

HOW TO READ YOUR MEDICARE ADVANTAGE EXPLANATION OF BENEFITS (EOB)



Experience Health provides Explanations of Benefits (EOBs) for your Medicare Advantage plan. EOBs show how medical claims were processed by your plan. Compare the provider bills you get with your EOBs to ensure all services and amounts are accurate.

You can view and download EOBs through our Experience Health member portal, too. Simply log in or register at Members.ExperienceHealthNC.com and go to the "Claims" section.

Need help reading these claim summaries? Let's walk through the key parts page-by-page so you get the most out of your EOBs.

Experience Health

P.O. Box 17509
Winston-Salem, NC 27116-7509

Jonathan Doe
123 Main Street
Anyplace, NC 26789

Dear First Name Last Name,

Please find enclosed your Medicare Advantage (Part C) Explanation of Benefits Monthly Report (EOB) for August 2023.

This is not a bill.

You're receiving this report because you had a claim that was processed in the last month. The date your claim was processed is based on when the claim was submitted to Experience Health. This is why you may see claims from several months ago in this report.

If you have any questions, give us a call at **1-833-777-7394**. We're happy to help.

As always, thank you for being a member of Experience Health.

Did you know?

With your Experience Health member account, you can view your claims, find doctors and pharmacies, view your ID card and more. Sign up or log in today at Members.ExperienceHealthNC.com.

Learn more about your new EOB

Questions about your redesigned Explanation of Benefits (EOB)? Find answers in "How to Read Your Medicare Advantage EOB" at ExperienceHealthNC.com/EOB

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Explanation of Benefits Monthly Report (EOB Report)

Medical and Hospital Claims Processed in August 2023

For: Jonathan Doe
Member ID: XXXXXXXX-XX
Plan Name: Experience Health Medicare Advantage HMO

Have a question?

Member Services:
1-833-777-7394 (TTY: 711)
7 days a week
8:00 a.m. to 8:00 p.m. ET

Member Portal:
Members.ExperienceHealthNC.com

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If you have not already paid the amount shown under Your Share, wait until you get a bill from the provider. If you get a bill that is higher than the amount under Your Share, call us at Member Services at **1-833-777-7394 (TTY: 711)**.

This information is available for free in other languages. Contact us at Member Services at **1-833-777-7394 (TTY: 711)** for free language interpreter services.

If you notice something suspicious that might be dishonest billing, you can report it by calling 800-MEDICARE (1-800-633-4227/TTY: 877-486-2048), 24 hours a day, 7 days a week.

mean. You can get them directly from the provider or by calling Experience Health Member Services at **1-833-777-7394 (TTY: 711)**.

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Amount Allowed	Amount Plan Paid	Amount Denied	Your Share
\$625.00	\$600.00	\$150.00	\$175.00
\$1,750.00	\$2,000.00	\$150.00	\$1,500.00

Yearly Limit

This limit gives you financial protection. This limit tells you the **most** you will have to pay in "out-of-pocket" costs (copays and coinsurance) for medical and hospital services covered by the plan.

This yearly limit is called your "out-of-pocket maximum." It puts a limit on how much you have to pay, but it does **not** put a limit on how much care you can get.

Once you have reached your limit in out-of-pocket costs, **you stop paying out-of-pocket for all Medicare-covered services.** You keep getting your covered medical and hospital services as usual, and the **plan will pay the full cost for the rest of the year.**

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Amount Plan Allowed	Amount Plan Paid	Amount Denied	Your Share
\$400.00	\$400.00	\$0.00	\$0.00
\$0.00	\$0.00	\$150.00	\$150.00
Coverage criteria not met. (Please look for your appeal rights at the end of this document.)			
You pay \$25.00 copayment for services from an in-network provider.			
TOTALS	\$825.00	\$625.00	\$175.00


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Examples for illustrative purposes

H3777_1450_C_12132022
U40846, 12/22

COVER LETTER

This is the first page you will see when you open your EOB. It shows the time period the EOB covers as well as any special messages and how to reach us if you have questions.



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The EOB includes claims that were processed during this time period.

Find valuable resources and account information at Members.ExperienceHealthNC.com, your personalized member website.


Look for special messages about your health and benefits here.


Examples for illustrative purposes

ABOUT YOUR EOB

Page two provides an overview of the contents of your EOB. It's also where to look if you need help. It points you in the right direction depending on what your needs are.


About This Document






Look over the information about your claims – does it seem correct?

If you have questions about a claim or think there might be a mistake, start by calling your doctor's office or service provider. Ask them to explain the claim. If you still have questions, call us at Member Services at **1-833-777-7394 (TTY: 711)**.



You have a right to make an appeal or complaint.

Making an appeal is a formal way of asking us to change our decision 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 items or services. For information about making an appeal, see Denials and Your Appeal Rights at the end of this document.



This report is not a bill.

If you have not already paid the amount shown under Your Share, wait until you get a bill from the provider. If you get a bill that is higher than the amount under Your Share, call us at Member Services at **1-833-777-7394 (TTY: 711)**.

