

My Medical and Pharmacy Claims Summary

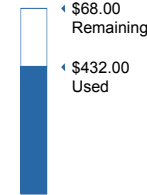
Your total medical and prescription amount charged	\$5300.00
Your FEP member discount	\$500.00
Your Health plan paid	\$3250.00
YOU OWE OR PAID	\$1550.00

Did you know?

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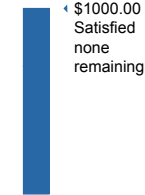
Deductible

Individual



\$500.00 TOTAL

Family

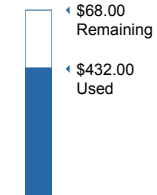


\$1000.00 TOTAL

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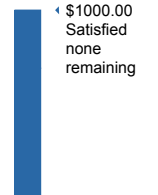
Catastrophic Benefit

Preferred



\$500.00 TOTAL

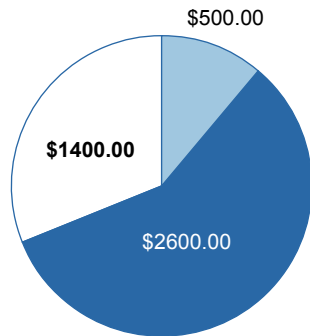
Combined



\$1000.00 TOTAL

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Medical Claims

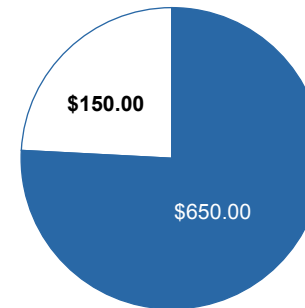


Medical Claims Summary

Total medical amount billed	\$4500.00
Your FEP member discount	\$500.00
Your Health plan paid	\$2600.00
YOU OWE OR PAID	\$1400.00

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Pharmacy Claims



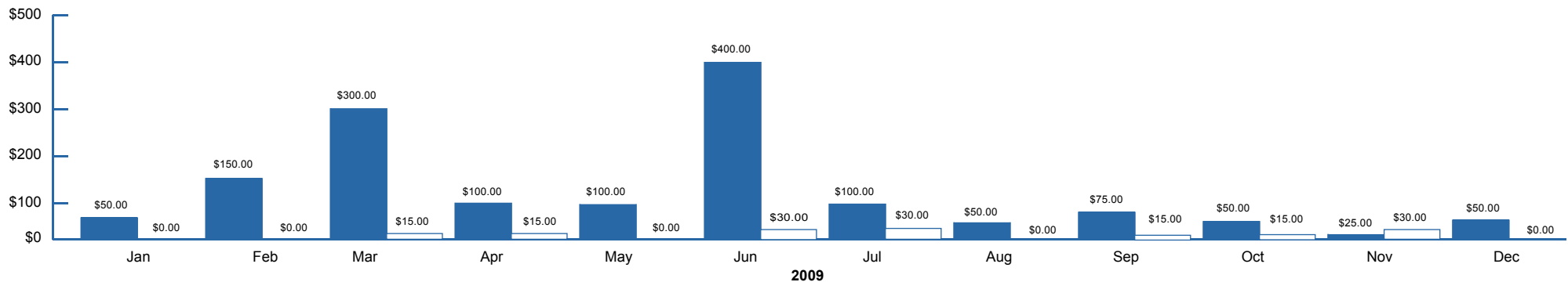
Pharmacy Claims Summary

Your discounted pharmacy amount billed	\$800.00
Your Health plan paid	\$650.00
YOU OWE OR PAID	\$150.00

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Medical and Pharmacy Claims You Owe or Paid

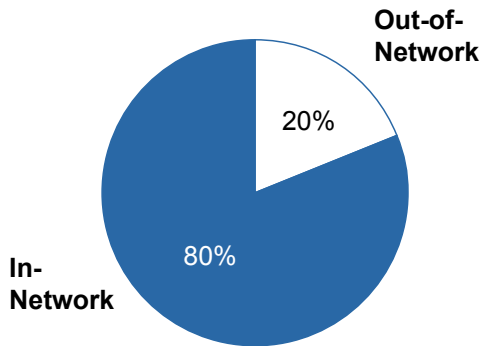
Medical ■ Pharmacy □



Summary

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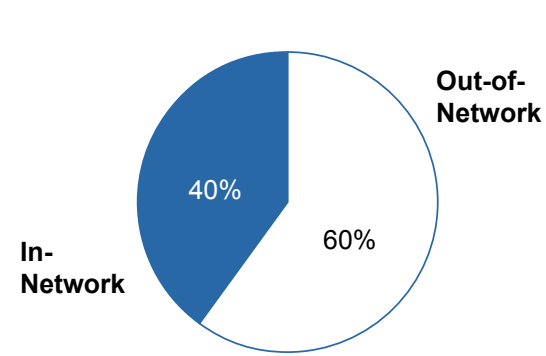
Provider Visits



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Total Medical Costs

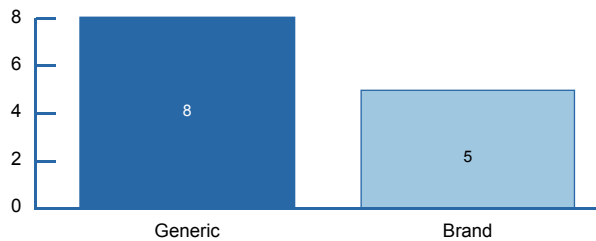


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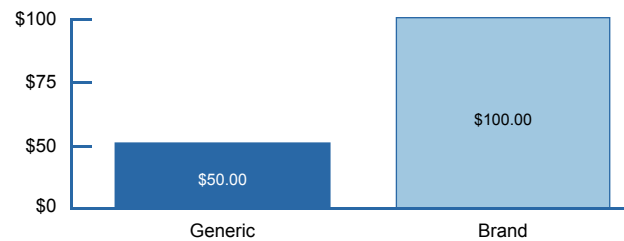
Generic vs. Brand Drug Summary

Total Prescriptions



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Total Amount You Paid



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Average Paid Per Prescription



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Benefits Earned

BHA Incentive

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** The content in this section is dependent upon member's usage from previous year and plan for the coming year