

# Explanation of Benefits Tutorial

We've changed our **Explanation of Benefits (EOB)** to make it easier for you to use. Here's a quick guide to help you learn about your new EOB and find the information you need.

## UPMC HEALTH PLAN

600 Grant Street, Pittsburgh, PA 15219



Member Name  
920 Howe St  
Pittsburgh, PA 15220

Learn more about your EOB and how to go paperless at [upmchp.us/my-eob](https://upmchp.us/my-eob).

### 1 This is not a bill. This is an Explanation of Benefits.

This statement is regarding your recent health visits to summarize **what we paid** and **what you may owe** the provider when your bill is received.

### 2 Your Information

**Member:** Member Name

**Employer:** Group

**Claims Processed:** 02/05/20 - 03/05/20

Read a more in-depth summary on proceeding pages.

### 3 Go paperless!

Find out how at [upmchealthplan.com/members](https://upmchealthplan.com/members)

#### Any questions? Contact us.

UPMC Health Plan wants to ensure you received care as soon as you needed it. If you have experienced a scheduling issue or have questions, please contact Member Services.

1-833-219-0509 (TTY: 711)

1. Your EOB is not a bill. If you owe any money for the care you've received, you will get a **separate bill** in the mail from the provider you visited.
2. This box shows your member information and the dates your claims were processed.
3. Visit this website to learn how to get your EOBs digitally and whom to call if you have questions.

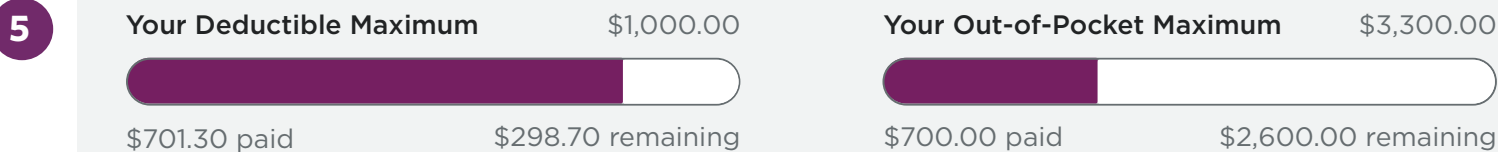
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## 4 2020 Year-to-Date Summary

This is a spending summary for the plan year of **03/20/19 to 03/20/20** for **Member Name**. Data shown is dependent on when claims were processed.

**Level 1 network** is part of your in-network covered providers.

Out-of-pocket costs are lower in this network.



6

\$600.00 has been applied to your \$2,000.00 **Level 1 In-Network Family Deductible**.  
\$450.00 has been applied to your \$8,300.00 **Level 1 In-Network Family Out-of-Pocket**.

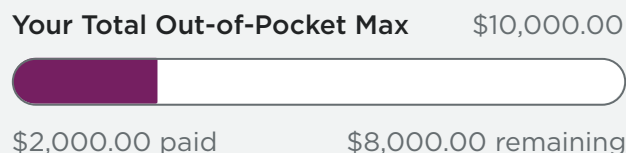
**Level 2 network** is part of your in-network covered providers.

Out-of-pocket costs are higher in this network.



\$600.00 has been applied to your \$4,000.00 **Level 2 In-Network Family Deductible**.  
\$450.00 has been applied to your \$11,800.00 **Level 2 In-Network Family Out-of-Pocket**.

**Total Out-of-Pocket Maximum (Max)** includes expenses from all in-network providers (Level 1 and Level 2 networks) as well as your copays.



\$701.30 has been applied to your \$20,000.00 **Family Total Out-of-Pocket Max**.

7 **Additional Spending Information** includes allowances **aside from** the information shown above, such as out-of-network spending (for individual and family) and more.

\$0.00 has been applied to your \$2,500.00 **Out-of-Network Individual Deductible**.

\$0.00 has been applied to your \$10,000.00 **Out-of-Network Individual Out-of-Pocket**.

## 2020 Year-to-Date Summary (continued)

### Additional Spending Information (continued)

\$0.00 has been applied to your \$2,500.00 **Out-of-Network Individual Deductible**.

\$0.00 has been applied to your \$10,000.00 **Out-of-Network Individual Out-of-Pocket**.

\$0.00 has been applied to your \$10,000.00 **Total Out-of-Network Individual Out-of-Pocket Max**.

\$0.00 has been applied to your \$2,500.00 **Out-of-Network Family Deductible**.

\$0.00 has been applied to your \$10,000.00 **Out-of-Network Family Out-of-Pocket**.

\$0.00 has been applied to your \$10,000.00 **Total Out-of-Network Family Out-of-Pocket Max**.

\$0.00 has been applied to your \$8,000.00 **Health Reimbursement Arrangement (HRA)**.

\$0.00 has been applied to your \$8,000.00 **Health Incentive Account (HIA)**.

4. This section shows how much you've paid toward your care costs. It may also show how much you have paid toward your out-of-network individual deductible, out-of network out-of-pocket maximum, or how much has been used from your additional spending accounts (if applicable).
5. This area will indicate whether this is your individual spending information, or if applicable, your family spending information.
6. This information will show additional spending information related to your family. This may not apply to your EOB.
7. This area will show any applicable **spending account information** such as Health Reimbursement Accounts or Health Incentive Accounts. This may not apply to your plan.

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## Claim Details

This is a payment breakdown of recent claims from **02/05/20 - 03/05/20**  
for **Member Name** | **Member ID:** 05024126-01

Account Number:

**8** → **Medical** | Claim Number: 012943021432534 | Service Date: 03/01/20 ← **9**

### Office Visit

**Provider:** Dr. Adee Elhamvdani, MD  
(In Network)  
**Office Number:** 412-866-4553

Amount Charged	\$50.00
Discount for Members	\$30.00
UPMC Health Plan Paid	\$15.00
Copayment	\$5.00
You owe or may have paid	\$5.00

**10** → **Medical Procedure**

**Provider:** Dr. Adee Elhamvdani, MD  
(In Network)  
**Office Number:** 412-866-4553

Amount Charged	\$500.00
Discount for Members	<b>*DENIED</b> \$300.00
UPMC Health Plan Paid	\$80.00
Deductible	\$120.00
You owe or may have paid	\$120.00

**12** → **\*DENIAL NOTICE**

### Things to know about your denied claim

- We have denied all or part of this claim. However, **you are not responsible for paying the billed amount** because you received:
  - EX** - Example of why service was denied placed here. Bolded tag so user can reference it above.
  - If you have questions, you can contact <###-###-#### dynamic times and hours to call>. (TTY users should call 711)

**You owe or may have paid total \$125.00**

- 8.** This area will show you the type of claim, as well as the claim number.
- 9.** This is the date(s) you received care.
- 10.** These are your recent claim details, including the type of care you received, where you received it, and the payment breakdown.

- 11.** This is your share of the cost. You may have already paid this amount. If you haven't, you will receive a bill in the mail from the provider.
- 12.** If your claim was denied, here is where you can find out why and whom to call with questions.