

# Understanding EOB Terminology and Searching Vendor Websites

# Basic Insurance Definitions

## Allowable Charge

(Also referred to as the *Allowed Amount*, *Approved Charge* or *Maximum Allowable*)

This is the dollar amount typically considered payment-in-full by an insurance company and an associated network of healthcare providers. The Allowable Charge is typically a discounted rate rather than the actual charge.

# Allowed Amount Example

Example

**Scenario :** The plan member visits the doctor for an earache. The total charge for the visit comes to \$100.

- If the doctor is an in-network provider, he or she is required to accept \$80 (negotiated fee) as payment-in-full for the visit. **This is the *Allowable Charge*.** The remaining \$20 is considered provider write-off, for which the plan member cannot be billed.
- After the plan member pays the co-payment/or deductible/coinsurance, the health insurance plan will pay the remaining balance.

## Doctor Visit for Earache

Cost of visit	\$100
Negotiated Fee (Allowable Charge)	\$80
Doctor Write Off	\$20

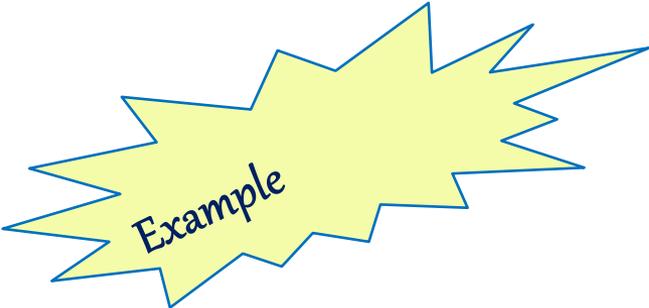
**NOTE:** If the doctor is an out-of-network provider then the plan member will be held responsible for the amount the health insurance company will not pay, up to the full charge of \$100.

# Basic Definitions - Continued

## Deductible

The amount the plan member owes for eligible healthcare services before the health insurance plan begins to pay.

# Deductible Example



Example

**Scenario:** If the deductible is \$1150, the plan won't pay anything until the plan member has met the deductible for covered healthcare services.

Cost of Services	\$1350
Member Deductible Paid	\$1000
Amount covered for eligible healthcare services	\$350

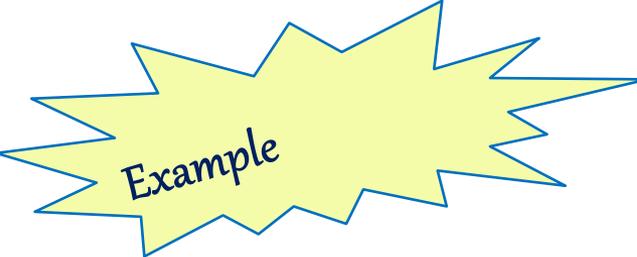
**NOTE:** The deductible does not apply to all services.

# Basic Definitions - Continued

## Co-insurance

The cost a member pays for a covered healthcare service. This cost is calculated as a percent of the allowed amount for the service (i.e. 80/20%). The member pays co-insurance plus any deductibles owed.

# Co-insurance Example



Example

**Scenario:** If the allowed amount for an office visit is \$100 and the plan member has met their deductible, the co-insurance payment of 20% would be \$20. The health insurance plan pays the rest of the allowed amount.

<b>Visit Allowed Amount</b>	<b>\$100</b>
Member pays 20% after deductible is met	\$20
Health Insurance Plan pays 80%	\$80

# Basic Definitions - Continued

## Participating Provider (Network Provider)

A provider who has a contract with the plan member's health insurance carrier to provide services to the plan member at a discount.

Members should use participating (network) providers to receive maximum benefits under the plan.

# Basic Definitions - Continued

## Non- Participating Provider (Non-Network Provider)

A provider who doesn't have a contract with the health insurer or plan to provide services to the plan member.

The plan member will pay more to see a non-participating provider. A non-participating provider would be considered “out of network.”

