

BlueCross BlueShield	
of Tennessee	

DATE: 01/22/2006

801 Pine Street Chattanooga, Tennessee 37402 EXPLANATION OF BENEFITS

Chris B Hall 801 Pine Ave Chattanooga TN 37402	SAMPLE
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Please retain this EOB for your records.

If you get a bill from a network provider for service(s) shown below, make sure the amount is the same as is shown in the 'Amount You Owe Provider'. If it is different, please contact the provider's office to correct. If you need help in solving the problem, please call the Customer Service number listed below.

Summary of BlueCross BlueShield of Tennessee, Inc. Claim Processed on 01/22/2006

laim Number: EXTCEB12210	0	Received	01/22/2006	Group Number: 100000
Identification No:	123894567		ſ	
Patient Name:	Chris B Hall			If you have questions about this statement, please call
Date Services Provided:	01/05/2006			*** 1-(800)541-1249
Provider Name:	Cline, Kim H.			or use BlueAccess on our web site at www.bcbst.com to view this
SUMMARY				information and more. Chattaneoga 8:00 A.M5:15 P.M. (ET)
Total Charge Submittee	đ		99.00	Memphis 8:00 A.M5:15 P.M. (CT) Monday - Friday
Total Benefits Provided	/Network Saving	gs	64.00	
Other Insurance Benefi	ts		.00	THIS IS NOT
Amount You Owe Provi (You may have already paid this amount of the second secon			35.00	A BILL

ITEMIZATION OF CHARGES

Date of Service	Services Included	Submitted Charges	Network Savings	Coinsurance If Applicable	Copay If Applicable	Non- Covered	Notes	Paid Provider
01/05/06	Medical Services	65.00	1.59		25.00			38.61
01/05/06	Pathology	24.00	18.06					5.94
01/05/06	Pathology	10.00				10.00	NCP	.00
	TOTAL	99.00	19.45		25.00	10.00		44.55

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

ACCOUNT STATUS

This individual has now paid the following amounts toward DEDUCTIBLE:	IN-NETWORK	OUT-OF-NETWORK # 79.24 Individuml # 79.24 Family
This individual has now paid these amounts toward OUT-OF-POCKET MAXIMUM:	IN-NETWORK	OUT-OF-NETWORK \$ 79.24 Individual

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 2 of 2

Thank you for allowing us to serve you. Please visit our Web site at www.bcbst.com

Patient' Claim Nu Claim Pr		/13	Provid	nce Number: ler of Servi of Service: nt Acct. Num	Outpa	HOSPITAL	
Paid Amount: 1 \$312.47 To: MILLS HOSPITAL						_	
			It i	s not your	responsibil	ity to pay:	\$104.15
SERVICE DATE(s)	TYPE OF SERVICE	TOTAL 2	OTHER AMOUNT(S)	3 PATIENT SAVINGS	APPLIED TO DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	
11/21/13	MAMMOGRAPHY	51.50		12.87/01	4	<u> </u>	38.63
11/21/13	Screening Mammogram	365. 12		91.28/01			273.84
	TOTAL THIS CLAIM	416.62	0.00	104.15	0.00	0.00	312.47*

DETAIL MESSAGE:

01 - This is the amount in excess of the allowed expense for a participating provider. The member, therefore, is not responsible for this amount.
 * You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.

HAVE QUESTIONS ??

Check out Our Website at WWW.ANTHEM.COM/CA Order I.D. Cards / Check claims status / Review benefits / Verify family members covered on your policy / Find a participating provider OR call our CUSTOMER SERVICE DEPARTMENT AT: 1-800-227-3613

MAIL ALL INQUIRIES ANTHEM BLUE CROSS OR CLAIMS TO : P.O. BOX 60007 LOS ANGELES, CA 90060-0007

English: If you need assistance in Spanish to understand this document, you may request it for free by calling customer service at the number on your identification card or in your enrollment booklet.



