- K: Amount you owe.

Columns will be shown only if part of your benefit plan.



Contact your UnitedHealthcare representative for additional information.