**Note:** Although the plan allows reduced benefits for eligible care received from providers not participating in the network, the cost to the member could be substantial.

# Understanding Costs

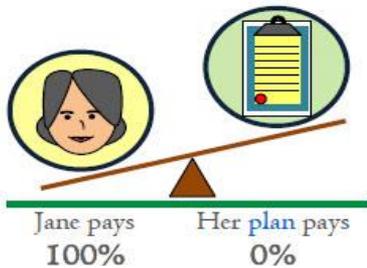
Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$3,900

January 1<sup>st</sup>  
Beginning of Coverage  
Period

December 31<sup>st</sup>  
End of Coverage  
Period

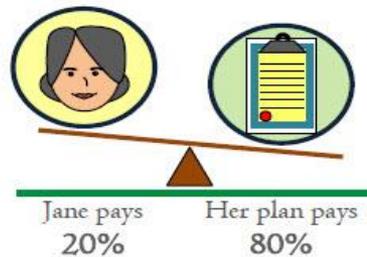


**Jane hasn't reached her \$1,500.00 deductible yet**

Her plan doesn't pay any of the costs.

Medical costs: \$125.00  
Jane pays: \$125.00  
Her plan pays: \$0

more costs

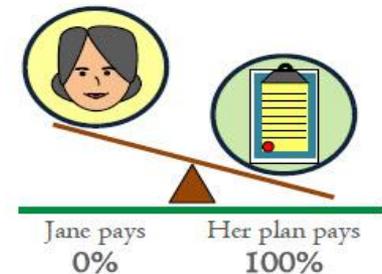


**Jane reached her \$1,500.00 deductible, co-insurance begins**

Jane has received multiple medical services and paid \$1,500.00 in total. Her plan pays some of the costs for her next visit.

Medical costs: \$75.00  
Jane pays: 20% of \$75 = \$15  
Her plan pays: 80% of \$75 = \$60

more costs



**Jane reaches her \$3,900.00 out-of-pocket limit**

Jane has received multiple medical services and paid \$3,900.00 in total. Her plan pays the full cost of her covered healthcare services for the rest of the year.

Medical costs: \$200  
Jane pays: \$0  
Her plan pays: \$200

# How to Find EOBs on [BCBST.com](http://BCBST.com)

Click Here to Log In or Register

Home



 **BlueAccess**

User ID

Password

REMEMBER ME

**LOG IN**

**What is BlueAccess?**  
BlueAccess enables you to view up-to-date policy and claim information in a secure online environment.

[Reset Password](#) | [Register Now](#) | [Member Tour](#)



Next, Click Here



of Tennessee BlueAccess

My Homepage | My Benefits & Coverage | **My Claims & Balances** | My Health & Wellness | Member Tools | My Account

---

**Explore tools and resources designed to improve your life.**  
 Did you receive a health coach message? Need to take your personal health assessment? Click "Get Started" to begin your journey.

[Get Started](#)

**My Recent Claims**

Date	Amount	My Portion	Member
No Claims			

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**My Balances** [Create Alerts](#)

Click On [Balance Details](#) to view Out-Of-Pocket & Deductible Balances.

**My Benefits**

**What's Covered** | **Who's Covered**

**Medical** | Dental

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---

**My Messages**

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- [Find a Doctor](#)  
Doctors, Hospitals, and Ratings
- [Member Tools](#)  
Research doctors and facilities
- [Wellness Resources](#)  
Wellness info and links
- [Your Guide to Blue Benefits](#)  
State of TN Guide to Blue Benefits
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**Special Interest**

**Cost and Quality Tools**  
Answers to your health care questions

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Click here to view or print EOBs



BlueAccess

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  - My Claims & Balances**
  - My Health & Wellness
  - Member Tools
  - My Account
- My Annual Statement
  - Printable EOBs
  - My Claims
  - My Balances
  - My FSA/HRA
  - My Preauthorizations

## My Claims & Balances

View your medical, dental and prescription drug claims history, compare your copayments against total charges and learn the status of your claims. Find out how much your health plan saves you.

