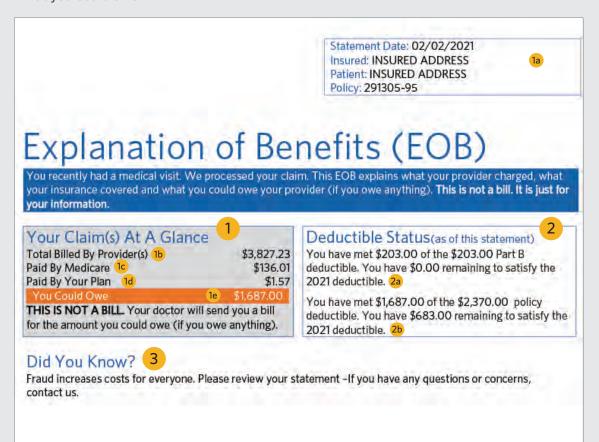
Explanation of Benefits (EOB)

You may have noticed a new look to your Explanation of Benefits (EOB). We know that an EOB can be confusing, so we're here to help you understand each section.

Your Explanation of Benefits (EOB) is what you'll receive after you visit a doctor or another health care service provider. **This is not a bill**, but a way for you to understand what services you received, and your out-of-pocket costs. An EOB is a statement of services, provider chargers and payments processed through Medicare and your Medicare supplement policy. It's a summary of important information to help you understand the breakdown between what's covered and what you could owe.



1. Your Claim(s) At A Glance

- **1a.** This section outlines your policy and covered person(s), as of this statement date.
- **1b.** This is the **total** submitted charges from the medical provider(s) you saw. You'll see specific details of each provider later in the EOB. In this example, the total amount billed by both providers is \$3,827.23.
- **1c**. This is Medicare's payment responsibility the amount paid by your Medicare Part A or Part B coverage. In this example, Medicare paid \$136.01.
- **1d**. The amount paid by your Medicare supplement insurance policy. In this example, the Medicare supplement policy paid \$1.57.
- **1e**. The amount you could owe is highlighted in orange. Please note: **This** is **not a bill.** Your doctor will send you a bill for the amount you could owe.

2. Deductible Status

This section outlines your deductible as of this statement. It includes:

- **2a**. How much is remaining of your Medicare Part B deductible.
- **2b**. What's remaining of your high-deductible Medicare supplement policy deductible, if applicable.

3. Did You Know?

This section includes helpful tips on how you can get the most out of your Medicare supplement policy.



Provider:UNITED PHYS CARE IN Date of Service: 03/15/21-03/15	Policy: 291305-95 4d					
Claim Number: 584000060300	Account Number: PUPC243379 4e					
Date of Service Type of Service	Provider Charged ^{4g}	Medicare Approved	Medicare 4i Paid	Your Plan Paid	You Could Owe	Notes
03/15/21-03/15/21 G0439-ANNUAL WELLNESS VISIT, INCLU	\$265.00	\$140.51	\$136.01			
03/15/21-03/15/21 99213-OFFICE O/P EST LOW 20-29 MIN	\$395.00	\$203.00	\$0.00			
Total	\$660.00	\$343.51	\$136.01	\$1.57	\$203.00 B	В

Notes

41

B - This plan does not cover Medicare's annual Part B deductible. You are responsible for this amount. \$203.00

Provider:SHAWNEE SENIOR LIV	Policy: 291305-95					
Date of Service: 04/23/21-04/3	Rider: Rider1 4m					
Claim Number: 584000060300	Account Number: 1009040550					
Date of Service	Provider	Medicare	Medicare	Your Plan	You Could	Notes
Type of Service	Charged	Approved	Paid	Paid	Owe	
04/23/21-04/30/21 HOSP R&B	\$1,456.00	\$0.00	\$0.00			
04/01/21-04/12/21 MISC IP	\$1,711.23	\$0.00	\$0.00			
Total	\$3,167.23	\$0.00	\$0.00	\$0.00	\$1,484.00	

Notes

Payments Summary

UNITED PHYS CARE INC \$1.57 5a

4. Detailed Claim Information

This section includes the details for a specific claim. This includes the:

- 4a. Provider name,
- **4b.** The date of service,
- 4c. The claim detail number,
- 4d. The policy plan number and
- **4e.** The account number is recorded on behalf of the provider.

It also includes a detailed breakdown of the charges, including:

- **4f.** The types of services,
- 4g. The total amount the provider charged,
- 4h. The amount Medicare approved,
- 4i. The amount Medicare paid,
- 4j. The amount your Medicare supplement plan paid,
- 4k. The amount you could owe,
- 41. Any applicable notes and
- **4m.** This will demonstrate if the claim is a part of the rider on the policy if applicable.

Take a look at these key details in your claim information:

- **4c.** Claim Detail Number: Have this information on hand when calling our Customer Service department with questions about your claim.
- **4k.** Amount You Could Owe: This is the amount you may be responsible for. Your provider may send you a bill for this amount.

5. Payment Summary

The amount paid by your Medicare supplement policy.

5a. This section will show the benefit amount paid to your health care provider, medical facility or customer.