



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

news release

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FOR IMMEDIATE RELEASE

Personal Health Statement to enhance conversation; help Arkansas Blue Cross and Blue Shield members better understand health benefits and cost

Little Rock, Ark. (March 29, 2010) — In an effort to enhance the conversation with its members, Arkansas Blue Cross and Blue Shield has created the Personal Health Statement (PHS), a new health care benefit report that helps them have a more clear and complete picture of their health benefits and health care costs.

The PHS replaces the previous Explanation of Benefits (EOB), which was generated and mailed to members each time a physician or hospital filed a claim with the health plan.

“Health insurance is a complex industry with lots of moving parts and a language all its own,” said Karen Raley, vice president of Communications and Product Development. “We want the conversations we have with our members to be understandable, whether we’re talking by telephone, through our Web sites or in any of our many written pieces of communication.

“The EOB was one of the most frequent forms of communication our members received from us and that valuable tool has undergone dramatic changes all in an effort to create better communication with our members. The PHS more thoroughly explains a member’s health insurance benefits, outlines our obligations and clearly shows members what they need to pay regarding a claim that has been filed for services they received.”

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With the new PHS, industry terms have been simplified into everyday language, claims are more clearly explained, and members know exactly where they are with their out-of-pocket costs (deductibles, copayments, coinsurance and more).

The Personal Health Statement is more comprehensive than the old EOB and is designed to make claims processing easier for members to understand.

Member feedback from member focus groups helped guide the development of the new PHS. "First and foremost, members told us they want to know 'what do I owe?'" Raley said. "So we've put this information in red on the first page of the new PHS. We've also added a 'Benefits-at-a-Glance' section, so that members are reminded of their health benefits. We include charts and graphs to, hopefully, make the information displayed easier to understand."

The new PHS provides:

- a better description of the discounts members receive on their health-care services
- information on how to get in touch with the health plan
- a quick understanding of how much members owe and to whom
- help in understanding the benefits members have and how they work

Pharmacy information has been added for the first time and test groups found this to be a valuable record of the medications they take and the dosage. Another new feature on the PHS is personal health messages and reminders to get recommended health screenings when they are due.

All the detailed claims information that members are accustomed to receiving in their EOB will continue to be found in their PHS, but with easier to understand explanations and in a more user-friendly format.

Members have the option to confidentially view their PHS electronically and "save a tree." Members sign up online — through the secure member self-service center, *My Blueprint* — and receive an e-mail notification alerting them that a PHS is available for review.

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Member participants in the PHS pilot indicated that the new PHS is user-friendly and informative — “...the first time for many people to see what a prescription really costs then see what the generic would cost...” ; descriptive — “...a valuable tool for helping explain our health-care benefits and costs...” ; and educational — “...will help all of us become better consumers of health care because we can actually see how money is being spent.”

“We love to hear from our members,” Raley said. “We see the new PHS as a product of their feedback, an educational tool for increasing their knowledge about health care cost and coverage, and a resource for making our conversations with members more meaningful.”

Founded in 1948, Arkansas Blue Cross and Blue Shield, an Independent Licensee of the Blue Cross and Blue Shield Association, is the largest health insurer in Arkansas. Arkansas Blue Cross and its affiliates have more than 2,700 employees. If combined, the 39 independent, locally operated Blue Cross and Blue Shield Plans collectively provide health-care coverage for 98 million — nearly one in three — Americans.

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