

PO BOX 1798
 532 RIVERSIDE AVENUE
 JACKSONVILLE, FL 32231-0014



BlueCross BlueShield of Florida
 An Independent Licensee of the Blue Cross and Blue Shield Association

GARY J. BLUE
 2121 BLUECROSS WAY
 JACKSONVILLE, FL 32246-0023

HOW CAN BLUE HELP YOU?

If you have any questions about your claims activity, please call the toll-free customer service number on the back of your ID card or submit your question securely online at www.bcbsfl.com/myblueservice

Member: GARY J. BLUE
 Member Number: H12345678
 Plan: BlueOptions
 Statement Date: 10/09/08

This Member Health Statement reflects medical and pharmacy claims finalized within the preceding 28 days.

Member Health Statement
 THIS IS NOT A BILL

Your **new and improved** Member Health Statement.

Now, understanding and managing your health care benefits is easier.

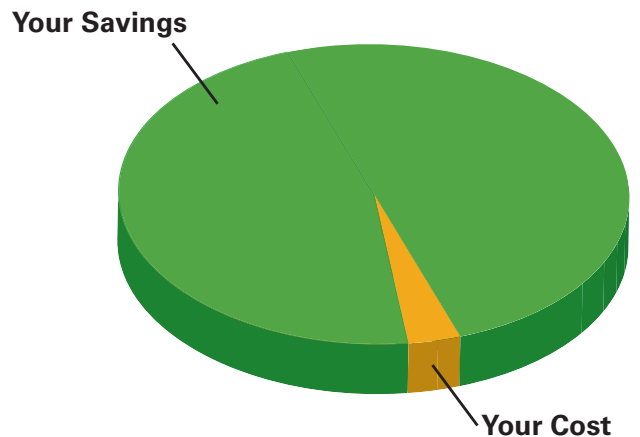
We've consolidated your Explanation of Benefits into one comprehensive monthly statement.

Highlights of what you'll find:

- Current claim information for everyone covered under your policy.
- A breakdown of costs billed, expenses covered under your policy and amounts for which you may be responsible.
- Valuable tips on health care savings and getting the most from your coverage.

Health Plan Savings to Date*
 for all members on Gary J. Blue's Plan

	Amount Billed	Your Cost	Your Savings
Medical Claims	\$000.00	\$000.00	\$000.00
Pharmacy Claims	\$000.00	\$000.00	\$000.00
TOTALS	\$000.00	\$000.00	\$000.00



*These are approximate amounts based on covered services processed from the start of your plan's benefit period through the date of this statement. The amounts shown in this chart do not include premiums or amounts you may owe for services not covered, limited or excluded under the terms of your coverage plan.



Go paperless!

Log on to www.bcbsfl.com/myblueservice, click on 'View Claims Statements' and then 'Go Green.'

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Member: GARY J BLUE
 Member Number: H12345678
 Plan: Group BlueOptions
 Statement Date: 10/09/2008

Claim Activity for GARY J BLUE



MEDICAL SERVICES Member Number: H12345678
CLAIM NUMBER: E123456789123
PLAN: Group BlueOptions
PROVIDER: PHYSICIAN NAME

MEMBER RESPONSIBILITY

From - To Date of Service	Description of Service	Amount billed	Amount Allowed	Amount Paid	Deductible Amount	Copayment Amount	Coinsurance Amount	You Owe	Remarks
08/25/2008	MEDICAL VISIT	\$87.50	\$27.58	\$27.58	\$0.00	\$0.00	\$0.00	\$0.00	1
TOTALS		\$87.50	\$27.58	\$27.58	\$0.00	\$0.00	\$0.00	\$0.00	

Remarks	Explanation - Amounts shown below were not paid based on the terms of your policy.	Amount
1	In network provider utilized, therefore no patient responsibility.	\$59.92
TOTAL		\$59.92



PRESCRIPTIONS Member Number: H12345678
CLAIM NUMBER: RX123456789123
PLAN: Group BlueOptions
PROVIDER: PHARMACY NAME

MEMBER RESPONSIBILITY

Date Filled	Prescription Drug	Amount billed	Amount Allowed	Amount Paid	Deductible Amount	Copayment Amount	Coinsurance Amount	You Owe	Remarks
08/23/2008 - 08/23/2008	PRESCRIPTION DRUG	\$26.91	\$26.91	\$26.91	\$0.00	\$0.00	\$0.00	\$0.00	
TOTALS		\$26.91	\$26.91	\$26.91	\$0.00	\$0.00	\$0.00	\$0.00	

SAMPLE

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Member: GARY J BLUE
Member Number: H12345678
Plan: Group BlueOptions
Statement Date: 10/09/2008

