

EXPLANATION OF BENEFITS (EOB)

FOR MEDICA ADVANTAGE SOLUTION® (HMO), (HMO-POS) & (PPO) MEMBERS



YOU'LL RECEIVE AN EOB DOCUMENT AFTER YOUR VISIT

You've seen your doctor or received care at a clinic, ER or other provider. Now what? How do you know who, when and how much you need to pay? After your visit, you'll receive an EOB from Medica that provides a summary of the services you received (your claim) and how your plan covers them. While the EOB shows your share of the costs, it is not a bill. If you owe money for your visit, you'll get a separate bill from your doctor. You can use your EOB to understand what:

Your provider charged for your services

Charges your health plan pays for

Charges you're responsible to pay for

Provider. Your provider's name.

Patient Control Number. This is your provider-assigned patient ID number. It should match with what is on your bill from the clinic.

Deductible. If your plan has a deductible, this shows the amount of this claim that is applied to your annual deductible. You pay this amount. **Note:** "Patient Non-Covered" amounts do not count toward your deductible.

Total Amount You Owe. Amount you pay the provider when you receive their bill.

Claim Number. Reference number Medica assigned to the submitted claim.

Patient Non-Covered Amount. Amount you pay the provider because the service is not covered by your plan.

Claim Detail for John Doe							Your Itemized Responsibility to Provider*				
Patient Control Number: P1001234567							Claim Number: 00000123456				
Provider: Jane Smith											
Date(s) of Service	Description	Notes ID*	Charges	Provider Responsibility	Allowed Amount	Paid Amount	Your Itemized Responsibility to Provider*				
							Deductible	Copay	Coinsurance	Patient Non-Covered Amount	Amount You Owe**
2015-03-23	OFFICE VISIT	28	\$191.00	\$61.06	\$129.94	\$90.96	\$0.00	\$0.00	\$38.98	\$0.00	\$38.98
Claim Total			\$191.00	\$61.06	\$129.94	\$90.96	\$0.00	\$0.00	\$38.98	\$0.00	\$38.98
<small>*This total does not reflect any payments/copays you made at the time of service. ** If you received services from an out-of-network health care provider(s) you may owe the difference between the "Charges" and the "Paid Amount."</small>											
							Total Amount You Owe				\$38.98

Notes ID. Number assigned to a note that explains a charge. The notes section follows the list of charges.

Coinsurance. Percentage of the "Allowed Amount" that you pay.

Description. Type of service you received.

Copay. A fixed amount you pay up front for certain services.

COMPARE YOUR EOB WITH YOUR PROVIDER'S BILL

If you owe money for your visit, you'll get a separate bill from your provider. You should compare your EOB with the bill you received from your provider. Check that the following information is the same:

- » Services received
- » Date of services
- » Provider responsibility (what your health plan paid for)
- » Amount you owe

If the provider's bill matches your EOB, simply pay the provider. If you notice any difference between the two, contact your provider or Customer Service at the number on the back of your Medica ID card.

KEEP IN MIND

You may get more than one EOB if you received multiple services or your services were on different days.

You should save your EOB until you receive the bill from your provider so you can confirm you're paying the right amount.

The bill from your provider should break down the services you received and the cost for each.

If you visit an out-of-network provider, you may need to submit your claim to Medica. You'll receive your EOB after we process your claim.



Have a question?

Call Customer Service at **1-866-269-6804** (TTY: **711**) for MN Medica Advantage Solution members or **1-866-398-7374** (TTY: **711**) for IA and NE Medica Advantage Solution with CHI Health members.

October 1–March 31: 8 a.m. to 8 p.m. Central, seven days a week

April 1–September 30: 8 a.m. to 8 p.m. Central, Monday–Friday

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If you want free help translating this document, call 1-800-952-3455.

Si desea recibir asistencia gratuita para la traducción de este documento, llame al 1-800-952-3455.

Yog koj xav tau kev pab dawb txhais daim ntawv no, hu rau 1-800-952-3455.

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