Image source: medicaidhelp.net/

Copay Coinsurance **Co-what?** Deductible **Out-of-Pocket Maximum**

Survey source: Policy Genius

USER GOALS

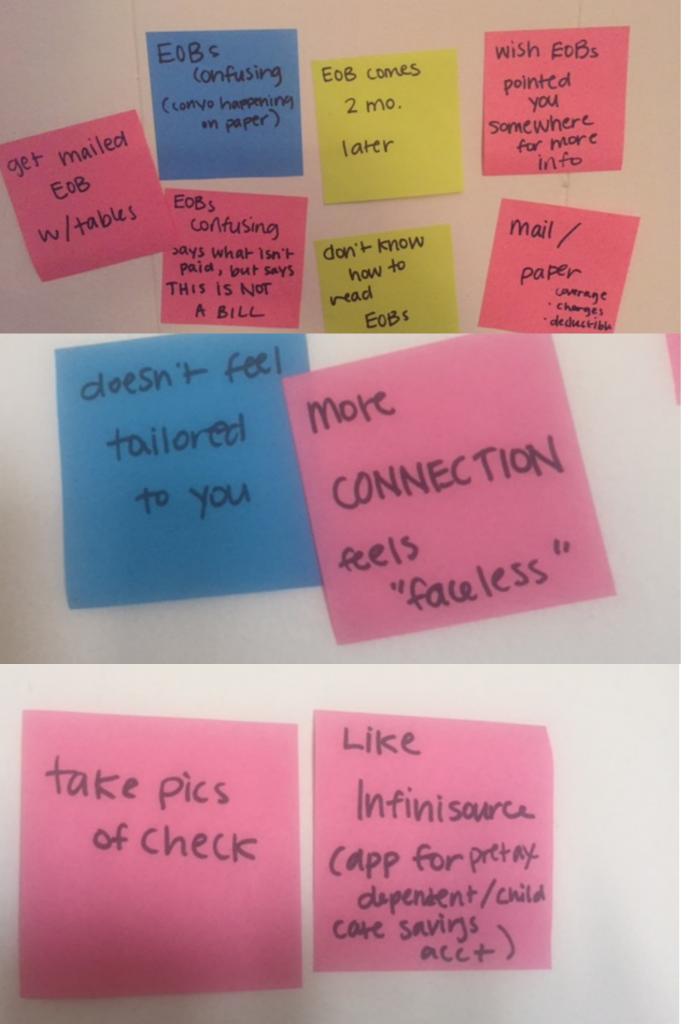
How might we help clarify the payment process?

How might we help health consumers take greater advantage of their benefits?





We help you untangle and take advantage of your health benefits.



USER RESEARCH

- All found EOBs confusing
- Audiences described the healthcare payment process as:
 - ► Vague
 - Not straightforward
 - Requiring a lot of effort to seek out
- ► Disliked:
 - ≻ Mail
 - No connection

"It says an amount of money wasn't paid, but then it says THIS IS NOT A BILL. It looks like you owe money but you don't.

We just save the paperwork, and if a bill comes we pay it, but we don't really understand what happens in between."

