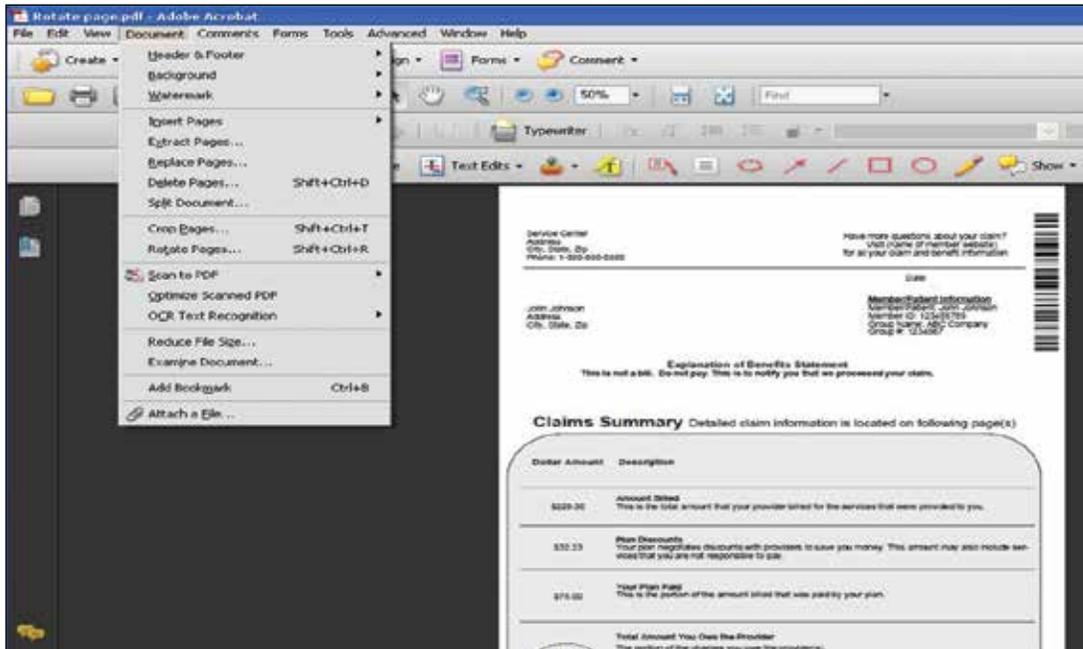
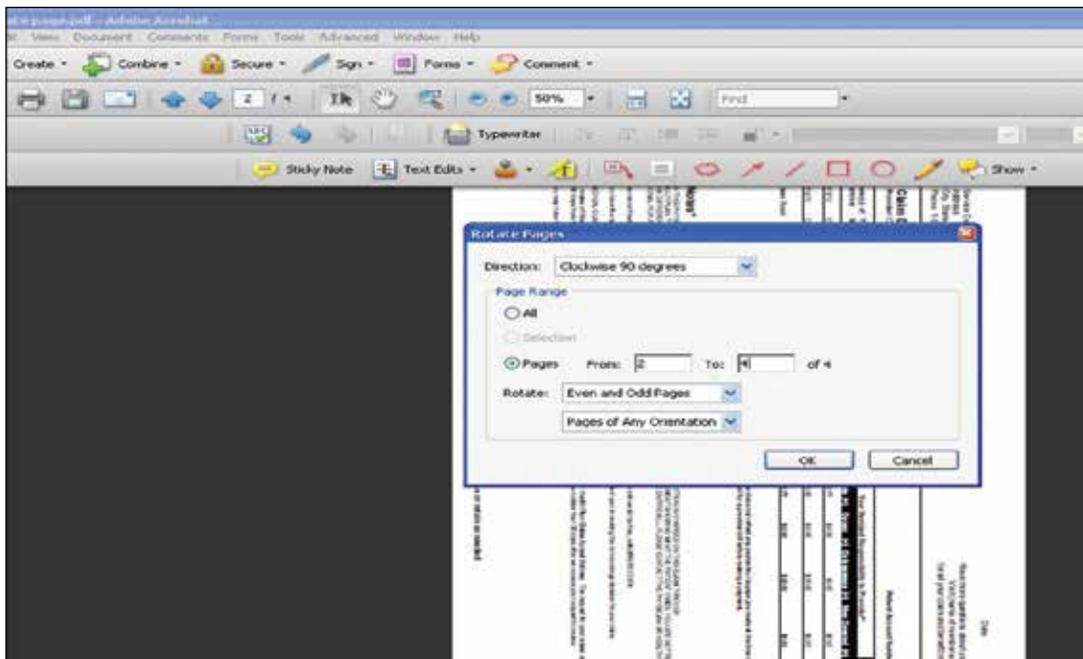


Viewing your EOB

1. Open your EOB PDF from the Claims Detail page and save it to your computer.
2. Open your EOB on your computer.
3. In Adobe Reader®, click on the **Document** drop-down menu and Click **Rotate Pages**.



4. Enter the number of pages you want to rotate (pages 2–4) and Click **OK**. You can now view your EOB with the proper page rotation.



Understanding your Explanation of Benefits (EOB)

Service Center Address City, State, ZIP Code Phone: 1-888-888-8888	Have more questions about your claim? Visit (name of member website) for all your claim and benefit information.
Date	
John Johnson Address City, State, ZIP Code	1 Member/Patient Information Member/Patient: John Johnson Member ID: 123456789 Group Name: ABC Company Group #: 1234567

2 **Explanation of Benefits Statement**
This is not a bill. Do not pay. This is to notify you that we processed your claim.