Some things to note:

- **Remember: This is not a bill.** This monthly report of claims we have processed shows what care you have received, what the plan has paid and how much you have paid out-of-pocket (or can expect to be billed). **If you owe anything, your doctors and other health care providers will send you a bill.**
- **This report covers medical and hospital care only.** If you incur expenses for prescriptions, you will receive a separate Monthly Prescription Drug Summary.
- **Different services can share the same label, like "Medical" or "Laboratory."** This helps protect your privacy. If the provider you saw is not the one listed on a claim, another contracted provider in the same practice or facility may have submitted the claim.

Privacy Protection

Detailed service descriptions are not on EOBs for privacy reasons. But you have the right to know which codes your provider submitted — and what they mean. You can get them directly from the provider or by calling Experience Health Member Services at **1-833-777-7394 (TTY: 711)**.

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What to keep in mind as you review your EOB, including claim accuracy, appeal process and your share of costs.

If you suspect Medicare fraud or abuse, there's a confidential way to let us know.

Here's how to get more information about the medical codes used in your claims and what they mean.


Examples for illustrative purposes

Tips to help you understand your claims.

HELPFUL TERMS

This page gives you definitions of the terms you'll see in your EOB.

Helpful Terms



Amount billed
The amount the provider billed your Medicare Advantage plan.

Amount Experience Health allowed
The discounted rate Medicare or Experience Health has negotiated with doctors, hospitals and other health care providers for a covered service to help keep costs low.

Amount Experience Health paid
The amount your Medicare Advantage plan paid for covered services you received.

Amount denied
The amount denied by your Medicare Advantage plan. This may include, but is not limited to, services not covered by Medicare.

Appeal
A request that your plan review a decision that denies a benefit or payment (in whole or in part).

Coinsurance
An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage of the cost.

Copayment (Copay)
A fixed dollar amount you pay for a covered service or prescription drug at the time you receive it. Copayments can vary depending on the service or drug.

Cost sharing
The amount you pay as your share of the cost for health care services. Cost sharing can include copayments and coinsurance.

In-network provider
A doctor or other health care service provider or facility that is in your plan's network. Also called a preferred provider.

Out-of-network provider
These are the doctors and other health care providers not in your plan's network.

Out-of-pocket costs
The health care costs you must pay because the plan does not cover them.

Out-of-pocket maximum
The most you pay for Medicare-covered services during a benefit period before Experience Health begins to pay 100% of your covered services. This limit never includes premium payments or services that are not covered.

Service
The type of care you received, usually described generally. (For example: "Medical" or "Facility.") This is to protect your privacy. For more details on a service, contact your provider.

Your share
The amount you'll ultimately pay the provider after any payments from your Medicare Advantage plan are applied. It does not reflect payments you've already made to the provider.

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Examples for illustrative purposes


CLAIMS TOTALS/PLAN AT A GLANCE

This page is divided into two sections: The top is a total amount of your claims for the current month and year-to-date. The bottom shows the status of your out-of-pocket annual limits.

Color-coded columns help you quickly see how much Experience Health paid, any denied amounts and what your share is for claims this month and for the year-to-date.

This box shows your out-of-pocket limit, how much has been applied to-date and how much is left to reach the limit.

Explanation of Benefits
THIS IS NOT A BILL



Medical and Hospital Claims Totals for 2023

	Amount Billed	Amount Plan Allowed	Amount Plan Paid	Amount Denied	Your Share
Totals for this month <small>(for claims processed from August 01, 2023, to August 31, 2023, for services received in 2023)</small>	\$825.00	\$625.00	\$600.00	\$150.00	\$175.00
Totals for 2022 <small>(all claims processed through August 31, 2023, for services received in 2023)</small>	\$4,750.00	\$2,750.00	\$2,000.00	\$150.00	\$1,500.00

Your Plan at a Glance

OUT-OF-POCKET LIMIT
For Your Experience Health Medicare Advantage Plan

50% met	Plan's Annual Limit: \$3,900.00 Applied To-Date: \$1,000.00 \$1,000.00 left to reach this limit
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As of the August 31, 2023, Explanation of Benefits Report, **you have met \$500.00 in out-of-pocket costs** that count toward your \$3,900.00 out-of-pocket maximum for Medicare-covered services in 2023.

Yearly Limit
This limit gives you financial protection. This limit tells you the **most** you will have to pay in "out-of-pocket" costs (copays and coinsurance) for medical and hospital services covered by the plan. This yearly limit is called your "out-of-pocket maximum." It puts a limit on how much you have to pay, but it does **not** put a limit on how much care you can get. Once you have reached your limit in out-of-pocket costs, **you stop paying out-of-pocket for all Medicare-covered services.** You keep getting your covered medical and hospital services as usual, and the **plan will pay the full cost for the rest of the year.**

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Examples for illustrative purposes

CLAIMS DETAILS


This section lists each claim processed by your Medicare Advantage plan. You'll see details like claim number, provider name and date of care. Each claim has a breakdown of the original provider charge, what your Experience Health plan paid, any denied amounts and the portion you may owe the provider. It's color-coded to align with the claims totals shown on the previous page. For instance, Amount Billed is shown in beige.

