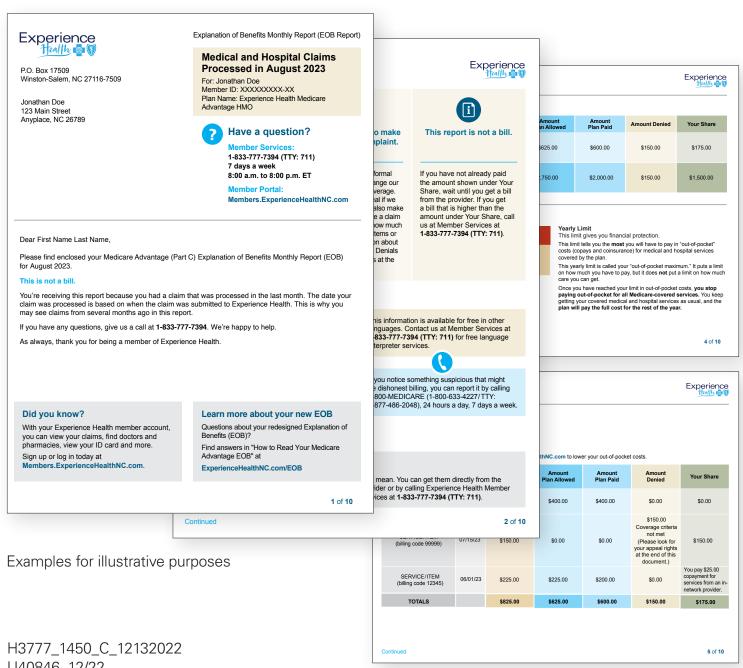
HOW TO READ YOUR MEDICARE ADVANTAGE EXPLANATION OF BENEFITS (EOB)



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. Experience Health NC. com and go to the "Claims" section.

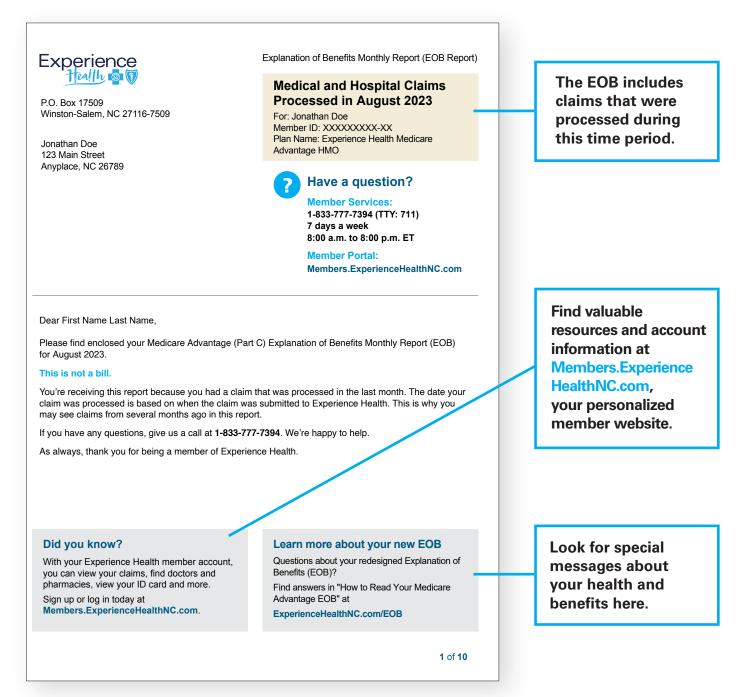
Need help reading these claim summaries? Let's walk through the key parts page-by-page so you get the most out of your EOBs.



U40846, 12/22

COVER LETTER

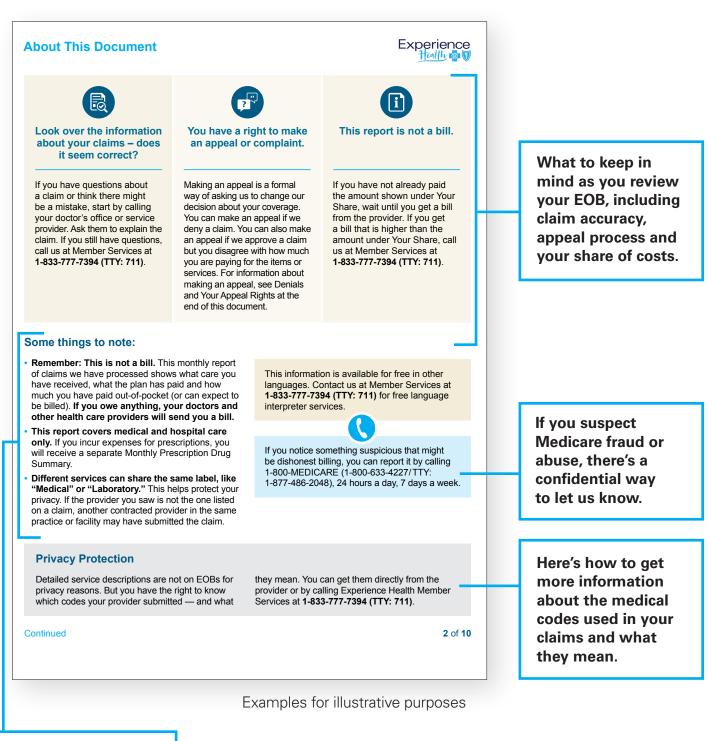
This is the first page you will see when you open your EOB. It shows the time period the EOB covers as well as any special messages and how to reach us if you have questions.



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.



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.