### My Annual Statement



Review your annual health care expenses in a quick, easy summary.

### Printable EOBs



Print and view Explanation of Benefits (EOB) associated with your processed claims.

### My Claims



Check to see if your claims have been finalized. Browse by member's name, a date of service range and/or claim type (facility or physician). View up to 18 months of claim payment details.

### My Balances



Find out if you've met your deductibles, out-of-pocket limits, service limits and lifetime limits for your medical, dental and vision coverages.

### My FSA/HRA



View your accumulated and remaining Healthcare Reimbursement Account (HRA) and Flexible Spending Account balances.

### My Preauthorizations



Learn about the covered services that require a referral or pre-authorization.

We're Here to Help  
**Contact Us**

SITE MAP | PRIVACY & SECURITY | CAREERS | LEGAL | FIGHT FRAUD | EN ESPAÑOL  
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My Annual Statement

Printable EOBs

My Claims

My Balances

My FSA/HRA

My Preauthorizations

### Explanation Of Benefits (EOB)

To narrow your search, select the date of service range.  
[Understanding Your Explanation of Benefits](#)

Date Services Provided:

From:

To:

Search

Many of the documents on this site require the Adobe Acrobat Reader in order to view them. If you do not have an Acrobat Reader, you can download a Free copy from Adobe's site.



The plan member can adjust the dates to see all EOBs within a specific timeframe.

Double click on the PDF file you want to view

- [My Annual Statement](#)
- [Printable EOBs](#)
- [My Claims](#)
- [My Balances](#)
- [My FSA/HRA](#)
- [My Preauthorizations](#)

### Explanation Of Benefits (EOB)

Click one of the download links below to view the EOB. [View another date range.](#)

Show  entries

Search:

Patient Name ▲	Date Services Provided	Provider Name	Total Charge Submitted	Claim #	Medical/Dental	EOB Date	Action
	01/27/2015	LEWIS, ROZMOND J.	328.94		M	02/05/2015	
	04/22/2015	PATHGROUP LABS LLC	185.16		M	05/07/2015	
	04/22/2015	PATHGROUP LABS LLC	223.17		M	05/07/2015	
	04/22/2015	LEWIS, ROZMOND J.	176.46		M	05/07/2015	

Showing 1 to 4 of 4 entries

Many of the documents on this site require the Adobe Acrobat Reader in order to view them. If you do not have an Acrobat Reader, you can download a Free copy from Adobe's site.



Claim Number: EXTMM

Received 01/29/2015

Group Number: 80860

Identification No: S00  
 Patient Name:  
 Date Services Provided: 01/27/2015  
 Provider Name: LEWIS, ROZMOND J.

If you have questions about this statement, please call



1-800-558-6213

or visit Member Self-Service at our web site at [www.bcbst.com](http://www.bcbst.com) to view this information and more.

Chattanooga 8:00 A.M.-5:15 P.M. (ET)  
 Memphis 7:00 A.M.-4:15 P.M. (CT)  
 Monday - Friday

**SUMMARY**

Total Charge Submitted 328.94  
 Total Benefits Provided/Network Savings 303.94  
 Other Insurance Benefits .00  
 Amount You Owed Provider 25.00  
 (Contact your provider if you receive a bill for more than your EOB indicates that you owe.)

**THIS IS NOT  
A BILL**

**ITEMIZATION OF CHARGES**

Date of Service	Services Included	Submitted Charges	Network Savings	Deductible Amount	Coinsurance if Applicable	Copay if Applicable	Non-Covered	Notes	Paid Provider
01/27/15	Medical Services	272.92	138.54			25.00			109.38
01/27/15	Medical Services	46.02	24.96						21.06
01/27/15	Medical Services	10.00	9.84						.16
	TOTAL	328.94	173.34			25.00		Z3S	130.60

\* Z3S - You have used a network "S" provider.

