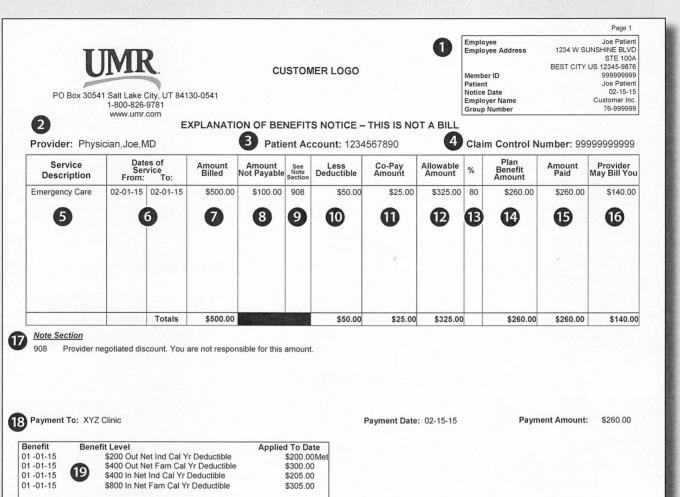
How to read your EOB





- Fields include member information under which the claim was processed.
- 2 Hospital, physician or other health care provider that performed the services.
- 3 Account number assigned by the hospital, physician or other health care provider.
- 4 UMR assigns a unique claim control number to each claim received.
- 5 Services and/or procedures that were performed by the hospital, physician or other health care provider.
- 6 Dates(s) services were performed by the hospital, physician or other health care provider.

- Amount charged for the services by the hospital, physician or other health care provider.
- 8 Charges not allowed according to the Plan see comment code.
- 9 Refers to codes used to explain charges that were not allowed – see Notes Section.
- 10 Amount applied to the deductible.
- 11 Co-pay amount paid at office visit
- Charges allowed for payment this is the difference between the "Amount Billed" and the "Amount Not Payable" and/or "Less Deductible" columns.
- Percentage at which the Allowable charges are paid.

- 14 Amount actually payable by the Plan.
- Amount that UMR paid to the provider.
- Only amount you are responsible to pay to the hospital, physician or other health care provider, if applicable.
- 17 Explains codes provided in the "See Notes Section" column. Lists the specific code and its definition.
- 18 List of individuals or organizations to whom checks were issued.
- Provides benefit period and benefit levels, amounts applied to individual/family deductibles, out-of-pocket and lifetime maximums, if applicable.

Cover Page Explanations:

- UMR toll-free telephone number for members to call with questions regarding the Explanation of Benefits.
- 21 Website address for members to access regarding eligibility and claim information.
- Indicates the specific time frame for members to file appeals. This information is provided in the members' SPD (Summary Plan Description). Also indicates the members' right to file civil action.
- 23 Indicates the telephone number for members to call with questions regarding appeal rights.
- Indicates the toll-free telephone number for members to call if they suspect illegal activity regarding claims.



SAMPLE

JOE PATIENT 1234 W SUNSHINE BLVD STE 100A BEST CITY US 12345-9876

- QUESTIONS / CONCERNS Contact 1-800-826-9787.
- INTERNET: Online services are available 24 hours a day at www.umr.com.
- <u>APPEAL:</u> You may file an appeal of the claim decision by sending a written request and pertinent information within 180 days from the date of this Notice to "Claims Appeal Unit, P.O. Box 30546, Salt Lake City, UT 84130-0546". Refer to your current benefit booklet for information on the appeal process. After you have exhausted the mandatory appeal levels that are described in your benefit booklet, you have the right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act(ERISA).
- OTHER RESOURCES TO HELP YOU

 For questions about your appeal rights, this notice, or for assistance you can contact the Employee Benefits Security Administration at 866-444-EBSA (3272). Additionally, you can contact your consumer assistance program at the Office of the Governor Consumer Health Assistance 1-888-333-1597.
- HELP STOP FRAUD! If you know or suspect any illegal activity concerning claims, contact our anti-fraud unit by calling 1-800-356-5803. You do not need to identify yourself.

 Refer to your benefit booklet for more details on Claim determination.

