

A GUIDE TO YOUR EXPLANATION OF BENEFITS (EOB)



What's an EOB?

The EOB explains how benefits are paid for your care — it's not a bill. We send you an EOB when a doctor or hospital files a claim for your care. For every doctor visit or service, your EOB explains the services, the cost of those services and the benefits from your plan that may be applied to the care you received. It's as simple as that.

You may not always receive an EOB in the mail. For example, if you only need to pay a copay for a doctor visit or other service, we won't send you an EOB. But you can still view your medical EOBs online at unicare.com/mass/login. You can even choose to go completely paperless for all medical EOBs by logging in at unicare.com/mass/login and choosing **Email Preferences** in your account profile.

Going paperless not only helps the environment, but saves you from unnecessary clutter. Plus, you'll find searching through your EOB a lot easier online. So consider making the switch today — it's free and only takes a few minutes.

How much do I owe?

When you receive an EOB, this is probably the first thing you look for. Our new EOBs make it easier to find all the information you need to help you better manage your healthcare services and what you spend for care.

Below is a sample of an EOB you might receive. We've put boxes around key sections of the EOB and included explanations.* To find out more about your EOB, see the other side of this flier.

Claim summary

Section 1 — Claim tracking details

Shows who received the service and the relationship to the account holder. Contains information that you can use to track the specific service and what the payment is for.

| Medical services payment detail | | | | | | | | | | | | | |
|---|-----------------------|-------------------------------|---------------------------------|-------------------------------|------------------------------|--|-----------------|--------------------------|---------|--------------|---------------|------------------------|----------------------------------|
| as of 2/01/2021 | | | | | | | | | | | | | |
| Services provided for: Jane Q. Member (Self) | | Claim number 1234567891234 | Date claim received 01/20/21 | Provider ABC Medical Group | Network status In network | Patient account 98765432198765 1 | | | | | | | |
| Date of service | Service received | Reason code | Amount charged by your provider | Your discounts | Amount due to your provider | Your health benefits paid | | | You pay | | | | Total you pay (or may have paid) |
| | | | | | | Another insurance paid | UniCare payable | Your health account paid | Copay + | Deductible + | Coinsurance + | Services not covered + | |
| 1/6/2021 | Office visit 2 | 135 | \$175.00 | \$77.00 | \$98.00 3 | 0.00 | \$73.00 | 0.00 4 | \$25.00 | 0.00 | 0.00 | 0.00 | \$25.00 |
| 1/6/2021 | Lab service | 038 | \$68.00 | \$50.50 | \$17.50 | 0.00 | 0.00 | 0.00 | 0.00 | \$17.50 | 0.00 | 0.00 | \$17.50 |
| 1/6/2021 | Lab service | 038 067 | \$55.00 | \$39.50 | \$15.50 | 0.00 | \$6.40 | 0.00 | 0.00 | \$7.50 | \$1.60 | 0.00 | \$9.10 |
| Subtotal | | | \$298.00 | \$167.00 | \$131.00 | 0.00 | \$79.40 | 0.00 | \$25.00 | \$25.00 | \$1.60 | 0.00 | \$51.60 |
| <small>038: This amount has been applied to the member's medical deductible. 067: This balance is the member's coinsurance responsibility. 135: This amount is the member's copayment amount.</small> | | | | | | | | | | | | | |
| Total for June | | | \$298.00 | \$167.00 | \$131.00 | 0.00 | \$79.40 | 0.00 | \$25.00 | \$25.00 | \$1.60 | 0.00 | \$51.60 |

*Please note that some of these sections may not appear on your EOB. Also, your EOB may include a check.

Section 2 — Service details

Includes the date of service, the service received and any explanation of payment reason codes.

Section 3 — Charges

What you'll find in the *Charges* section:

- ▶ The amount billed by the provider and your provider discounts.
- ▶ How much is owed to the provider.

Section 4 — Payments

What you'll find in the *Payments* section:

- ▶ How much another insurance plan pays. This section only appears if we are the secondary insurance carrier.
- ▶ How much your health plan may owe the provider.
- ▶ Your copay. This is the flat-dollar amount you may pay for certain services, such as doctor visits.
- ▶ How much you need to pay as part of your deductible (the flat-dollar amount you may pay for certain services before your health plan begins to pay). Some plans may have more than one deductible.
- ▶ Your coinsurance. This is the fixed percentage you may pay for certain services. Some plans may require you to pay a deductible first.
- ▶ The cost for services that aren't covered under your plan. The provider may bill you for these charges.

Year-to-date summary

Section 1 — Deductible details

Shows how much you've paid so far and how much you still need to pay for your deductible.

Section 2 — Out-of-pocket details

Gives you the in- and out-of-network totals of the dollars applied to the individual and family out-of-pocket maximum.

Benefit year-to-date Information — *To learn more about what's covered, see your member handbook.*

It's important to know how close you are to meeting your plan's deductible and out-of-pocket maximum.

Plan deductible

| Individual ¹ | In-network maximum | Applied to date | Remaining deductible | Out-of-network maximum | Applied to date | Remaining deductible |
|---|--------------------|-----------------|----------------------|------------------------|-----------------|----------------------|
| Jane Q. Member | \$500.00 | -\$500.00 | \$0.00 | \$750.00 | -\$750.00 | \$0.00 |
| An individual deductible may be different than your deductible for all covered family members combined. | | | | | | |
| Family | \$2,000.00 | -\$1,000.00 | \$1,000.00 | \$2,500.00 | -\$850.00 | \$1,650.00 |

Out-of-pocket (OOP) maximum

| Individual ² | In-network maximum | Applied to date | Remaining OOP | Out-of-network maximum | Applied to date | Remaining OOP |
|---|--------------------|-----------------|---------------|------------------------|-----------------|---------------|
| Jane Q. Member | \$1,000.00 | -\$510.00 | \$490.00 | \$2,000.00 | -\$1,060.00 | \$940.00 |
| An individual out-of-pocket maximum may be different than your out-of-pocket maximum for all covered family members combined. | | | | | | |
| Family | \$3,000.00 | -\$555.00 | \$2,445.00 | \$5,000.00 | -\$1,060.00 | \$3,940.00 |

Register at unicare.com/mass/register and sign up to receive your EOBs online. Choose the Profile button and then select Email Preferences.