Looking at this sample EOB, the **Allowed Amount** is equal to the amount paid to the provider plus the Member's copay.

Another way to see the **Allowed Amount** would be to look at the claim.

Click here

- My Annual Statement
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- My FSA/HRA
- My Preauthorizations

## Claims

View the status of your claims or those of your dependents. Search for a claim by date range and member(s). Details are available for each claim.

### Search for Claims and EOB

Member:  Type:  Date:

[Let me enter start & end dates](#)

[Need Help with this](#)

Click the details

[csv Download these claims](#)

Member	Description	Service Date(s)	Status	Total Charges	You Pay	Type	
	PathGroup Labs LLC	04/22/2015	Processed	\$ 223.17	\$ 0.00	Medical	<a href="#">Details</a>
	PathGroup Labs LLC	04/22/2015	Processed	\$ 185.16	\$ 0.00	Medical	<a href="#">Details</a>
	Lewis, Rozmond J.	04/22/2015	Processed	\$ 176.46	\$ 25.00	Medical	<a href="#">Details</a>
	Lewis, Rozmond J.	01/27/2015	Processed	\$ 328.94	\$ 25.00	Medical	<a href="#">Details</a>

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- My Preauthorizations

## Claim Details

[← Back to Claims](#)

[Understanding Your Claim](#) ?

Member Description	Lewis, Rozmond J.	Claim Type	EXTMM: Medical
Service Date(s)	01/27/2015	Status	Processed
Claim Received	01/29/2015	Network	Blue Network S
Claim Processed	02/05/2015		

[Download EOB for this claim](#) | [Search all EOBs](#) | [Review Provider](#)

Medical Balances	
As of 07/28/2015	
Amount Remaining	
Network	Deductible
<a href="#">In</a>	\$450.00
<a href="#">Out</a>	\$800.00
<a href="#">View Balance Details</a> →	

Claim Amount	BCBST and Other Pay		You pay		
Total charges	\$328.94	BCBST pays you	\$0.00	Co-pay	\$25.00
Network saving	\$173.34	BCBST pays provider	\$130.80	Deductible	\$0.00
		Other insurance pays	\$0.00	Coinsurance	\$0.00
		HRA pays	\$0.00	Not covered	\$0.00
Allowed amount	\$155.60	Covered amount	\$155.60	What you pay	\$200.00

### Services

Service	Submitted Charges	Allowed Amount	BCBST Pays Provider
Injections *PSV	\$10.00	\$0.16	\$0.16
Injections *PSV	\$46.02	\$21.06	\$21.06
Office - Practitioner Visit Primary Care *PSV	\$272.92	\$134.38	\$109.38

### \*Remarks

PSV This charge exceeds the maximum allowable under this member's coverage.

A member enrolled in the CDHP who has not met their deductible, would pay this amount.



# How to Find EOBs on Cigna.com

# Welcome

## State of Tennessee Group Insurance Program Members

- › Home
- › Provider Listing
- › Plan Extras
- › Online Resources
- › 2015 Documents
- › 2016 Documents
- › Cigna Dental DHMO Prepaid Plan

### Resources and Forms

- › Bariatric (PDF)
- › Medical Appeals (PDF)
- › Medical Claim Form (PDF)
- › Sample EOB (PDF)
- › How to Read EOB (PDF)
- › Transition of Care (PDF)

### 2016 Plan Information

How to find a dentist  
<http://cigna.benefitnation.com>

For active members please use our on-line tools at [www.myCigna.com](http://www.myCigna.com). Once you are logged on you will be able to search Cigna DHMO providers that will reflect providers specifically contracted for the State of TN participants.

For anyone who is not currently enrolled please continue to use <http://cigna.benefitnation.net/cigna/docdir.aspx> and the above supplemental information for a complete and accurate listing of State of TN DHMO providers.

#### Very IMPORTANT Dental Network Alert (please read)

[View DHMO Providers contracted specifically for State of TN participants](#)

These doctors have agreed to see SOT customers only and may be reflected and or not listed at all under [www.cigna.com](http://www.cigna.com).