This column shows any denied amounts and why they were denied.

Each claim starts with the claim number and provider name.

Claims are color-coded to match with the Claims Totals on the previous page. For example, the Amount Billed is shown in beige.

Explanation of Benefits
THIS IS NOT A BILL



Claims Details
Dates of Service Processed in August 2023

Claim Number: 200725000007
Provider: Gaston County Medical Transport
Out-of-network provider*
* Find in-network providers at ProviderDirectory.ExperienceHealthNC.com to lower your out-of-pocket costs.

Service	Date	Amount Billed	Amount Plan Allowed	Amount Plan Paid	Amount Denied	Your Share
SERVICE/ITEM (billing code 12345)	07/01/23	\$450.00	\$400.00	\$400.00	\$0.00	\$0.00
SERVICE/ITEM (billing code 99999)	07/15/23	\$150.00	\$0.00	\$0.00	\$150.00 Coverage criteria not met (Please look for your appeal rights at the end of this document.)	\$150.00
SERVICE/ITEM (billing code 12345)	06/01/23	\$225.00	\$225.00	\$200.00	\$0.00	You pay \$25.00 copayment for services from an in-network provider.
TOTALS		\$825.00	\$625.00	\$600.00	\$150.00	\$175.00

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Examples for illustrative purposes

This shows how much you may owe on the claim including any in-network copays or coinsurance.

ADJUSTED/REPROCESSED CLAIMS

This page will only be included if a previous claim determination has been changed. It shows the original claim and any adjustments that have been made.

This row shows the original claim amounts.

This row shows the adjustment claim amounts.

Explanation of Benefits
THIS IS NOT A BILL

Adjusted/Reprocessed Claims

Claim Number: 123456789012
Gaston County Medical Transport
*Out-of-network provider**
* Find in-network providers at ProviderDirectory.ExperienceHealthNC.com to lower your out-of-pocket costs.

Service	Date	Amount Billed	Amount Plan Allowed	Amount Plan Paid	Amount Denied	Your Share
Original Service: MEDICAL (billing code 12345)	08/03/23	\$225.00	\$0.00	\$0.00	\$225.00	\$225.00
Adjustment Service: MEDICAL (billing code 12345)	08/03/23	\$225.00	\$225.00	\$225.00	\$0.00 coverage criteria not met (Please look for your appeal rights at the end of this document.)	You pay \$25.00 copayment for services from an in-network provider.
ADJUSTED CLAIM TOTAL		\$225.00	\$225.00	\$225.00	\$0.00	\$25.00

The claim above has been reprocessed to accurately reflect the benefits provided by your Experience Health plan. You'll see both the details of the original claim and the adjustment(s) made to the claim.

NOTE: We initially denied this item or service and received a request to appeal our denial. After reviewing the appeal request, we overturned our denial and approved the item or service. This means that the item or service is covered and the plan has paid its share of the cost.

If you have questions, call us at Member Services at 1-833-777-7394 (TTY: 711).

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Examples for illustrative purposes

Here is the adjusted amount of Your Share – what you may owe your provider.

DENIED CLAIMS AND YOUR APPEAL RIGHTS

This page will only be included in your EOB if Experience Health has denied all or part of a claim. It outlines your appeal rights and has contact information should you need help.

This tells you what it means to make an appeal, what to expect and what your rights are.

Explanation of Benefits
THIS IS NOT A BILL

Denied Claims and Your Appeal Rights

If we denied all or part of a claim, **you have the right to appeal.** Making an appeal is a formal way of asking us to change the decision we made to deny your claim. If we agree to change our decision, it means we will approve the claim rather than deny it, and we will pay our share.

The provider can also make an appeal, and if this happens, you may not have to pay. You may wish to contact the provider to find out if they will ask us for an appeal. If the provider properly asks for an appeal, you will not be responsible for payment, except for the normal cost sharing amount, and you don't need to make an appeal yourself.

When we deny part or all of a claim, we send you a letter ("Notice of Denial of Payment") explaining why the service or item is not covered. This letter also tells what to do if you want to appeal our decision and have us reconsider.

If you do not have this letter, call Member Services at **1-833-777-7394 (TTY: 711).**

If you have questions or need help with your appeal, contact:

Member Services
1-833-777-7394 (TTY: 711)
7 days a week
8:00 a.m. to 8:00 p.m. ET

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Examples for illustrative purposes

TO LEARN MORE, VISIT
ExperienceHealthNC.com/EOB.

Experience Health provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Experience Health *proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del Seguro para obtener ayuda.*

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield symbols and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Experience Health is an independent licensee of the Blue Cross and Blue Shield Association, serving North Carolina. U40846, 12/22