Claims Summary Detailed claim information is located on following page(s)

Dollar Amount	Description
\$229.00	Amount Billed This is the total amount that your provider billed for the services that were provided to you.
\$32.23	Plan Discounts Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.
\$80.00	Your Plan Paid This is the portion of the amount billed that was paid by your plan.
\$116.77	Total Amount You Owe the Provider(s) The portion of the Amount Billed you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care. This amount may include your deductible, copay, coinsurance and/or non-covered charges. This amount does not include any payments made to the subscriber. If a payment was made directly to the subscriber, you/the subscriber is responsible for paying the physician, facility or other health care professional. <small>*When coordination of benefits applies, this amount will include payments made to the subscriber.</small>

Use this EOB statement as a reference or retain as needed. Page 1 of 4

1. Patient

The name of the person who received the medical care.

2. Claims Summary

Summary section shows the “math” with details on how much your plan pays, plan discounts, and how much you may owe your provider.



Your EOB may look different depending on your plan.

Claim detail page

Service Center Address City, State, ZIP Code Phone: 1-888-888-8888		Date								
Have more questions about your claim? Visit (name of member website) for all your claim and benefit information.										
Claim Detail for John Johnson		Claim Number: 3199111101	Patient Account Number: 3201858-11							
3	Provider: Martin	4	5							
Date(s) of Service	Type of Service	Notes*	Amount Billed	(-) Plan Discounts (-)	Your Plan Paid (=)	Your Itemized Responsibility to Provider**				Amount You Owe
						Deductible (+)	Copay (+)	Coinsurance (+)	Non-Covered (-)	
7/1/17	Office Visits	D1	\$104.00	\$32.23	\$0.00	\$71.77	\$0.00	\$0.00	\$0.00	\$71.77
7/1/17	Laboratory		\$125.00	\$0.00	\$80.00	\$25.00	\$0.00	\$20.00	\$0.00	\$45.00
Claim Total:			\$229.00	\$32.23	\$80.00	\$96.77	\$0.00	\$20.00	\$0.00	\$116.77
**This total does not reflect any payments / copays you made at the time of service. Please wait for a provider bill before making a payment.										
6										
Notes*										
D1 - The discount shown is your savings. Your network physician or health care provider has agreed to the plan discount. The amount you owe may include what you need to pay if you have reached a benefit limit on covered health services. If you need more information about your benefits, please go to your member website or plan documents.										
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 1-866-633-2474.										
You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.										
MEDICAL CLAIMS ONLY										
A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: Health Plan Claims Appeal Address. 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.										
You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.										
Use this EOB statement as a reference or retain as needed.										
Page 2 of 4										

3. Service Description

Description of service provided. Remark code text is listed below the Service Details box.

4. Your Plan Paid

The amount of benefits paid to the employee or provider.

5. Deductible/Copay

Itemized Responsibility. This section shows the amount you owe to the provider.

6. Notes

This section gives more detail on how the claim was processed. It also shows your appeals options and other helpful information.

Service Center Address City, State, ZIP Code Phone: 1-888-888-8888		Date	
Have more questions about your claim? Visit (name of member website) for all your claim and benefit information.			
Notes*			
<p>Rather view this online? Sign up for myuhc.com to easily view claims and account balances, see where you're at against your deductible, locate a network doctor, compare costs, select paperless delivery of your important plan documents and more.</p> <p>Rather view this on your mobile device? Download the free UnitedHealthcare Health4Me app, then sign up to easily find and map care, compare costs, view claims and account balances and more. Get access to the same personalized health plan information while you're on the go.</p> <p>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 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 care professional at the number shown at the top of this Statement.</p>			
Use this EOB statement as a reference or retain as needed.			
Page 3 of 4			

Claim detail page

Service Center
Address
City, State, ZIP Code
Phone: 1-888-888-8888

Date

Have more questions about your claim?
Visit (name of member website)
for all your claim and benefit information.

7 Account Summary

Summary of Deductible and Out-of-Pocket Maximum Plan Year 2017

JOHN

Relationship: EE	Total Plan Year Amount	(-) Applied to (=) Date	Remaining Balance
In-Network			
Deductible	\$750.00	\$750.00	Met
Out-of-Pocket Max	\$2,500.00	\$770.00	\$1,730.00
Out-of-Network			
Deductible	\$1,500.00	\$0.00	\$1,500.00
Out-of-Pocket Max	\$5,500.00	\$0.00	\$5,500.00

FAMILY

	Total Plan Year Amount	(-) Applied to (=) Date	Remaining Balance
In-Network			
Deductible	\$2,500.00	\$900.00	\$1,600.00
Out-of-Pocket Max	\$5,750.00	\$1,000.00	\$4,750.00
Out-of-Network			
Deductible	\$4,500.00	\$0.00	\$4,500.00
Out-of-Pocket Max	\$8,000.00	\$0.00	\$8,000.00

8

Definitions of Key Terms

Applied to Date: The total amount of money applied to your deductible or out of pocket as of this EOB statement.

Deductible: The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the copayment and/or coinsurance period of your plan may begin. Please refer to your plan documents for specific information regarding what services apply to the deductible.

Coinsurance: The money you pay for health services after you satisfied the deductible.

Out-of-Pocket Maximum: This is the amount you pay before your plan benefit starts paying 100 percent for eligible health care services. Please refer to your plan documents for more information.

Plan Year: The dates your plan benefit maximums are applicable.

Use this EOB statement as a reference or retain as needed.

Page 4 of 4

7. Account Summary

Shows the year-to-date deductible and maximum amounts for you and your covered dependents.

8. Definitions

This section defines the key terms used to explain your claim.