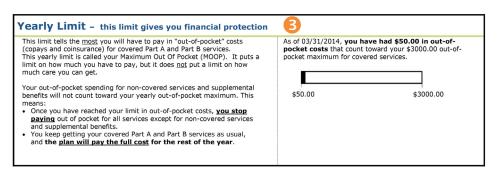
Explanation of Benefits (EOB) GuideYour EOB at a Glance



We took your suggestions to reduce costs and the amount of mail you receive. Starting April 1, 2014, your EOB statement will be mailed **monthly**.

Your Explanation of Benefits (EOB) is a document that tells you what we have paid for medical services you have received, and what you have paid (or can expect to be billed).

Totals for Medical and Hospital Claims	Amount Providers have Billed the Plan	Total Cost (amount the plan has approved)	Plan's Share	2 Your Share
Totals for this month (for claims processed from 3/1/2014 to 3/31/2014)	\$115.00	\$90.00	\$70.00	\$30.00
Totals for 2014 (all claims processed through 3/31/2014)	\$750.80	\$680.00	\$650.00	\$50.00



Dr. John Provider, MD Claim Number: 99-999 (In-network provider)	Date of Service	Amount the Provider Billed the Plan	Total Cost (amount the plan approved)	Plan's Share	Your Share
Office Visit (billing code 99213)	2/15/14	\$105.00	\$90.00	\$70.00	\$20.00
					You pay a \$20.00 copay for services from an in-network provider.
Supplies and Materials (billing code 99070)	2/15/14	\$10.00	\$0.00	\$0.00	\$10.00
,			DENIED (Look below for information about your appeal rights.)		This service was denied, but you may be responsible for paying this amount. Look below for information about your appeal rights.
	TOTALS:	\$115.00	\$90.00	\$70.00	\$30.00
Things to know about your denied	Jalaine This sa				



How to read your EOB:

- The amount the plan has paid for claims processed in the previous month.
- 2 How much you have paid (or can expect to be billed) based off claims processed in the previous month.
- Sall our plans protect you with a yearly limit. This is the most you will pay for Medicarecovered services.
- 4 This section includes details for claims processed in the previous month for each provider.

Optional Preventive Dental Services 🕕 **Details for claims processed in March 2014** (Amounts for optional preventive dental services are not included in the totals shown on page 2) Dr. Judy Provider, DMD Claim Number: 99-999 **Total Cost** Amount the (Provider of dental services) Dental Provider (amount services are "optional supplemental services." These are extra services for Date of Billed the the plan Plan's Your Share approved) Plan Share which you pay a separate premium. Service Adult Cleaning (billing code D1110) 2/03/14 \$115.00 \$95.00 \$95.00 \$0.00 You pay a \$0.00 copay for services from a provider. TOTALS: \$115.00 \$95.00 \$95.00

Would you like to go paperless?

If you would like to go paperless, sign up for **InTouch** our secure member website.

InTouch gives you 24-hour access to plan materials and benefits. Once you sign up for InTouch, you can check your out-of-pocket maximum limits, view your EOBs, and much more!

Sign-up for InTouch

Visit our website at www.Medicare.PacificSource.com and click on the purple **InTouch** login.

Questions?

If you have any questions about your new EOB statement, please call us toll-free at (888) 863-3637, or TTY at (800) 735-2900. Our hours are:

- Oct. 1 Feb.14: 8:00 a.m. 8:00 p.m., local time zone, seven days a week.
- Feb. 15 Sept. 30: 8:00 a.m. 8:00 p.m., local time zone, Monday - Friday.

Optional Preventive Dental

If you have Optional Preventive Dental, this section will include services provided by each provider.

- Dental claims processed in the previous month.
- 2 The amount the plan has paid for claims processed in the previous month.
- 3 How much you have paid (or can expect to be billed) based off claims processed in the previous month for each provider.



PacificSource Community Health Plans, Inc. is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. Y0021_MISC2340_Plan Approved 02202014