

Explanation of Benefits

We will send you an Explanation of Benefits for each month when you use your benefits. It is a summary of the charges for the care or services you received. It is not a bill, but it will show you what you owe. You may receive a separate bill from your provider.

Details for claims processed in January 2025

<p>Look over the information about your claims -- does it seem correct?</p> <ul style="list-style-type: none"> If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim. If you still have questions, call Blue Advantage Customer Service (phone numbers are in a box on page 1). 	<p>You have the right to make an appeal or complaint</p> <ul style="list-style-type: none"> Making an appeal is a formal way of asking us to <i>change our decision</i> about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call Blue Advantage Customer Service (phone numbers are in the box on page 1). 	<p>Remember, this report is NOT A BILL:</p> <ul style="list-style-type: none"> If you have not already paid the amount shown for "your share," wait until <i>you get a bill</i> from the provider. If you get a bill that is <i>higher</i> than the amount shown for "your share," call Blue Advantage Customer Service (phone numbers are in a box on page 1).
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Please contact us if you are asked to make any payments on claims which show \$0.00 under the "Your Share" column.

Provider: Lastname, Firstname Claim Number: XXXXXXXXXX Participating provider								
HOME VST NEW PT UNSTABLE/ SIGNI 99345	Date of Service 1/06/25	Amount the provider billed the plan 1 \$438.00	Total cost (amount the plan approved) 2 \$187.46	Plan's share 3 \$187.46	Your share 4 \$0.00	Denial Note 5		
TOTALS		\$438.00	\$187.46	\$187.46	\$0.00			

Denial Notes (All notes may not apply to your claims.)

1 = Note 1: We have denied all or part of this claim. However, you are not responsible for paying the billed amount because you received this service from a Blue Advantage provider or based on a referral from a Blue Advantage provider.

2 = Note 2: This service was denied, but you may be responsible for paying this amount. See insert for information on your appeal rights.

3 = Note 3: We have denied all or part of this claim. However, you are not responsible for paying the charges for these services at this time. If this claim is reprocessed, you will receive a new EOB which may reflect an amount in "Your Share" if you owe anything for these services.

REMEMBER: If one or more claims or claim lines do not have a "Denial Note" indicated in the last column, you are only responsible for "Your Share" of such claim or claim line.

- 1 Amount the provider billed the plan** - amount of money the doctor, clinic or hospital charged for medical services
- 2 Total cost (amount the plan approved)** - amount the plan approves for the services provided
- 3 Plan's share** - amount Blue Advantage paid to doctor, clinic or hospital on your behalf
- 4 Your share** - amount you owe to the doctor, clinic or hospital for medical services
- 5 Denial note** - will give more information if all or part of a claim is denied