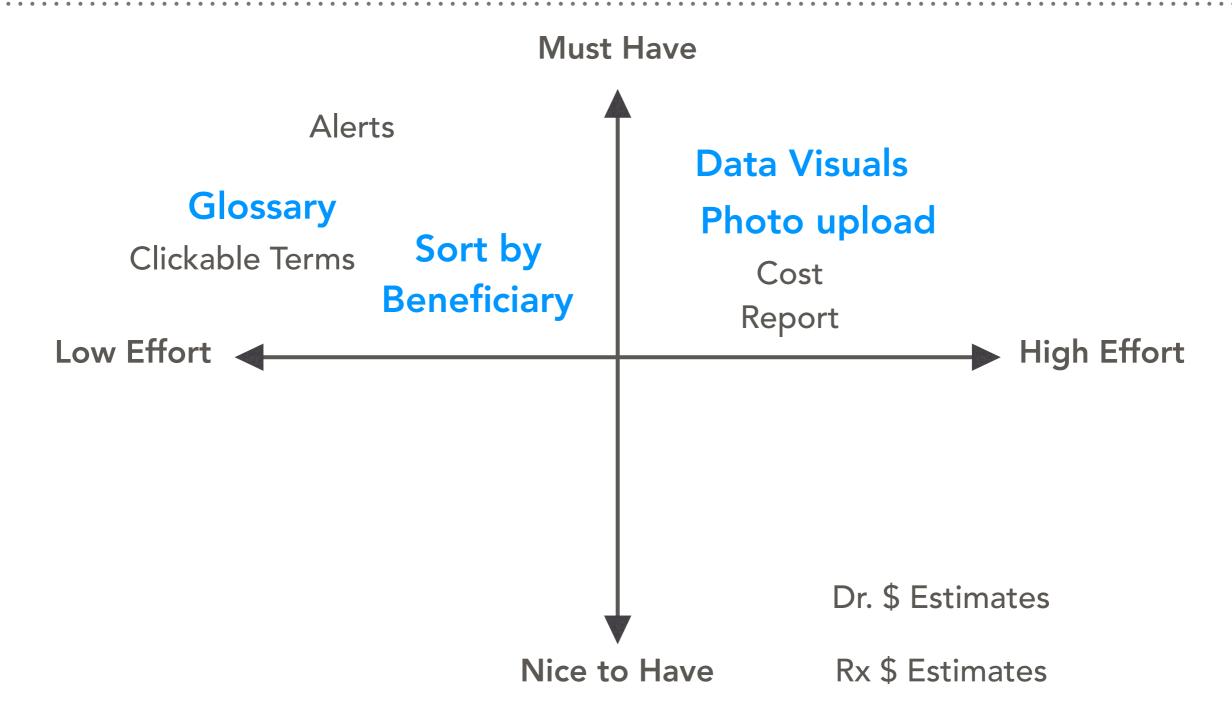
-30 year-old mother and clinician

PERSONA: JACK

 Married with one-year-old (i.e., buys health insurance for himself and two dependents)

- Gets health insurance through employer
- Hasn't historically accessed healthcare/ used health insurance much himself
- Doesn't understand Explanation of Benefits (EOBs)
- Finds healthcare terms confusing

FEATURE PRIORITIZATION



MINIMUM VIABLE PRODUCT (MVP)

► Healthcare Glossary (User Goal #1) - To serve as a plain language resource

- EOB reader via photo upload (User Goal #1)- To help users understand and archive EOBs. When users upload, app will interpret (e.g., take numbers from the table and place payments in pie chart; pull aggregate data from each EOB + combine with copays, premiums to estimate overall annual totals)
- Sort by Beneficiary (User Goal #1) To help users understand and monitor costs, app will offer views by account holder vs. dependents vs. all beneficiaries.
- Push reminders (User Goal #2) Alerts set for milestones (e.g., halfway point to reaching deductible) and preventive care services (e.g., vaccines, screenings) covered by all insurance plans under the Affordable Care Act (ACA). This will help consumers take greater advantage of the benefits they pay for in their health insurance.

LANDSCAPE ANALYSIS

castight

Pros:

- Provider/Rx cost estimates
- At-a-glance healthcare spending and claims
- Deductible,HSA balances

Cons:

- Spotty sync with insurance provider
- LOTS of functions
- Relies on coordination with provider



Pros:

 Call nurse, request UH call you, claims costs,
 ID card, request Rx refill, out-of-pocket
 balance, find provider/ urgent care, change
 PCP, view current Rx,
 view benefits

Cons:

- LOTS of functions
- No plain language
- Text-heavy

one medical

Pros:

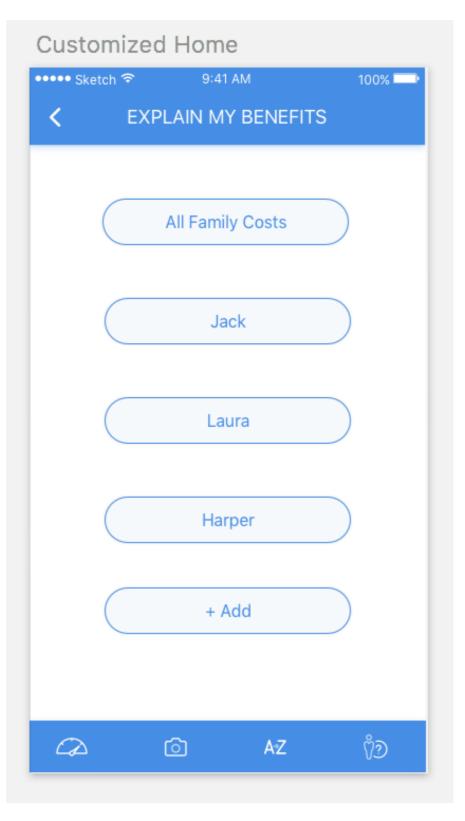
- Used in coordination with care delivery
- Puts patient at center of experience
- More personal

Cons:

- Cannot toggle to review data for different beneficiaries
- No visuals, cost estimates

WIREFRAMES: HOME

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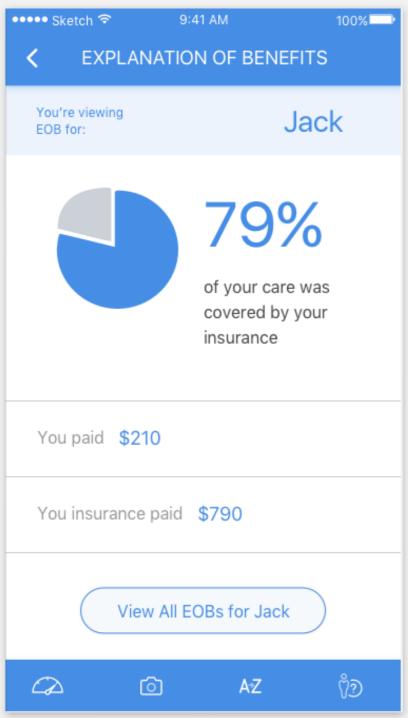


