

*Life, Disability,  
Health and Dental*



# A Guide to Your Statement of Account

Revised December 2014



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# A guide to your statement of account

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## *Life, disability, health and dental*

This guide to your statement of account has been designed to assist you in understanding your Alberta Blue Cross life, disability, health and/or dental statement. These instructions do not change the provisions of your group benefits contract. Please refer to your contract for a detailed description of benefits and an explanation of terms.

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# A guide to your statement of account

## Part 1: Overview

Part 1 contains the account details for your group benefits plan. It displays any outstanding balances, provides details pertaining to new charges and lists the total amount due for the current coverage period. The information in part 1 is created from the enrollment data we have as of the statement date.

The image shows a screenshot of an Alberta Blue Cross Statement of Account. The document is divided into two main sections: the top section for account details and the bottom section for payment remittance. Annotations with arrows point to specific elements, explaining their purpose.

**Account Details Section:**

- Account Information:** SAMANTHA DOE, 12345 COMPANY LTD, 123 12 ST NW, CITY AB T6T 6T6.
- Group Information:** 12345 Company Ltd., Group number: 987654/1234567, Account number: 123456, Statement number: 987654, Statement date: Dec 20, 20XX, Coverage period: Jan 01, 20XX to Jan 31, 20XX.
- Payment Information:** Payment due date: Jan 01, 20XX, Amount due: \$433.38.
- Account Details Table:**

Previous amount due	239.06	
Payment received	239.06	CR
Balance forward		0.00
New charges		
Section B	433.38	
Total new charges		433.38
<b>TOTAL AMOUNT DUE:</b>		<b>\$433.38</b>

**Payment Remittance Section:**

- Payment Information:** 12345 Company Ltd., Group number: 987654/1234567, Statement number: 987654, Coverage period: Jan 01, 20XX to Jan 31, 20XX, Account number: 123456, Payment due date: Jan 01, 20XX, Amount due: \$433.38, Payment enclosed: \$.

**Annotations:**

- Balance carried forward from previous statement of account:** Points to the 0.00 balance forward value.
- The charges for your group benefits plan for the current coverage period:** Points to the 433.38 new charges for Section B.
- The sum of your charges and any transfers to/from your account for the current coverage period:** Points to the 433.38 total new charges.
- Total amount due (includes balances carried forward, balance transfers and all charges for the current coverage period):** Points to the \$433.38 total amount due.
- Perforated portion of part 1 to be returned with payment:** Points to the bottom section of the document.
- The account number is used to categorize the grouping of sections that appears in your statement if account:** Points to the account number 123456.

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## Part 2: Billing/benefit summary

Part 2 summarizes and breaks down your new charges for the current coverage period. The billing summary portion lists the current charges for your account, including the member rate for the coverage period (the total of all rates for members enrolled in your group benefits plan). This portion also displays a summary of adjustments done to your spending accounts, if applicable.

The benefit summary portion breaks down each benefit type's charges. It displays the total member rate for each benefit type (which is the sum of the rates for all members enrolled in each type of benefit). It also lists the volume of coverage (amount of coverage) for each type of life and disability benefit. This portion also displays the number of members enrolled in each type of benefit.

BILLING SUMMARY		BENEFIT SUMMARY			
		Benefit type	Volume	Current rate	Member count
Current amount		Health			
Member rate	217.30	Single		0.00	0
	217.30	Family		185.92	2
Adjustments		EFAP			
Arrears/Credits	216.08	Single		0.00	0
	216.08	Family		10.00	2
		Basic Life	60,000	11.34	2
		AD&D	60,000	3.48	2
		Dep Life			
		Family		6.56	2
<b>New Charges</b>	<b>\$433.38</b>	<b>Current amount due</b>		<b>\$217.30</b>	

The amount of coverage for each type of life and disability benefit

Number of members covered under each type of benefit

The total rate due for each type of benefit. This is the total of all member rates for each type of benefit

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## Part 3: Adjustments

This part of your statement provides you with a listing of adjustments that were processed during the coverage period, including the names of members whose coverage is being adjusted, the amount and date of the adjustment and the type of adjustment being made. Adjustments to your account are reflected in the total current charge.

There are many reasons your rate could be adjusted, including adding new members, benefit changes, member deletions, participant coverage changes, rate changes, salary changes, waiver changes, and non-evidence limit changes. The statement below shows examples of various adjustment types, including the addition of a new member to the group plan.

Note: New member rates are included in your adjustment total only if they are retroactive to the coverage period.

