

# Your Vanderbilt Explanation of Benefits (EOB) and Monthly Claims Statement

Your Vanderbilt Explanation of Benefits (EOB) and Monthly Claims Statement shows you how we processed your claim. Vanderbilt has a 3-tier level of benefits:

- Vanderbilt In-Network: (using a Vanderbilt provider or facility)
- Network S In-Network: (using a provider or facility participating in the BlueCross BlueShield of Tennessee Network S)
- Out of Network: (using a provider or facility that is not participating in Network S)

When reviewing your EOB or Monthly Claims Statement, the "In-Network" and "Out of Network" headings reflect the "Vanderbilt In-Network" and "non Network S providers". "Network S In-network" is not reflected on your EOB or statements but there is a separate deductible for in-network S. To find how much of the in-network deductible you have met, please call BlueCross BlueShield of Tennessee Customer service at 1-800-565-9140.

**BlueCross BlueShield of Tennessee**  
 1 Cameron Hill Circle  
 Chattanooga, Tennessee 37402

DATE: 10/06/2010

**EXPLANATION OF BENEFITS**

CHRIS B HALL  
 1 MAIN ST  
 ANYTOWN TN 34567

Please retain this EOB for your records.

You can now receive Advance EOB Notice by email to check your claim status faster and reduce paper clutter. Go to [www.bcbst.com](http://www.bcbst.com) BlueAccess for Members and register.

**Summary of BlueCross BlueShield of Tennessee, Inc. Claim Processed on 10/06/2010**

Claim Number: EXTDD123456      Received 09/24/2010      Group Number: 123456

Identification No: 987654321  
 Patient Name: CHRIS B HALL  
 Date Services Provided: 09/14/2010  
 Provider Name: DRABLE, JOHN B

**SUMMARY**

Total Charge Submitted	99.00
Total Benefits Provided/Network Savings	64.00
Other Insurance Benefits	.00
Amount You Owed Provider	35.00

(Contact your provider if you receive a bill for more than your EOB indicates that you owe.)

**ITEMIZATION OF CHARGES**

Date of Service	Services Included	Submitted Charges	Network Savings	Deductible Amount	Coinsurance if Applicable	Copy if Applicable	Non-Covered	Notes	Paid Provider
09/14/10	Medical Services	65.00	1.79			25.00			38.65
09/14/10	Pathology	24.00	18.06						5.94
09/14/10	Pathology	10.00					18.80	NCP	.00
TOTAL		99.00	19.85			25.00	10.00		44.55

\* NCP - Benefits for this service are excluded under this member's plan.

**ACCOUNT STATUS**  
 AT END OF DAY 10/06/2010 FOR THE YEAR 2010:

This individual has now paid the following amounts toward DEDUCTIBLE:

IN-NETWORK	OUT-OF-NETWORK
\$ 79.24 Individual	\$ 79.24 Family

This individual has now paid these amounts toward OUT-OF-POCKET MAXIMUM:

IN-NETWORK	OUT-OF-NETWORK
\$ 79.24 Individual	

**THIS IS NOT A BILL**

If you have questions about this statement, please call 1-800-565-9140 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

You have the right to appeal the results of this claim. If your plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the appeal must be submitted within 180 days of this Explanation of Benefits. Under ERISA you may file a civil action after the appeal decision. Please refer to the appeals section of your Evidence of Coverage or contact Customer Service.

Page 1 of 2  
 Thank you for allowing us to serve you. Please visit our Web site at [www.bcbst.com](http://www.bcbst.com)

**BlueCross BlueShield of Tennessee**  
 CORPORATION, INC  
 EMPLOYEE HEALTH BENEFIT PLAN

**MONTHLY claims statement**

Jane Doe  
 123456780

If you have questions about this statement, please call 1-888-325-8386 or use BlueAccess on our Web site, [bcbst.com](http://bcbst.com), to view this information and more.

8:00 A.M. - 6:00 P.m. (ET)  
 Monday - Friday

**Your Family Deductibles & Out-Of-Pocket Maximums**  
 At the end of day (10/31/2009) for the year 2009:

Medical	Deductible Met		Out-of-Pocket Met	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Family	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00
Individual:				
Jane	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00
John	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00
Jim	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00
Jack	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00

Dental	Deductible Met	Annual Max Met	Orthodontic Lifetime Max Met
	Individual:		
Jane	\$000,000.00	\$000,000.00	\$000,000.00
John	\$000,000.00	\$000,000.00	\$000,000.00
Jim	\$000,000.00	\$000,000.00	\$000,000.00
Jack	\$000,000.00	\$000,000.00	\$000,000.00

**Explanation of Codes**

**COS** - This procedure is not eligible for benefits under this member's coverage because it was performed for Cosmetic purposes. Upon written request, a copy of any internal guidelines or similar criteria relied on to make this decision and an explanation of the clinical decision applying your Member EOC to your condition will be provided free of charge.

**INV** - This procedure is considered investigative and is not covered under this member's plan. Upon written request, a copy of any internal guidelines or similar criteria relied on to make this decision and an explanation of the clinical decision applying your member EOC to your condition will be provided free of charge.

**TRC** - Benefits cannot be provided because there was no authorization and/or referral for this service. Upon written request, a copy of any internal guidelines or similar criteria relied on to make this decision and an explanation of the clinical decision applying your member EOC to your condition will be provided free of charge.

**UM1** - The number of services provided exceeds the number approved in the Utilization Management authorization.

**W04** - The provider must submit the NDC, drug name, RX number, strength, day supply and quantity before benefits can be provided.

**W54** - The provider must submit this patient's medical records. Please reference this claim number and member id when you submit the records.

You have the right to appeal the results of this claim. If your plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the appeal must be submitted within 180 days of this Explanation of Benefits. Under ERISA you may file a civil action after the appeal decision. Please refer to the appeals section of your Evidence of Coverage or contact Customer Service.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

3



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[bcbst.com](http://bcbst.com)