BlueCross BlueShield of North Carolina

Visit us at **bcbsnc.com**

A step-by-step guide

Understanding what you owe after visiting your provider

Definitions	
Your Provider Billed	The amount your health care provider submitted for the services you received.
Allowed Amount	The discounted rate we have negotiated with in-network providers or facilities for covered services, which saves you money when you receive in-network care.
Member Savings	The amount you saved by visiting an in-network provider or facility.
Your Plan Paid	The amount paid for the service based on the allowed amount.
Copayment	The fixed dollar amount you pay upfront to a health care provider for a covered service. Copayments can vary depending on the service, the type of health care provider, and whether the provider is in or out of network. Copayments do not count toward your deductible or out-of-pocket maximum.
Deductible	The amount you may pay for eligible services during a benefit period before your plan begins to pay. It does not include copayments, coinsurance, noncovered services, or any charges in excess of any maximum or allowed amount.
Coinsurance	The cost sharing of allowable charges by us and you for covered services after you've met your deductible, if applicable. Usually shown as a percentage.
Other Liability	Out-of-network costs, costs for services that should have had prior review or authorization before they were performed, or any excluded services.

BlueCross BlueShield of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association.

Explanation of Benefits

December 01, 2011 *This is not a bill.*

Subscriber information

First: John A
Last: Doe
ID: W1234567891
Blue Options Plan

Need more information?

Find answers online at ***mybcbsnc.com***

Customer Service (Monday-Friday, 8 a.m. - 9 p.m. EST) 1-888-234-2416
Servicio al Cliente (Lunes – Viernes, 8 a.m. - 9 p.m. EST) 1-888-234-2416

Additional Information

Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company.

The information listed in the "Benefit Year Summary" section indicates the most current benefit period information on your plan as of the date of this notice. The "Amount Satisfied" will reflect the total amount applied throughout your plan's benefit period, which may include amounts applied before and after any changes in benefits or dependents covered throughout the current benefit period.

Para obtener asistencia en español, comuníquese con el departamento de servicio al cliente al número que aparece al respaldo de su tarjeta del seguro.

Benefit Year Summary - For benefit period starting 01/01/2011

Blue Options Plan	In-Network Deductible		Out-of-Network Deductible		In-Network Out-of-Pocket		Out-of-Network Out-of-Pocket	
	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied
John A	$700.00	MET	$1,400.00	$0.00	$3,210.00	$0.00	$6,420.00	$0.00
Jane B	$700.00	$0.00	$1,400.00	$0.00	$3,210.00	$0.00	$6,420.00	$0.00
Joe C	$700.00	$0.00	$1,400.00	$0.00	$3,210.00	$0.00	$6,420.00	$0.00
Family	$2,100.00	$700.00	$4,200.00	$0.00	$9,630.00	$0.00	$19,260.00	$0.00

These benefits require you and/or your family to reach payment maximums, labeled "Plan's Maximum," before your plan pays a greater share of the cost. These maximums can be reached in two ways: when you've satisfied your individual maximums, or when your family has met its maximums. Payments made by members are credited both to their individual Amount Satisfied and to the family's, up to the individual maximum amount. Individual maximum requirements are waived when your family maximum is reached. The amount satisfied column will read "Met" if an individual or family maximum is satisfied.

Patient: John A. Doe #: W1234567891

Medical Services Detail	Your Provider Billed	Member Benefit			Amount Your Provider May Bill You					Reason Code (See below)
Claim #: 01-102510-046-40		Allowed Amount	Member Savings	Your Plan Paid	Copayment	Deductible	Coinsurance	Other Liability	TOTAL	
Provider: JOHN SMITH **Date(s):** 11/21/2011-11/21/2011	$875.00	$600.00	$275.00	$0.00	$0.00	$600.00	$0.00	$0.00	$600.00	
	Service: MEDICAL CARE									
Provider: JOHN SMITH **Date(s):** 11/21/2011-11/21/2011	$150.00	$100.00	$50.00	$0.00	$0.00	$100.00	$0.00	$0.00	$100.00	
	Service: LABORATORY									
Provider: JOHN SMITH **Date(s):** 11/21/2011-11/21/2011	$50.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$50.00	$50.00	ENB
	Service: SUPPLIES									
Total for Claim # 01-102510-046-40	**$1,075.00**	**$700.00**	**$325.00**	**$0.00**	**$0.00**	**$700.00**	**$0.00**	**$50.00**	**$750.00**	

What our codes mean

ENB Claim denied. Service is not covered for either the primary diagnosis or service code listed. May resubmit if other covered diagnosis or service codes apply. Claim will be reopened upon receipt of requested information within one year of denial.