How to find a medical provider (Local Plus Network)

Click here to Login to [www.myCigna.com](http://www.myCigna.com)

Once you're a Cigna member, get connected to your personalized website.

visit [www.myCigna.com](http://www.myCigna.com)

- A convenient and secure online resource
- Easy-to-use interactive tools
- Benefits and costs



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[HOW TO REGISTER](#)

[SITE BENEFITS](#)

### Login to myCigna.com

User ID

Password

[LOGIN](#)

[Forgot User ID](#) | [Forgot Password](#) | [Login Help](#)

Don't have a user ID and Password?

[REGISTER NOW](#)

[REGISTRARSE EN ESPAÑOL](#)

#### Registering to take the Health Assessment?

If you or your dependent(s) are registering to take the Health Assessment, each person must register separately and then log in with their own User ID and Password.

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Not sure which site to use? [» Other Cigna Websites & myCigna Capabilities](#)

Enter your User ID and Password or Register for an account



### Download the myCigna Mobil App

A simple-to-use app that can help make your life easier (and help while you're on the go).



- REVIEW MY COVERAGE +
- MANAGE CLAIMS & BALANCES +
- FIND A DOCTOR OR FACILITY
- ESTIMATE HEALTH CARE COSTS
- MANAGE MY HEALTH +

Alerts (1) On July 24, 201... same high-quali...

- Manage Claims & Balances
- Claims
- Balances & Account Transactions
- Reimbursement Requests
- Explanation of Benefits (EOB) Documents
- Claims & Balances Statements

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Get one today

**myCigna on the go**  
Find a doctor, view ID card information, check claims and more.  
[Learn More](#)

**Claims & account balances**  
View your claims and track your balances

### I want to...

- Print or Request ID Cards
- See my Explanation of Benefits (EOB) Documents
- See my Reimbursement Requests
- See my Health Records
- Change my Communication Preferences
- Go Paperless

### Stay Healthy

- My WebMD Health Manager

### Help

- Change Other Insurance Information
- Health Care Glossary

### Contact Cigna

- Customer Service & Claim Offices

Click either place to see the EOBs

## Explanation of Benefits (EOB) Documents

The plan member can change the time frame for the search.

[EXPLANATION OF BENEFITS \(EOB\)](#) [STATEMENTS](#)

VIEW »  FOR »  WITHIN »

- RELATED LINKS
- Your Claims Account Activity
  - Find Forms
  - Your Coverage Information
- NEED HELP

EXPLANATION OF BENEFITS RESULTS

Processed Date	Date(s) of Service	Patient	Reference #	EOB Type	
06/16/2015	06/11/2015			Medical claim	PDF
06/16/2015	06/11/2015			Medical claim	PDF

Click on PDF to view a claim

Go paperless, for convenience and speed. Get an email notification when a new document is posted online. [Switch Now.](#)

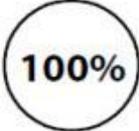
# Explanation of benefits

for a claim received for \_\_\_\_\_, Reference # \_\_\_\_\_

Summary of a claim for services on June 11, 2015

for services provided by APLLC

The **Allowed Amount** is calculated by subtracting the **Discount** from the **Amount Billed**. It is equal to **what the plan paid in this scenario**.

Amount Billed	\$94.00	This was the amount that was billed for your visit on 06/11/2015.
Discount	\$57.04	<b>You saved \$57.04.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$36.96	Your plan paid \$36.96 to APLLC.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved		You saved \$94.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

## Claims

Click here to access claims

[MEDICAL](#) [DISABILITY](#)

### Online Bill Pay

Pay for qualified health care expenses with your HSA dollars. Visit your HSA bank to use the online bill payment tool (login required). [PAY BILLS NOW](#)

### RELATED LINKS

- [Get Account Updates](#)
- [Your Coverage Information](#)
- [HSA Calculator](#)
- [Your Claim Forms](#)
- [Estimate Health Care Costs](#)
- [Print or Request ID Cards](#)