Claim Activity for SALLY BLUE



MEDICAL SERVICES Member Number: H12345678
CLAIM NUMBER: E123456789123
PLAN: Group BlueOptions
PROVIDER: HOSPITAL NAME

MEMBER RESPONSIBILITY

From - To Date of Service	Description of Service	Amount billed	Amount Allowed	Amount Paid	Deductible Amount	Copayment Amount	Coinsurance Amount	You Owe	Remarks
8/25/2008	FACILITY SERVICE	\$1,725.00	\$1,090.72	\$1,090.21	\$0.00	\$0.00	\$0.00	\$0.00	1
TOTALS		\$1,725.00	\$1,090.72	\$1,090.21	\$0.00	\$0.00	\$0.00	\$0.00	

Remarks	Explanation - Amounts shown below were not paid based on the terms of your policy.	Amount
1	In network provider utilized, therefore no patient responsibility.	\$634.79
TOTAL		\$634.79



PRESCRIPTIONS Member Number: H12345678
CLAIM NUMBER: RX123456789123
PLAN: Group BlueOptions
PROVIDER: PHARMACY NAME

MEMBER RESPONSIBILITY

Date Filled	Prescription Drug	Amount billed	Amount Allowed	Amount Paid	Deductible Amount	Copayment Amount	Coinsurance Amount	You Owe	Remarks
08/16/2008 - 08/16/2008	PRESCRIPTION DRUG	\$17.91	\$17.91	\$17.91	\$0.00	\$0.00	\$0.00	\$0.00	
TOTALS		\$17.91	\$17.91	\$17.91	\$0.00	\$0.00	\$0.00	\$0.00	

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Member: GARY J BLUE
 Member Number: H12345678
 Plan: Group BlueOptions
 Statement Date: 10/09/2008



PRESCRIPTIONS Member Number: H12345678
CLAIM NUMBER: RX123456789123
PLAN: Group BlueOptions
PROVIDER: PHARMACY NAME

MEMBER RESPONSIBILITY

Date Filled	Prescription Drug	Amount billed	Amount Allowed	Amount Paid	Deductible Amount	Copayment Amount	Coinsurance Amount	You Owe	Remarks
09/12/2008 - 09/12/2008	PRESCRIPTION DRUG	\$17.91	\$17.91	\$17.91	\$0.00	\$0.00	\$0.00	\$0.00	
TOTALS		\$17.91	\$17.91	\$17.91	\$0.00	\$0.00	\$0.00	\$0.00	

Expense Summary for the GARY J. BLUE Family

This Expense Summary section reflects the amounts applied to the Deductible and Out of Pocket plan maximums for your family's current contract benefit period, including any corrected claim(s) activity.

Member	In Network				Out of Network			
	Deductible	Out of Pocket	Plan Max. Deductible*	Plan Max. Out of Pocket*	Deductible	Out of Pocket	Plan Max. Deductible*	Plan Max. Out of Pocket*
GARY BLUE	\$500.00	\$500.00	\$500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00
SALLY BLUE	\$500.00	\$500.00	\$500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00

Family	In Network				Out of Network			
	Deductible	Out of Pocket	Plan Max. Deductible*	Plan Max. Out of Pocket*	Deductible	Out of Pocket	Plan Max. Deductible*	Plan Max. Out of Pocket*
Blue Family	\$1,000.0	\$1,000.0	\$1,000.00	\$5,000.00	\$0.00	\$0.00	\$3,000.00	\$6,000.00

*Please refer to your policy or logon to www.bcbsfl.com/myblueservice to determine if your plan includes a deductible and/or out-of-pocket, and any services that are subject to those amounts.

The claims shown are for your policy. If you had another policy or endorsement with BCBSF during the specified timeframe, you can review information about claims under that policy by visiting www.bcbsfl.com/myblueservice.

This statement includes information for all applicable members on your contract, unless restricted by HIPAA Guidelines.

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HEALTH Tips

3 ways to reduce your health care costs

1 Go generic and save!

Generic prescription medications contain the same active ingredients as their higher cost brand-name counterparts. Ask your doctor or pharmacist about switching and you could save hundreds.

2 Health care around the corner

Get help faster with shorter wait times and save up to 50% on your out-of-pocket costs. For non-emergency treatment from allergies to sprains, walk-in to an Urgent Care Center near you.

3 For lab tests, Quest is best

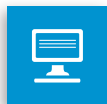
For most plans, laboratory services are 100% covered when you use Quest Diagnostics. Save time with online appointments—www.questdiagnostics.com

Visit www.bcbsfl.com and log on to MyBlueServiceSM to find participating providers, research drugs and drug costs, and take advantage of Member discounts.