WIREFRAMES: EOB UPLOAD (1 OF 2)

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WIREFRAMES: EOB UPLOAD (2 OF 2)

One EOB: FAMILY Jack



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What Ins paid for FAMILY Jack 1

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TOTAL:	\$790.00				
〈 You paid \$210.00					
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WIREFRAMES: GLOSSARY

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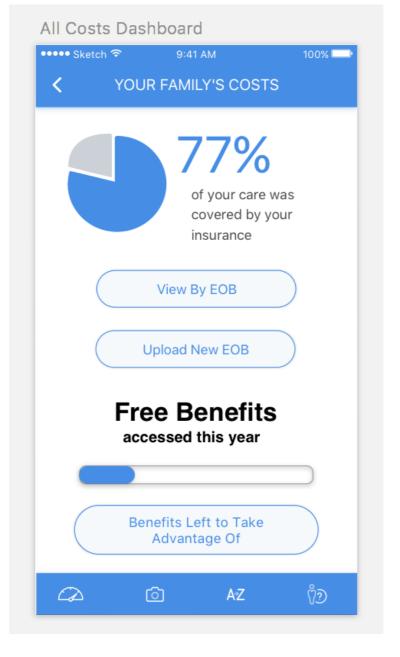
Glossary > Premium

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2. Visit your health insurance portal.		
password. talk to your	's hard remembering y If you don't know how Human Resources ive, or do #3 below.	
3. Call your	health insurance com	pany.
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WIREFRAMES: PREVENTIVE CARE REMINDERS



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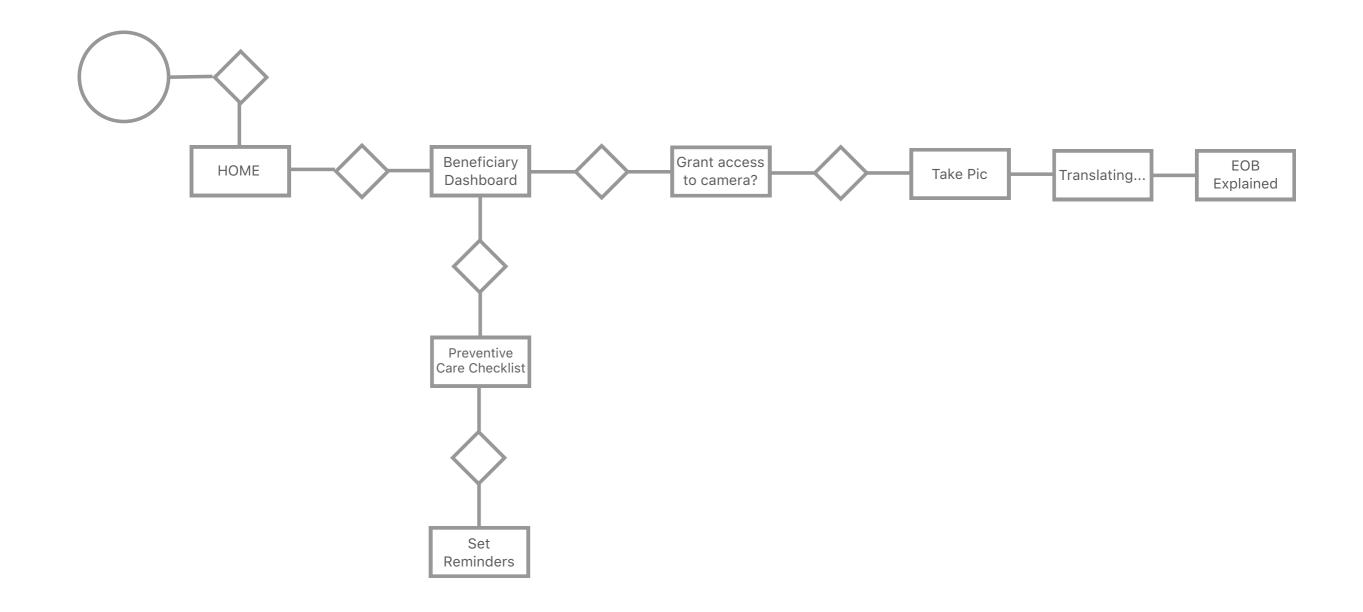
Benefits Left / All Costs			
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USE YOUR BENEFITS			
Good news. There's more gou're paying for!			
Here's what you're still covered for this year.			
Remind me so I don't forget			
For You			
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Blood Pressure Screening			
Depression Screening			
Flu Shot			
For Laura			
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Depression Screening			
Flu Shot			
Vell Woman Visit			
For Harper			
Tetanus Shot			