ALBERTA BLUE CROSS™		12345 COMPANY LTD		Account Number: 123456							
		Group number: 887854		Statement date: Dec 20, 20XX							
		Adjustments		Payment due date: Jan 01, 20XX							
		Coverage period: Jan 01, 20XX to Jan 31, 20XX									
Adjustment types											
A - Member added		S - Salary change									
B - Benefit change		W - Waiver change									
D - Employee deleted		X - Non-evidence limit change									
M - Participant coverage change		Y - Other									
R - Rate change											
Member ID	Section Class	Member name / Effective Date	Adj type	Current rate	# of months/days	Adj	Health	EFAP	Basic Life	AD&D	Dep Life
2861315	B B	Member #1		211.38	27M	79.92	Family				
		Dec 12, 20XX	B				Family				
		Dec 12, 20XX	A	2.96			Family				
4929702	B B	Member #2			9M	26.64	Family				
		Dec 11, 20XX	B				Family				
2361906	B B	Member #3			27M	79.92	Family				
		Dec 12, 20XX	B				Family				
4544656	B B	Member #4		2.96	10M	29.60	Family				
		Dec 12, 20XX	B				Family				
<b>Total</b>				<b>\$217.30</b>		<b>\$216.08</b>					

Rate applicable to the prior coverage period

The adjustment amount for the current coverage period

Breakdown of adjustment amount by type of benefit

The adjustment amount for prior coverage periods (this column will only display adjustment for previous coverage periods, if applicable)

Total current charge

Total adjustment amount. This amount is added to the total current charge to produce your total new charges (in part 2)

# A guide to your statement of account

## Part 4: Current members

Part 4 displays details pertaining to the charges for each member in your group benefits plan. It lists the current rate for each member, and breaks it down by their rates for each type of benefit, so you have an understanding of how your current charges were calculated. This part also displays the volume of coverage each member has under each life/disability benefit type.

ALBERTA BLUE CROSS™		12345 COMPANY LTD Group number: 987854 Current Members			Account Number: 123456 Statement date: Dec 20, 20XX Payment due date: Jan 01, 20XX				
Coverage period: Jan 01, 20XX to Jan 31, 20XX									
Member ID	Section Class	Employee #	Member name	Current rate	Health	EFAP	Basic Life	AD&D	Dep Life
2351315	B B	987	Member #1	108.65	Family	Family	30,000	30,000	Family
					92.96	5.00	5.67	1.74	3.28
2351905	B B	123	Member #2	108.65	Family	Family	30,000	30,000	Family
					92.96	5.00	5.67	1.74	3.28
<b>Total</b>				<b>\$217.30</b>					

The member's rate for each type of benefit

Volume (amount) of coverage for each type of benefit

Benefit status (for example, single, family) for each benefit type

Current rate for each member – which is the charge due for each member for the coverage period

Total charge of all current rates. This amount is added to the total adjustments to produce your total new charges (in part 2)

Private and confidential

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## Payment information

- Alberta Blue Cross requires payment on a pre-paid basis.
- Payment for the total amount due must be made by the due date indicated on the first page of the statement.
- The perforated portion of part 1 of your monthly statement of account must be completed and forwarded to Alberta Blue Cross along with your payment. Please make the cheque or money order payable to Alberta Blue Cross. Contact your financial institution regarding other payment options such as bank payment and telephone or internet banking. For preauthorized debit complete a [Preauthorized Debit \(PAD\) agreement \(ABC 80415\)](#).
- Applications, terminations, and/or changes will appear on your statement of account if they are processed by the statement date. Any changes processed after the statement date will appear on your next statement of account.
- For more information or assistance with your payment, contact the nearest Alberta Blue Cross office at the address listed on the last page of this guide or [contact us through our website](#).
- You can also refer to the [Alberta Blue Cross Plan Administration Guide](#).

## Privacy and confidentiality

Each statement of account is issued for plan administration purposes only and for use only by designated personnel. If a member requires information pertaining to his or her coverage or claims, please advise that member to contact Customer Services at Alberta Blue Cross directly.

## Other information

For more information on your group plan benefits or billing go the Alberta Blue Cross web site, select 'Plan administrators', and refer to the 'Resources' section.

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## **Contact us**

### **Plan administrators**

For all inquiries, contact Alberta Blue Cross at 780-498-5925 (Edmonton) or toll free at 1-866-498-5925.

### **Employees**

If your employees have questions about their claims or benefits, they should contact Alberta Blue Cross Customer Services at 780-498-8000 (Edmonton) or toll free at 1-800-661-6995.