VIEW CLAIMS FOR: ▾ WITHIN ▾ Last 365 Days [FIND MEDICAL CLAIMS](#)

Customize My View

All EOBs | Download

Service Date	Provided By	For	Status	Amount Billed	What Your Plan Paid	My Account Paid	What I Owe	
06/11/2015	LAROCHE MD ELIZABETH R		Paid	\$240.00	\$125.78	--	\$0.00	<a href="#">Details</a>
06/11/2015	APLLC		Paid	\$94.00	\$36.96	--	\$0.00	<a href="#">Details</a>
12/08/2014	CARESPOT OF COOL SPG LLC		Processed	\$140.00	\$0.00	--	\$140.00	<a href="#">Details</a>
09/18/2014	CARESPOT OF MURFREESBORO		Processed	\$140.00	\$0.00	--	\$140.00	<a href="#">Details</a>

Click details to see claim information. Click customize my view to see more detailed information regarding claims.

## Medical Claim Details

Viewing: Medical claims for within the last 365 days.

Claim # 9431516602048

For: \_\_\_\_\_  
 Provided By: \_\_\_\_\_ APLLC  
 Network: \_\_\_\_\_ In-Network  
 Claim Received On: \_\_\_\_\_ 06/15/2015  
 Claim Processed On: \_\_\_\_\_ 06/16/2015

[Payment Details](#)  
[Right to Review and Appeal a Claim](#)  
[EOB for this claim](#) | [All EOBs](#)

The **Covered Amount** equals the Allowed Amount in this example. The plan member would pay this amount plus any **Amount Not Covered** (if the plan member saw an out-of-network provider) towards the deductible for the CDHP.

SERVICE(S) FROM: 06/11/2015 - TO: 06/11/2015									
Service Date & Type	Amount Billed	Discount	Amount Not Covered	Covered Amount	Copay / Deductible	What Your Plan Paid	Coinsurance	What I Owe	See Notes
06/11/2015 - LABORATORY	\$94.00	\$57.04	\$0.00	\$36.96	\$0.00	100% = \$36.96	\$0.00	\$0.00	0248
<b>TOTALS</b>	\$94.00	\$57.04	\$0.00	\$36.96	\$0.00	\$36.96	\$0.00	\$0.00	

The claim information provided reflects our data at the time your claim was processed. Due to ongoing claims processing activities, such as the payment of additional claims or an adjustment to this claim, the information may not show the final customer coinsurance amount, if one applies to your plan.

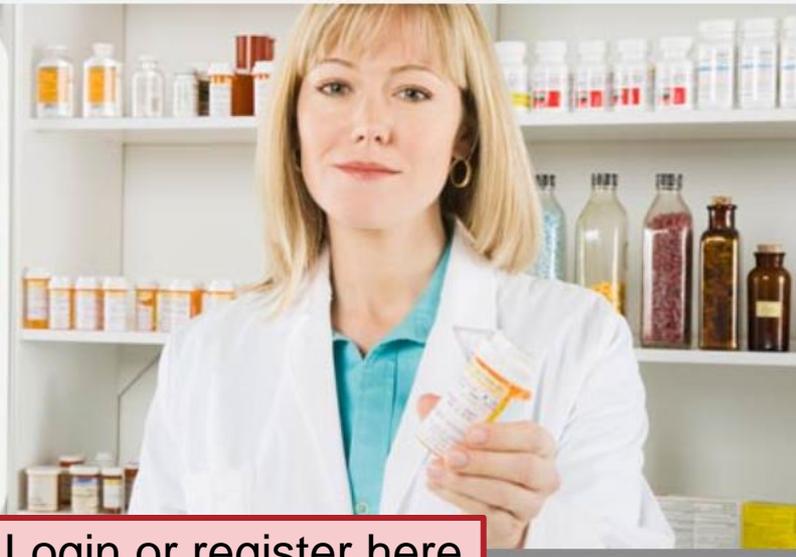
**NOTES**  
 0248-\$57.04 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.