Your health...on the line

Call our toll-free hotline—**1-877-789-2583**—24/7 to speak directly with a nurse or health coach. Get information on your family's health problems without having to leave home. Answers to your questions are just a phone call away.



What's free, easy and good for you?

Our online health challenge! In just minutes, each family member can **get a personalized health report**:

- Find out what you're doing right.
- Print your report and share it with your doctor.
- Access expert online resources from A to Z.

Simply visit www.bcbsfl.com and log on to MyBlueServiceSM to take this free survey—available to members only!



Insurance you can smile about

Did you know Blue Cross and Blue Shield of Florida offers several affordable dental insurance plans to meet your needs?

- Low or no deductibles
- Regular cleanings and other preventive services at little or no cost
- Low out of pocket cost for many other dental services
- In-network and out-of-network benefit options

Get details and apply online at www.bcbsfl.com. Now that's something to smile about!

Dental plans are offered through Florida Combined Life Insurance Company, Inc. (FCL), an affiliate of Blue Cross and Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent Licensees of the Blue Cross and Blue Shield Association.

Icon Guide



Medical



Prescription



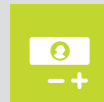
Dental



Wellness Tips



Online Tools



Savings



Exercise Tips



Discounts

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Definition of Terms:

Allowed Amount: The maximum amount payment will be based on for Covered Services.

Amount Billed: Amount billed by the provider of services.

Amount Paid: Amount paid to you or the provider for Covered Services, including any interest for claims that were not paid timely.

Benefit Period: The period of time specified by Blue Cross and Blue Shield of Florida in which benefits accumulate toward the satisfaction of applicable benefit maximums.

Coinsurance Amount: Percentage of the Allowed Amount Covered Person must pay after meeting the Deductible.

Copayment Amount: Amount which is required to be paid to a health care Provider by you at the time certain Covered Services are rendered by that Provider.

Coverage Documents: Refer to the contractual document(s)

Deductible Amount: Amount of charges, up to the Allowed Amount, for Covered Services, which you must actually pay to an appropriate licensed health care Provider, who is recognized for payment under the terms of your coverage plan, before payment for Covered Services begins.

Description of Service: Procedure, service or supply provided, billed and processed.

Explanation: Items not paid based on the terms and conditions of your coverage plan. Items not listed, such as deductibles, copayments and or co-insurance, means you may have satisfied the maximum amount for this year before this claim was processed.

Provider: Name of physician, hospital, facility, supplier or person who billed for services.

Remarks: Numerical codes that correspond to the Remarks explanations for each applicable claim line.

Service Date(s): Month, day and year services were provided. If two dates appear, this is the start and end date of services.

Statement Date: This Member Health Statement reflects all claims that were processed since your last statement.

You Owe: This is the amount you are responsible for. You may have paid all or a portion of this when the services were provided. This amount may include the Deductible, and applicable Coinsurance, Copayments and/or services not covered under the terms of your coverage plan.

Right to Appeal

You have the right to appeal a full or partial denial of benefits or payment on a claim for services you have received. Your appeal must be in writing and must be received within 365 days of the initial adverse decision. A full and fair review will be conducted and you will receive a written notice of the decision within 60 days of receipt of your appeal. Your request for appeal should be sent to the address below.

BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
ATTENTION: APPEALS/DC4
P. O. BOX 44197
JACKSONVILLE, FLORIDA 32231-4197
Or the address on your Identification Card.

You also have the right to request and receive, free of charge, the following information about the processing of your claim:

The specific rule, guideline, protocol, or other similar criterion used, if any, in making the benefit or payment decision and/or an explanation of the scientific or clinical factors relied upon if the claim was denied in whole or in part based on the lack of medical necessity or the experimental or investigational nature of a service. If you are a member of an Employee Welfare Benefit Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), you have the right to file a civil action under section 502 (a) of ERISA if your claim is denied after all appeal steps required by your plan have been completed. You should contact your employer or consult with an attorney if you are not sure whether you have the right to sue under ERISA. If you have a question about your rights, please call the telephone number listed on your Identification Card.

Frequently Asked Questions

Do you need to contact Blue?

For questions regarding this Member Health Statement, please call 1-877-352-2583 or write to us at the address listed on the top of this statement.

How often will I receive my Member Health Statement?

Your statement is produced every 28 days if you or any applicable family members have finalized claims.

Do you suspect insurance fraud or abuse?

Please contact us at 1-800-678-8355. Or you can file a report at www.bcbsfl.com and click on About Our Company.