USER FLOWS

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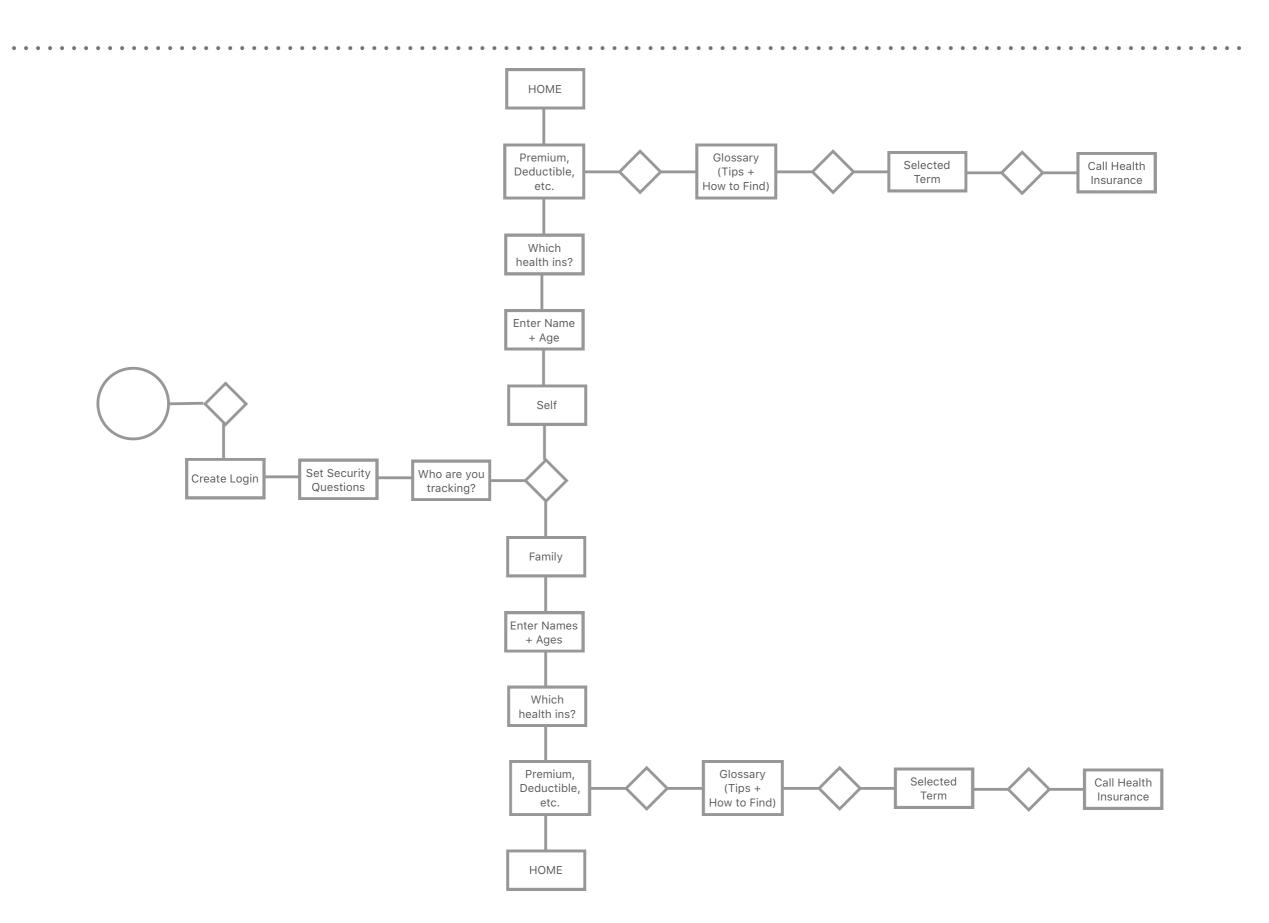
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USER FLOWS



NEXT STEPS



Alerts and awards for preventive care (e.g., Hooked Model)





Integration for specific employers OR health insurance companies

QUESTIONS?

EOB Reader

