What’s in your claim recap?

Each time you or a health care provider file a claim with your health plan, Anthem Blue Cross and Blue Shield (Anthem) gives you a claim recap. The recap helps you see how your Anthem Consumer-Driven Health Plan with health savings account (HSA) works for you. It describes the services received, what they cost and how your plan handled the claim.

To view your claim recap, log in to anthem.com and go to the Claims section. We’ll also send a copy in the mail if you owe any money toward the claim. If you don’t want to get a copy in the mail, see below for a quick how-to on going paperless.

Here are the key things to look for on your claim recap.

1. Summary of this claim
   - Amount of the claim
   - Amount you’ll need to pay out of pocket, if any
   - Amount that applies toward reaching the traditional health coverage portion of the plan — when you and the plan each pay a percent of the cost for covered services

2. Status of your program
   - Amount you’ve spent on covered services during the plan year — a good way to see how much is left before your traditional health coverage kicks in or you reach your annual out-of-pocket maximum

3. Claim payment details
   - A breakdown of the claim, including the amounts paid through traditional health coverage

For more information, call the Member Services number on your member ID card.

Anthem Blue Cross and Blue Shield is the trade name of:
- In Colorado: Rocky Mountain Health Plan and Medical Service, Inc., HMO products underwritten by HMO Colorado, Inc., in the Denver metropolitan area; and HMO Rocky Mountain Health Plans of Aurora, Inc., in the Denver metropolitan area.
- In Connecticut: Anthem Health Plans, Inc.
- In Delaware: Blue Cross and Blue Shield of Delaware, Inc.
- In Indiana: Anthem Insurance Companies, Inc.
- In Kentucky: Anthem Health Plans of Kentucky, Inc.
- In Maine: Anthem Blue Cross and Blue Shield of Maine (BCBSMe), HMO products underwritten by Anthem Health Plans of Maine, Inc.
- In Maryland: Blue Cross and Blue Shield of Maryland, Inc.
- In Massachusetts: Blue Cross and Blue Shield of Massachusetts, Inc.
- In Minnesota: Blue Cross and Blue Shield of Minnesota, Inc.
- In Missouri: Blue Cross and Blue Shield of Missouri, Inc.
- In New Hampshire: Anthem Health Plans of New Hampshire, Inc.
- In New Jersey: Blue Cross Blue Shield of New Jersey, Inc.
- In North Carolina: Blue Cross and Blue Shield of North Carolina, Inc.
- In Ohio: Blue Cross Blue Shield of Ohio, Inc.
- In Oregon: Blue Cross Blue Shield of Oregon, Inc.
- In Pennsylvania: Blue Cross Blue Shield of Pennsylvania, Inc.
- In Rhode Island: Blue Cross and Blue Shield of Rhode Island, Inc.
- In South Carolina: Blue Cross and Blue Shield of South Carolina, Inc.
- In Tennessee: Blue Cross and Blue Shield of Tennessee, Inc.
- In Texas: Blue Cross and Blue Shield of Texas, Inc.
- In Virginia: Anthem Health Plans of Virginia, Inc.
- In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), HMO products underwritten by Blue Cross and Blue Shield of Wisconsin, Inc.

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What is your out-of-pocket responsibility?

Your out-of-pocket responsibility may increase if you do not use a participating network provider. Your out-of-pocket responsibility may increase if you exceed a service limit or if you exceed a covered benefit and don’t apply to your health plan or benefit.

Your annual out-of-pocket maximum is the total amount you can spend on covered services during the plan year — the total amount you must pay out of pocket for covered services. This amount includes any coinsurance you must pay.

Amount you’ve spent on covered services during the plan year — a good way to see how much is left before your traditional health coverage kicks in or you reach your annual out-of-pocket maximum

Claim payment details

A breakdown of the claim, including the amounts paid through traditional health coverage

How to get your health plan claim recaps online*

1. Log in to anthem.com (if you haven’t registered yet, you’ll need to register to log in).
2. Pick Profile.
3. Choose Email Preferences.
4. Select Primary Email Address.
5. Choose Save/Update.

* Only the primary person on the plan (the subscriber) can pick this option.