# How to Find EOBs on Caremark.com

## Welcome State of Tennessee Group Insurance Program Plan Members!

CVS/caremark is your pharmacy benefit manager and mail service provider. We're here to help you save time, manage your medications and make cost-effective decisions for your family's prescription needs.



Login or register here

### **Changes to Diabetic Testing Supplies Coverage**

Effective January 1, 2015, OneTouch supplies will be the only diabetic testing supplies covered at the preferred brand copay. [Learn more.](#)



### CVS/caremark Mail Service Pharmacy

If you or someone in your family takes medications on an ongoing basis, you could pay less for those prescriptions by ordering a 90-day supply through CVS/caremark Mail Service Pharmacy.

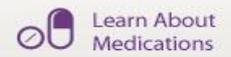
#### Members Sign In

**Sign In**

[Forgot Your Username?](#)

[Forgot Your Password?](#)

Hover over Order Prescriptions and then select View Rx History



Home > My D

Welco

Your perso  
secure mes



Your

Prescription Actions

Refill Prescriptions

Manage Automatic Refills and Renewals

Request a New Prescription

Transfer a Prescription

View Rx History

View Mail Service Order Status

Delivery Options

Start Mail Service

Learn About Pharmacy Services

Pharmacy Locator

Related Links

Forms for Print

You have no prescriptions ready for refill.

Request a New Prescription >

View your prescription list >



0 new message(s)

View inbox >

My Order Status

View all orders >

Welcome,

Search



Home



Order Prescriptions



Understand My Plan & Benefits



Find Savings & Opportunities



Learn About Medications



Ask a Pharmacist

Home » My Prescriptions » My Costs

Need Help?

Search by a specific date range here

### Your Prescription Cost Report

Choose a date range for the report

Jan. 2014

– Aug. 2015



Show all cost breakdowns

Show medicine names

Download



Print



Your Total Costs = \$155.68

Total: \$155.68

### Low Ogestrel Tab #28 0.3-0.03mg Tablet

Rx# 1379388

Qty 28 / 28 days supply

*This prescription is eligible for your FSA (flexible spending account).*

Fill Date: Jul. 11, 2015

View or Hide Cost Details

Your Cost: \$0.00

Hide Details x

Total Rx Cost:

\$16.56

Your Plan(s) Paid:

\$16.56

You Paid:

\$0.00

This is a medication that would still be covered at 100%

### Nasonex 5

Rx# 1336550

This prescription is eligible for your FSA (flexible spending account).

Fill Date : Jun.21, 2014

**Total Rx Cost:** \$162.75

**Your Plan(s) Paid:** \$127.75 **You Paid:** \$35.00

Copay/Co-insurance: \$35.00

This is a name brand medication. The plan member would pay what the **Total Rx Cost** under CDHP until deductible is met.

### Methylprednisolone 4mg Tab Ds Pk

Rx# 1333776 Qty 21 / 6 days supply

This prescription is eligible for your FSA (flexible spending account).

Fill Date : Jun.10, 2014

**Total Rx Cost:** \$4.52

**Your Plan(s) Paid:** \$0.00 **You Paid:** \$4.52

Copay/Co-insurance: \$4.52

This is a generic medication. The plan member would still pay the **Total Rx Cost** for this medication until deductible is met.

### Epipen 2-Pak 0.3mg Auto Injct

Rx# 1316526 Qty 2 / 2 days supply

This prescription is eligible for your FSA (flexible spending account).

Fill Date : Mar.30, 2014

**Total Rx Cost:** \$311.24

**Your Plan(s) Paid:** \$276.24 **You Paid:** \$35.00

Copay/Co-insurance: \$35.00

This is a name brand medication. You would pay what the **Total Rx Cost** under CDHP until deductible is met.

**PARTNERS**  
**FOR HEALTH**

**Questions?**