

Statement date: May 10, 2019

## Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows how much you may owe, the amount that was billed, and your member rate. It also shows the amount you saved and what your plan paid. Look at this statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s). If you have access to the secure member website, you can change your delivery preference, view, print or download your EOBs online anytime.

### Track your health care costs


**\$46,687.33**

Amount you owe or already paid

Amount billed	\$48,706.25
Plan payments and discounts	- \$2,018.92
You owe	\$46,687.33


Going to a doctor or hospital in the network saves you money. That's because we have arranged discounted rates with these providers. The online provider directory can help you find a doctor or other health care professional. Just go to [REDACTED]

### A guide to key terms

Term	This means	Your totals
<b>Amount billed:</b>	The amount your provider charged for services.	<b>\$48,706.25</b>
<b>Member rate:</b>	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.	<b>\$0.00</b>
 <b>Pending or not payable:</b>	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	<b>\$46,687.33</b>
<b>Deductible:</b>	The amount you pay for covered services before your plan starts to pay.	<b>\$0.00</b>
<b>Coinurance:</b>	When you pay part of the bill and we pay part of the bill. This is the out-of-pocket amount that you may owe.	<b>\$0.00</b>
<b>Copay:</b>	A fixed dollar amount you pay when you visit a doctor or other health care provider.	<b>\$0.00</b>


### Your claims up close

(Out-of-Network)

Claim ID: [REDACTED] Received on 4/22/19	Amount billed	Member rate	Not payable by plan (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
Surgery 44111 on 3/14/19	21,540.50		20,385.95 (1)			1,154.55	1,154.55 (100%)		20,385.95
Surgery 39560 on 3/14/19	12,848.00		11,909.03 (1)			469.49	469.49 (100%)		

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(Out-of-Network)

Claim ID: Received on 4/22/19	Amount billed	Member rate	Not payable by plan (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
Surgery 44970 on 3/14/19	13,410.25		469.48 (2) 12,702.45 (1) 530.85 (3)			176.95	176.95 (100%)		12,378.51
Office Visit 99245 on 3/14/19	907.50		689.57 (1)			217.93	217.93 (100%)		13,233.30
Refer to Remarks Section			(4)						689.57
Totals:	48,706.25		46,687.33			2,018.92	2,018.92		\$46,687.33

 You can find all numbered claim remarks in 'Your Claim Remarks' section.

## Your Claim Remarks

### General Remarks:

- (1) You received services from a health care provider who is not part of our network. We pay for this service based on your plan's out-of-network rate for the location where you received it. That rate is 105% of the Medicare Allowable Rate. Your doctor or provider may bill you for any charges above the rate the plan allows. [A4]
- (2) Your plan provides coverage for charges that we find are reasonable and appropriate. This procedure has been paid at 50% of the reasonable and customary rate due to multiple procedures performed on the same date of service. [HI]
- (3) Your plan provides coverage for charges that we find are reasonable and appropriate. This procedure has been paid at 25% of the reasonable and customary rate due to multiple procedures performed on the same date of service. [HK]
- (4) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]

## Your benefit balances to date for 3/1/19 to 8/14/19

Individual Balances	Annual limit	Amount used	Amount remaining
Medical In Network Out of Pocket Maximum	\$3,000.00	\$118.17	\$2,881.83
Medical Out of Network Deductible	\$600.00	\$600.00	\$0.00
Medical Out of Network Out of Pocket Maximum	\$3,000.00	\$3,000.00	\$0.00

Want to see a list of your claims? Or choose a new doctor? Maybe you want tips on health programs? You can find all this at