Continued 3 of 10

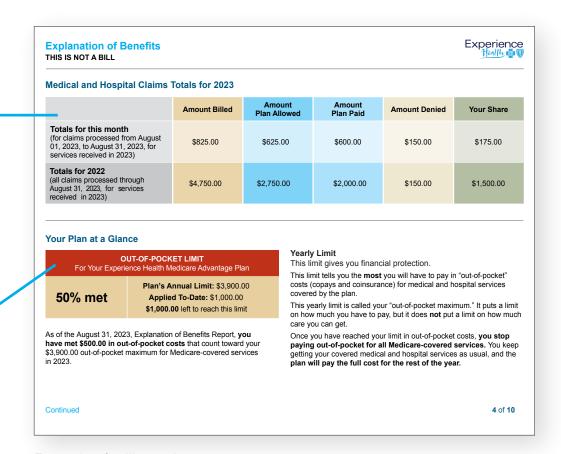
Examples for illustrative purposes

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.

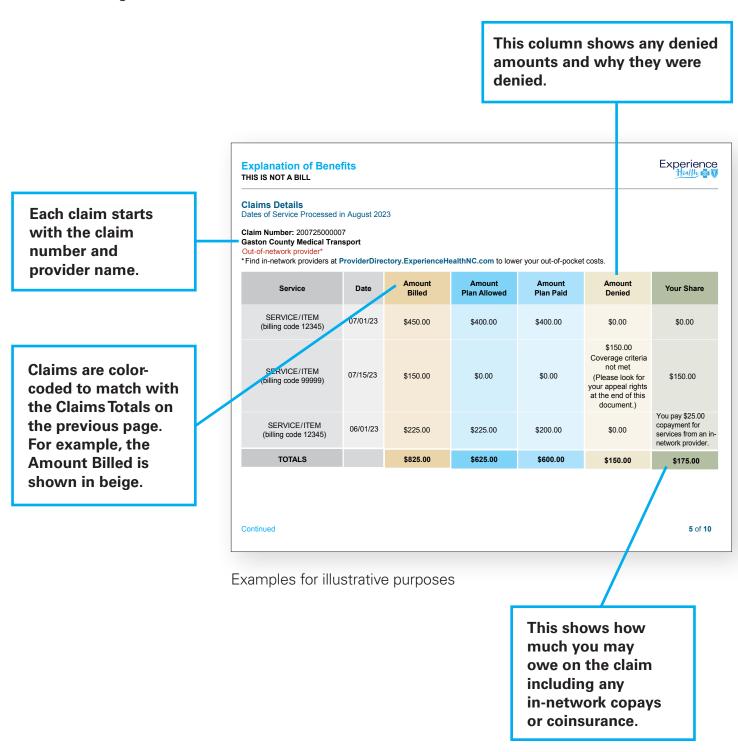
This box shows your out-of-pocket limit, how much has been applied to-date and how much is left to reach the limit.



Examples for illustrative purposes

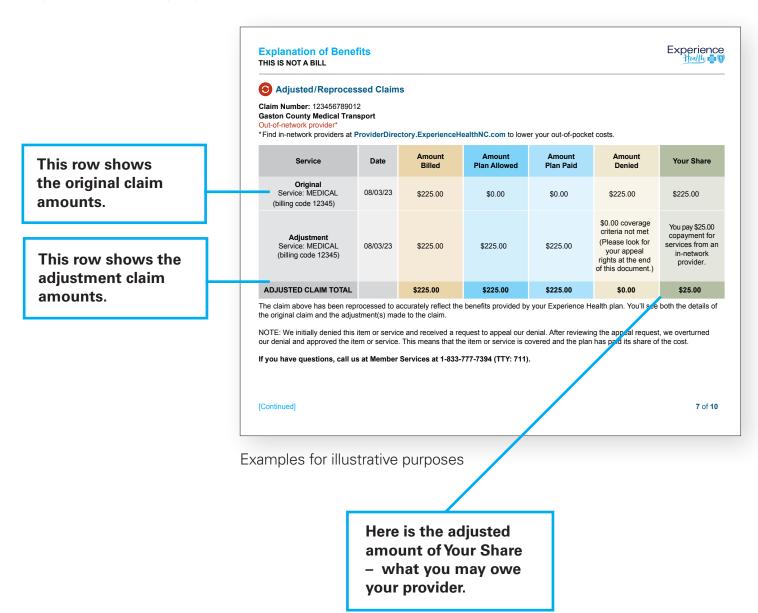
CLAIMS DETAILS

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.



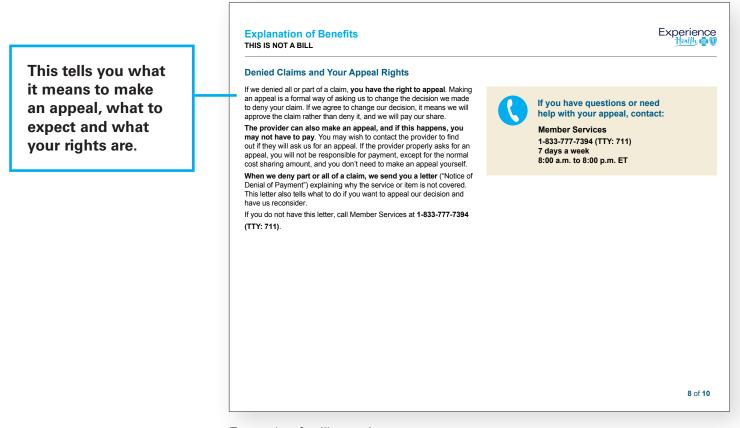
ADJUSTED/REPROCESSED CLAIMS

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.



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.



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.

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