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Easy steps

to make sure your claims are accurate

1

During your provider visit

In network

When you visit an in-network provider, a participating or contracted provider by Blue Cross and Blue Shield of North Carolina (BCBSNC) for your specific plan, please follow these steps:

1. Present your BCBSNC ID card.
2. Pay a copayment, if indicated on your ID card.
   If no copayment is listed, depending on your provider, you may be asked to pay a portion or all of of your balance at the time of your visit.
   There are no claims to file.

Out of network

When you visit an out-of-network provider, a provider who has not been designated as a participating or contracted provider by BCBSNC for your specific plan, please follow these steps:

1. Present your BCBSNC ID card.
2. Depending on your provider, you may be asked to pay a portion or all of the fees at the time of your visit.
3. Ask if your provider will file the claim. If not, you will have to file it.

Note: Some plans do not cover out-of-network visits. Check your Benefit Booklet.

2

After your provider visit

After you have visited a provider and a claim for health care services is filed, BCBSNC will send you an Explanation of Benefits (EOB). The EOB provides important information about claims processed by BCBSNC.

Your EOB is not a bill. It's a summary of your benefits applied to your claims. Do not send payment to your provider unless you receive a bill directly from your provider. Always compare your provider bill with your EOB to confirm that services you received and charges listed are correct. Keep all EOBs and provider bills on file for future reference.

3

Understanding your Explanation of Benefits (EOB)

See the sample EOB on page 2 and learn how to find the information you need.

1 Benefit Year Summary

How much of your deductible and/or coinsurance is applied for the current benefit period as of the date of the EOB. A "benefit period" is a period of time during which covered services must occur in order to be eligible for payment.

2 Plan's Maximum

This is the specific deductible, coinsurance, or out-of-pocket amount for your plan, and what you may owe cannot exceed these amounts.

3 Amount Satisfied

The total amount of your deductible, coinsurance, and/or out-of-pocket expenses met for the benefit period as of the date of the EOB.

4 Claim Number

Identifies specific services received during a health care visit.

5 Service

A summary description of the type of medical service provided. If you need more information about a particular service, contact your health care provider or call the customer service number listed on your EOB or ID card.

6 Reason Code

Indicates an explanation follows in the "What Our Codes Mean" section at the end of the EOB.

7 Total

The amount you owe the provider.

Visit

BlueConnectNC.com

Frequently asked questions

Question	Answer
What should I do if I don't receive a provider bill?	You may not receive a provider bill if you already paid a copayment and BCBSNC covered the remainder of the bill. Check the "**Amount Your Provider May Bill You**" section of your EOB to confirm.
Why is an EOB important?	The EOB can help you track your health care spending or medical claims history. Your EOB also helps you verify that the services and charges listed are correct. Compare the EOB with the bills you get from your doctor or health care facility. If something doesn't look right to you, contact the health care provider who filed the claim or customer service to discuss the claim in question. Also, if you disagree with a specific benefit decision, you have the right to appeal it by following the steps listed on the back of the EOB. You can request a copy of an EOB by calling the customer service number on the back of your BCBSNC ID card. Plus, you can log in to ***BlueConnectNC.com*** to view your entire claims history and status.
What should I do if I receive multiple EOBs and provider bills for the same procedure, visit or service?	This is a common situation if you received care from multiple providers. As you receive your provider bills, compare the following with your EOB: • Date of service • Provider name • Services and amounts The total dollar amount you pay your provider, including copayments, should not exceed the amount listed in the "**Amount Your Provider May Bill You**" section of the EOB, unless you received a check directly from BCBSNC. Then you will owe the "**Your Plan Paid**" plus "**Amount Your Provider May Bill You**."
What should I pay if the amount on the provider bill is different than the amount listed in the "Amount Your Provider May Bill You" section of my EOB?	The total amount you pay your provider, including copayments, should never be more than the amount listed in the "**Amount Your Provider May Bill You**" section of the EOB, unless you received a check directly from BCBSNC. If the provider bill is less, pay the amount listed on your provider bill. You may receive additional bills for the same visit or procedure if you received care from multiple providers. If the provider bill is more than the "**Amount Your Provider May Bill You**," and you did not receive a check directly from BCBSNC, call the customer service number listed on the back of your BCBSNC ID card.

HOW CAN WE HELP?

If you have any additional questions about billing or your EOB, call the customer service number listed on the back of your BCBSNC ID card.

Scan this barcode with your mobile device to learn more about your EOB, or visit ***bcbsnc.com/eob*** to access an interactive version of a sample EOB.

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