Understanding your Explanation of Benefits statement

Anytime you or a covered family member sees a provider, that provider submits a claim to us. Once this happens, we create an Explanation of Benefits (EOB) to help you better understand how the claim was processed—including how much your plan covered, what you owe and your remaining out-of-pocket balances. This resource walks you through an EOB example, explaining each section along the way. **Please note, your EOB may look different depending on your plan.**

Legal Entity
Service Center
Address
City, State, ZIP Code

Explanation of Benefits

Member/Patient: ROBERT TEST
Member ID: A123456789
Relationship: EE
Group name: TEST CUSTOMER
Group number: 0123456

ROBERT TEST
Address
City, State, ZIP Code

Hi, ROBERT.

THIS IS NOT A BILL. This Explanation of Benefits (EOB) is a summary of services received and how plan benefits were applied.

To the right is the total amount you may owe for the services included in this statement – but, depending on when you receive this statement, that amount may not reflect payments you've already made. Visit myuhc.com to see the most up to date amounts.

Use this EOB as a reference or retain as needed.

Services in this statement occurred between Sep. 1, 2023 - Sep. 1, 2023

Provider billed	**$320.66**
Your total amount owed	**$153.68**

See claim details on following pages or go directly to myuhc.com to view.

Plan balances

As of 09/21/2023 for plan year 2023

Balances for ROBERT

		Maximum amount	Progress so far	Remaining amount
Network	Deductible	$1,000.00	$1,000.00	**Met**
	Out-of-pocket limit	$6,500.00	$4,996.35	**$1,503.65**
Out-of-Network	Deductible	$5,000.00	$95.00	**$4,905.00**
	Out-of-pocket limit	$10,000.00	$95.00	**$9,905.00**

Got questions?

Get in touch with customer service at **888-888-8888**

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Member/Patient

This section identifies the person who received care. Member refers to the subscriber of the health plan, patient refers to the person who got care.

Claim summary

Here, we give you an at-a-glance overview of the dates of service, the total amount that was charged by a provider or providers during this timeframe, and how much you are responsible for paying.

Plan balances

This section shows a snapshot of the progress made toward meeting your plan's deductible and/or out-of-pocket limits.

continued

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Definitions of Key Terms

Amount saved: You do not owe this amount because either (1) you chose a network provider that gives us a standing discount, (2) you chose an out-of-network provider that agreed to an amount less than billed, or (3) it is a surprise bill and the law protects you from having to pay it.

Amount you owe: The amount of money you pay for the services you receive.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percentage of the amount for the service.

Deductible: The amount you could owe during a coverage period for services your health benefit plan covers before your plan begins to pay.

Plan does not cover: A service or expense that you do not have coverage for under your health benefit plan.

Definitions

This is here to help you understand the important terms to know when reviewing your claim.

Claim detail for ROBERT

Provider: TEST
Status: Network

Patient account number: C10000000000
Claim number: EC0123456701

			Billed	Savings and plan allowed amount		Amounts paid	Total you owe				
1 **Services received**		**Claim processing codes**	**Provider billed**	**Amount saved**	**Plan allowed amount**	**Your plan paid**	**Applied to deductible**	**Copay**	**Coinsurance**	**Plan does not cover**	**Amount you owe****
RADIOLOGY SERVICES 09/01/2023		UG	$161.98	$84.85	$77.13	$0.00	$77.13	$0.00	$0.00	$0.00	$77.13
RADIOLOGY SERVICES 09/01/2023		2Q	$132.70	$70.27	$62.43	$0.00	$62.43	$0.00	$0.00	$0.00	$62.43
RADIOLOGY SERVICES 09/01/2023		UG	$25.98	$11.86	$14.12	$0.00	$14.12	$0.00	$0.00	$0.00	$14.12
Total amount			$320.66	$166.98	$153.68	$0.00	$153.68	$0.00	$0.00	$0.00	$153.68

**This amount may not reflect payments made to the provider at the time of service, and it will not include any payments directly made to the subscriber (except for when coordination of benefits applies). You/the subscriber may be responsible for paying the physician, facility or other healthcare professional directly. We recommend you hold off on making any payments until you receive the bill from the provider.

4 Explanation of your claim processing codes

Claim processing codes are used to identify specific types of adjustments relating to your claims. The corresponding details will help explain how your claim was processed.

