

EXPLANATION OF BENEFITS (EOB)

ENROLLED IN INDIVIDUAL & FAMILY PLANS



YOU'LL RECEIVE AN EOB DOCUMENT AFTER YOUR VISIT

You've seen your doctor or received care at a clinic, ER or other provider. Now what? How do you know who, when and how much you need to pay? After your visit, you'll receive an EOB from Medica that provides a summary of the services you received (your claim) and how your plan covers them. While the EOB shows your share of the costs, it is not a bill. If you owe money for your visit, you'll get a separate bill from your doctor.

You can use your EOB to understand what:

Your provider charged for your services

Charges your health plan pays for

Charges you're responsible to pay for

Provider. Your provider's name.

Patient Control Number. This is your provider-assigned patient ID number. It should match with what is on your bill from the clinic.

Deductible. Amount of this claim that is applied to your annual deductible. You pay this amount. **Note:** "Patient Non-Covered" amounts do not count toward your deductible.

Claim Number. Reference number Medica assigned to the submitted claim.

Total Amount You Owe. Amount you pay the provider when you receive their bill.

Patient Non-Covered Amount. Amount you pay the provider because the service is not covered by your plan.

| Claim Detail for John Doe | | | | | | | | | | | |
|--|--------------|-----------|----------|-------------------------|----------------|-------------|---|--------|-------------|----------------------------|------------------|
| Patient Control Number: P1001234567 | | | | | | | Claim Number: 00000123456 | | | | |
| Provider: Jane Smith | | | | | | | | | | | |
| Date(s) of Service | Description | Notes ID* | Charges | Provider Responsibility | Allowed Amount | Paid Amount | Your Itemized Responsibility to Provider* | | | | |
| | | | | | | | Deductible | Copay | Coinsurance | Patient Non-Covered Amount | Amount You Owe** |
| 2015-03-23 | OFFICE VISIT | 28 | \$191.00 | \$61.06 | \$129.94 | \$90.96 | \$0.00 | \$0.00 | \$38.98 | \$0.00 | \$38.98 |
| Claim Total | | | \$191.00 | \$61.06 | \$129.94 | \$90.96 | \$0.00 | \$0.00 | \$38.98 | \$0.00 | \$38.98 |
| <small>*This total does not reflect any payments/copays you made at the time of service. ** If you received services from an out-of-network health care provider(s) you may owe the difference between the "Charges" and the "Paid Amount."</small> | | | | | | | | | | | |
| Total Amount You Owe | | | | | | | | | | \$38.98 | |

Notes ID. Number assigned to a note that explains a charge. The notes section follows the list of charges.

Description. Type of service you received.

Coinsurance. Percentage of the "Allowed Amount" that you pay.

Copay. A fixed amount you pay up front for certain services.

Note: Your EOB may be different than the example shown above.

COMPARE YOUR EOB WITH YOUR PROVIDER'S BILL

If you owe money for your visit, you'll get a separate bill from your provider. You should compare your EOB with the bill you received from your provider. Check that the following information is the same:

- » Services received
- » Date of services
- » Provider responsibility (what your health plan paid for)
- » Amount you owe

If the provider's bill matches your EOB, simply pay the provider. If you notice any difference between the two, contact your provider or Customer Service at the number on the back of your Medica ID card.

KEEP IN MIND

You may get more than one EOB if you received multiple services or your services were on different days.

You should save your EOB until you receive the bill from your provider so you can confirm you're paying the right amount.

The bill from your provider should break down the services you received and the cost for each.

If you visit an out-of-network provider, you may need to submit your claim to Medica. You'll receive your EOB after we process your claim.



Have a question?

Call Customer Service at the number on the back of your Medica ID card.

MEDICA®

© 2018 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, Medica Health Management, LLC and MMSI, Inc.

IFB12137-1-00318

Medica complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntauv no, hu rau tus xov tooj nyob hauv daim ntauv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

COMIFB-0517-J