

Monthly Explanation of Benefits Statement Easier to read and less confusing

CBCA Administrators, Inc. (CBCA) recognizes that healthcare is confusing and frustrating, and receiving multiple explanation of benefits (EOBs) within a month only compounds the confusion. To assist you, effective July 1, 2009, we will begin consolidating individual EOBs from the prior month into one monthly statement. Claims processed during the month are consolidated into one easy-to-understand statement, making reconciliation of your bills much simpler.

A Monthly EOB Statement will be mailed to you instead of a separate EOB for each time a claim is processed for you or a family member. If you still wish to view individual EOBs, Electronic Individual EOBs are available online each time a claim is processed. Login and click on “My Benefits / My Claims” to view and print individual EOBs specific to a particular claim. To make it easier, many search options are available to help you search for a specific claim or for claims within a specific date range.

Email EOB Notification is a benefit offered where you receive an immediate email notification each time a claim has been processed and posted to our secure, password protected site. Once you are signed up, an email notification will be sent to the email address found in your “Personal Profile.”

Sign up today and check EOBs any time! If you need information sooner than once a month, require a copy of an individual EOB or want to be notified each time a claim is processed and posted, then follow these easy login instructions:

CBCA Connect Login Instructions:

1. Go to www.cbca.com.
2. Enter the Group Number found on your ID Card and click Submit. If you are logging in for the first time, follow the new user Sign Up instructions to create a new account.
3. Enter your Username and Password.

Sign Up for the EOB Notification Feature:

1. Click on Personal Profile.
2. Under Profile Information, enter your email address.
3. Click on Update Fields.



CBCA Administrators, Inc.
 P.O. Box 1272
 Minneapolis, MN 55440-1272

For Customer Service call: 1-888-446-5710

WHITE STOCK
 2009052001AO



Forwarding Service Requested

TEST

Date: 05/01/2009

Plan Sponsor Name: HEALTHSHARE PPO MEDICAL PLAN

Group No: 0000099

52 0.3994 SP 0.990

SINGLE PIECE



JOHN DOE
 123 MAIN STREET
 FAIRFIELD, TX 75840-5314

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GO GREEN! Sign up to receive and view your information on-line at www.cbca.com

ENV 52 1 OF 1

EXPLANATION OF BENEFITS - KEEP THIS STATEMENT FOR TAX PURPOSES - NO OTHER RECORD WILL BE PROVIDED

Dates of Service	Service Code	Nature of Service	Total Charge	Exclusions			Covered Expenses	Copay Amount	Deductible Amount	Pay %	Amount Payable
				Ineligible	*	Discount					
Subscriber: JOHN DOE		Subscriber ID #: 0000001234		Claim/EOB No: 00000099-01							
Patient: JANE B DOE		Account #: C01010101010		Provider: FRIES, MATHEW MD							
12/05-12/05/2008	99283	OP PHYSICIAN	312.00	91.62	J6	0.00	220.38	0.00	0.00	80	176.30
Claim Totals			312.00	91.62		0.00	220.38	0.00	0.00		176.30
Check Date:	03/30/2009	Check Amount:	176.30	Other Insurance:			0.00	Subscriber Responsibility:			135.70

Subscriber: JOHN DOE		Subscriber ID #: 0000001234		Claim/EOB No: 00009999-01							
Patient: JANE B DOE		Account #: 012000099 PAC01234		Provider: ROBY, DONNA MD							
02/05-02/05/2008	62319	INELIGIBLE EXPENS	950.00	950.00	O5	0.00	0.00	0.00	0.00		0.00
Claim Totals			950.00	950.00		0.00	0.00	0.00			0.00
Check Date:	03/30/2009	Check Amount:	0.00	Other Insurance:			0.00	Subscriber Responsibility:			950.00

PAID IN ACCORDANCE WITH HEALTHSMART

Subscriber: JOHN DOE		Subscriber ID #: 0099000119		Claim/EOB No: 068000000-01							
Patient: JAMES J DOE		Account #: 000101001999		Provider: JAMES, DONALD MD							
08/13-08/13/2008	93307 26	IP PHYS XRAY	226.00	0.00	XA	151.88	74.12	0.00	0.00	80	59.30
08/13-08/13/2008	93320 26	IP PHYS XRAY	138.00	0.00	XA	107.27	30.73	0.00	0.00	80	24.58
08/13-08/13/2008	93325 26	IP PHYS XRAY	98.00	0.00	XA	92.68	5.32	0.00	0.00	80	4.26
Claim Totals			462.00	0.00		351.83	110.17	0.00	0.00		88.14
Check Date:	04/10/2009	Check Amount:	88.14	Other Insurance:			0.00	Subscriber Responsibility:			22.03

PAID IN ACCORDANCE WITH HEALTHSMART

Claim Summary	1,724.00	1,041.62	351.83	330.55	0.00	0.00	264.44
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DESCRIPTION OF REMARKS/ BENEFITS

*The specific reason(s) and plan provision(s) on which this benefit determination is based is:

- J6** CHARGES EXCEED USUAL & CUSTOMARY ALLOWANCE
- O5** FILING TIME LIMIT HAS LAPSED FOR THESE CHARGES
- XA** THE PROVIDER HAS AGREED TO ACCEPT THE REDUCED PAYMENT BASED ON THE NETWORK FEE SCHEDULE. THE MEMBER IS NOT RESPONSIBLE FOR THE DISCOUNTED PORTION OF THIS CLAIM.

You have a right to appeal this benefit decision to your health plan by following the appeal procedure. The appeal procedure is intended to provide you with a full and fair review of benefit decisions. You must file your appeal within 180 days of the date you receive this Explanation of Benefits. You may submit written comments, documents, records and other information relating to the claim. You have a right to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, internal rules, guidelines, protocols, criterion and/or an explanation of any medical judgment relied upon in making this benefit determination. The review on appeal will be a "fresh" look at your claim without reference to the original benefit decision. It will be conducted by a person(s) who was not involved in the original decision, and who does not report to the person(s) involved in the original decision. You will be notified of the decision following review within a reasonable period of time but not later than 60 days after the plan receives your request for review. You have the right to bring a civil action under ERISA§502(a) if you file an appeal and your request for coverage or benefits is denied following review of your appeal. If you decide to appeal this denial by requesting a review as described above, you must do so within 180 days. Direct the appeal to the customer service phone number listed above or to the Appeal Department at the address printed in the upper left corner of this Explanation of Benefits.