2Q – THE AMOUNT ALLOWED FOR THIS SERVICE HAS BEEN REDUCED BASED ON THE MULTIPLE PROCEDURE PAYMENT REDUCTION FOR DIAGNOSTIC IMAGING POLICY. THE MAXIMUM AMOUNT WAS ALLOWED.

UG – YOU HAVE RECEIVED A DISCOUNT FOR USING A HEALTH CARE PROFESSIONAL IN YOUR PLAN'S NETWORK. YOU HAVE NOT MET YOUR DEDUCTIBLE YET AND OWE THE AMOUNT SHOWN. PROVIDER: THE MEMBER HAS NOT MET THE PLAN DEDUCTIBLE AND IS RESPONSIBLE FOR THE AMOUNT SHOWN.

Got questions?

Get in touch with customer service at **888-888-8888**

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1 **Services received** is a description and date of the care provided.

2 **Your plan paid** is the amount of benefits paid to the employee or provider.

3 **Total amount you owe** is an itemized look at how much you owe the provider.

4 **Claim processing codes** help explain how your claim(s) were processed.

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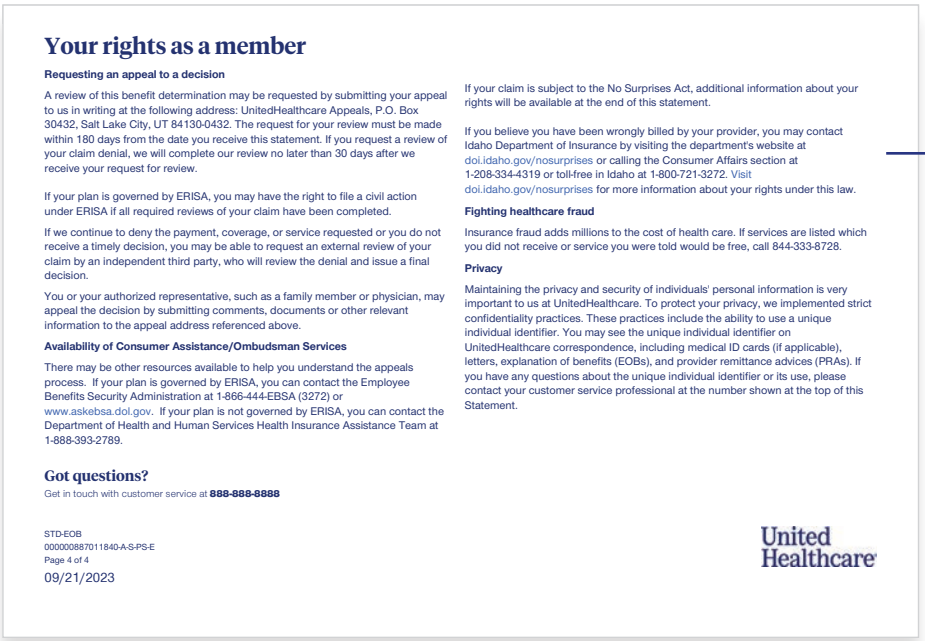

Your rights as a member

Requesting an appeal to a decision

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P.O. Box 30432, Salt Lake City, UT 84130-0432. The request for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than 30 days after we receive your request for review.

If your plan is governed by ERISA, you may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

You or your authorized representative, such as a family member or physician, may appeal the decision by submitting comments, documents or other relevant information to the appeal address referenced above.

Availability of Consumer Assistance/Ombudsman Services

There may be other resources available to help you understand the appeals process. If your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Health Insurance Assistance Team at 1-888-393-2789.

If your claim is subject to the No Surprises Act, additional information about your rights will be available at the end of this statement.

If you believe you have been wrongly billed by your provider, you may contact Idaho Department of Insurance by visiting the department's website at doi.idaho.gov/nosurprises or calling the Consumer Affairs section at 1-208-334-4319 or toll-free in Idaho at 1-800-721-3272. Visit doi.idaho.gov/nosurprises for more information about your rights under this law.

Fighting healthcare fraud

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call 844-333-8728.

Privacy

Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we implemented strict confidentiality practices. These practices include the ability to use a unique individual identifier. You may see the unique individual identifier on UnitedHealthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBs), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer service professional at the number shown at the top of this Statement.

Got questions?

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Member rights

As a UnitedHealthcare member, you have rights. This section shows your appeals options and other helpful resources.

Learn more

Contact your UnitedHealthcare representative for additional information

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