

# Explanation of Benefits (EOB) Guide

## Your 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)	1 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

**Yearly Limit - this limit gives you financial protection** 3

This limit tells the most you will have to pay in "out-of-pocket" costs (copays and coinsurance) for covered Part A and Part B services. This yearly limit is called your Maximum Out Of Pocket (MOOP). 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.

Your out-of-pocket spending for non-covered services and supplemental benefits will not count toward your yearly out-of-pocket maximum. This means:

- Once you have reached your limit in out-of-pocket costs, **you stop paying** out of pocket for all services except for non-covered services and supplemental benefits.
- You keep getting your covered Part A and Part B services as usual, and **the plan will pay the full cost for the rest of the year.**

As of 03/31/2014, **you have had \$50.00 in out-of-pocket costs** that count toward your \$3000.00 out-of-pocket maximum for covered services.

Dr. John Provider, MD Claim Number: 99-999 (In-network provider)	4 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 <small>You pay a \$20.00 copay for services from an in-network provider.</small>
Supplies and Materials (billing code 99070)	2/15/14	\$10.00	\$0.00	\$0.00	\$10.00 <small><b>DENIED</b> (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.</small>
<b>TOTALS:</b>		<b>\$115.00</b>	<b>\$90.00</b>	<b>\$70.00</b>	<b>\$30.00</b>

**Things to know about your denied claim:** This service or supply is excluded from Medicare and is not a covered benefit.

### How to read your EOB:

- 1 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.
- 3 All our plans protect you with a yearly limit. This is the most you will pay for Medicare-covered services.
- 4 This section includes details for claims processed in the previous month for each provider.

## Optional Preventive Dental Services <sup>1</sup>

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

(Provider of dental services) Dental services are "optional supplemental services." These are extra services for which you pay a separate premium.

				<sup>2</sup>	<sup>3</sup>
	Date of Service	Amount the Provider Billed the Plan	Total Cost (amount the plan approved)	Plan's Share	Your Share
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.
<b>TOTALS:</b>		<b>\$115.00</b>	<b>\$95.00</b>	<b>\$95.00</b>	<b>\$0.00</b>

## Optional Preventive Dental

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

- <sup>1</sup> Dental claims processed in the previous month.
- <sup>2</sup> The amount the plan has paid for claims processed in the previous month.
- <sup>3</sup> How much you have paid (or can expect to be billed) based off claims processed in the previous month for each provider.

## 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](http://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.

