

Understanding your medical Explanation of Benefits (EOB).

Thank you for choosing a Medicare Advantage plan from UnitedHealthcare®

We want to make sure you understand how your Explanation of Benefits (EOB) works. Each month we get claims (bills) from your doctors, we'll send you a summary. That's your EOB. Your EOB shows the claims we received, what we paid and what you owe.



Your EOB is not a bill.

If your EOB shows that you owe money, your doctor will send you a bill. If you paid a co-pay for your care, the bill should show that you paid it.



You may not get one every month.

When we get a claim (bill) from your doctor, you'll get an EOB the next month. For example, if we get a claim in March, you'll get an EOB in April.



Take a minute to look it over.

Check your EOB to make sure everything is correct. If you have any questions, Customer Service is happy to help. Call the number on the back of your member ID card.



Note: If you have a Part D prescription drug plan, you will get a separate Part D EOB.





The different parts of your EOB.

Each section of your medical EOB has information about your claims.

Totals Chart

You'll find this chart on page 2 of your EOB. It shows the monthly and yearly totals of what providers billed for services.

- 1 The amount your providers billed your plan.
- 2 The amount we agreed to be charged. It may be less than what your provider billed us. In those cases, we and your provider agreed to a lower rate.
- 3 What your plan paid for your care.
- 4 What you owe for your care. It should include what you've paid and what your providers may bill you.

TOTALS for medical and hospital claims	Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
Totals for this month (if claim processed from December 1 to December 31, 2013)	\$ 1,854.70	\$ 48.47	\$ 33.49	\$ 614.98
Totals for 2013 (if claim processed through December 31, 2013)	\$ 1,854.70	\$ 48.47	\$ 33.49	\$ 614.98

TOTALS

for medical and hospital claims

Amount ¹ providers have billed the plan **Total cost (amount the plan has approved) ²** **Plan's share ³** **Your share ⁴**

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Monthly Details

These are the details of the claims that make up your monthly total. This chart shows the same information as the totals chart, but lists each claim by provider and date.

If you have any optional supplemental riders, you'll see an extra chart with details about them.

Claim Number: 1234567 (in-network provider)	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Supplies for venous blood collection (billing code 96445)	1/5/13	\$20.63	\$0.00	\$0.00	\$0.00
Collection of venous blood by	1/20/13	\$48.39	\$0.00	\$0.00	\$0.00

Maria Sanchez, M.D.

Claim Number: 1234567 (in-network provider)

Date of service

Amount the provider billed the plan

Total cost (amount the plan approved)

Plan's share

Your share



Common questions.

My plan didn't approve the total amount billed by my doctor. Why not?

Your doctor may have an agreement with the plan to provide care to members for lower rates. You will only need to pay the amount listed under "Your share." If you're billed for more than that amount, call your provider.

What if a claim is denied?

If a claim is denied, it's not final. It could be because your plan needs more information. If you're unhappy with how the plan paid a claim, you can make an appeal. Your EOB will tell you how to make an appeal.

I had a doctor visit last month, but it's not listed on my EOB. Why not?

There may be a delay between your doctor visit and when the doctor's office sends us the claim.

I don't recognize a name on one of my claims. Who is it?

The name on your EOB may be someone that your doctor used to help with your care. If you have a question, call Customer Service at the toll-free number on the back of your member ID card.

Why are some drugs listed on my EOB, but not others?

Your medical EOB includes drugs covered by Medicare Part B. For example, aspirin you got while in the hospital. Drugs covered by a Medicare Part D plan will be listed on a separate Part D EOB that you'll get in the mail.

When will my EOB be ready?

EOBs are ready at different times of the month depending on your plan. For example, if we get claims in March, you'll get an EOB in April. If there are no claims in April, you won't get an EOB in May.

When will my claims appear online?

You should see them online as soon as we process them.



Terms you may see on your EOB.

Appeal

Asking your plan to change its decision about a denied claim.

Claim

A bill that you or your provider sends to your plan for care given to you.

Deductible

The amount of money you must pay each year before the plan starts to pay its share. Not all plans have deductibles.

Denied claim

A claim that your plan hasn't paid. Sometimes it's because your plan needs more information. If we deny a claim, we'll send you a letter telling you why. We'll also tell you how to make an appeal.

Optional supplemental rider

An extra benefit, like dental care or a fitness membership. You'll also pay extra for it.

Plan's share

The amount of money the plan pays to your provider for your care.

Provider

Any person or group, such as a doctor or hospital, that gives you medical care.

Total cost

The total dollar amount of each claim that your plan approves.

Yearly limit

The most you'd have to pay for most medical care in a year. Once you reach this limit, your plan will pay the full amount of any covered service. "Yearly limit" means the same thing as "out-of-pocket maximum."

Your share

The amount of money you are expected to pay your provider for medical care. It's the amount left over after the plan has paid its share of the bill.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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