



Understanding Your Explanation of Benefits

When you receive your checking account statement each month, you probably sit down to compare your checkbook register to the bank statement, making sure the charges match and that your balance is correct. It's the same with your Medicare Summary Notice (MSN) and UnitedHealthcare® Senior Supplement plan Explanation of Benefits (EOB).

Reviewing your statements is important to help ensure your medical claims are correct and to keep track of your medical expenses, so take a few minutes to look them over. Your statements include key information such as the amount of benefit paid and your responsibility.



If you have questions about your Medicare Summary Notice, contact Medicare at **1-800-MEDICARE (1-800-633-4227)** for assistance.




If you have questions about your UnitedHealthcare EOB or for more information, contact UnitedHealthcare toll free at **1-877-717-9517, TTY 711** 8 a.m. – 8 p.m. local time, Monday – Friday.



Example of a Medicare Summary Notice

Let's consider an example. Below is a Medicare Summary Notice (MSN) for Doris, who covers herself and her husband Henry under her UnitedHealthcare Senior Supplement plan. This MSN is for an eye exam and medical tests she had on March 2, 2013. The total amount charged by the provider is \$143.



Medicare Summary Notice

for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

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THIS IS NOT A BILL

Facility Name
Your Name Here
Street Address
City, State 12345-6789

Notice for Your Name

Medicare Number **XXX-XX-1234A**

Date of This Notice **March 16, 2013**

Claims Processed Between **March 05 -**

Your Claims & Costs This Period

Did Medicare Approve All Services? NO

Number of Services Medicare Denied 2

See claims starting on page 3. Look for **NO** in the "Service Approved?" column. See the list

Your Deductible

Your deductible is ... services before Medicare pays for services.

Part B Deductible \$147 deductible for

Be Informed!

Register at www.Medicare.gov for your Original Medicare services and print a copy with your provider. You can also access your personal

THIS IS NOT A BILL | Page 4 of 5

March 2, 2013
John Doe, M.D., (XXX)XXX-XXXX
Eye Glass Center, Any Town, Any State, XXXXX

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	\$21.59	
Computerized mapping of corneal curvature (92025)	Yes	0.00	0.00	0.00	0.00	B
Total for Claim #99-99999-999-999		\$143.00	\$107.97	\$86.38	\$21.59	

When Doris reviews her MSN, she'll want to pay particular attention to a few areas:

- Amount charged by her provider: **\$143**
- Amount Doris could expect to owe when she receives the provider bill: **\$21.59**
- Amount Medicare approved under its fee schedule: **\$107.97**
- Doris's claim is then automatically submitted to UnitedHealthcare on her behalf by Medicare.
- Amount paid by Medicare: **\$86.38**

Example of an Explanation of Benefits

The example below shows a UnitedHealthcare Explanation of Benefits (EOB) for the same services Doris received on March 2, 2013. UnitedHealthcare factors in how much Medicare paid for her services (\$86.38) and then the UnitedHealthcare Senior Supplement plan pays its share of the remaining costs minus any deductibles. Doris has met both her Trust plan and Medicare Part B deductibles.

Below you will find a sample of what an EOB looks like. On the next page you will find easy to understand definitions for each numbered column.

UNITEDHEALTHCARE INSURANCE
COMPANY

EXPLANATION OF BENEFITS — THIS IS NOT A BILL

Patient Name
Subscriber name

Patient ID
Subscriber Nbr

Group/Policy
EOB Date

Claim Number:	Par/Non: N	Provider:
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Date(s) of Service/Description	Charges	Allowed Amount	Patient Non-Covered	Provider Responsibility	Notes ID	Deductible	CoPay	Coinsurance	Paid Amount	Amount You Owe
03/02/13 EYE AND MEDICAL EXAMINATION	143.00	21.59	0.00	121.41	1035	0.00	0.00	0.00	21.59	0.00
03/02/13 CORNEAL CURVATURE MAPPING	0.00	0.00	0.00	0.00	1034	0.00	0.00	0.00	0.00	0.00
	1	2	3	4	5	6	7	8	9	10
TOTALS	143.00	21.59	0.00	121.41		0.00	0.00	0.00	21.59	0.00


NOTES

- 1034 Medicare coinsurance applied to Out of Pocket
- 1035 Medicare deductible applied up to plan amount



When Doris reviews her EOB, she'll want to pay particular attention to a few areas:

- 1 Amount charged by her provider: **\$143**
- 2 The "Maximum You May Be Billed" from the Medicare Summary Notice: **\$21.59**
- 3 Charges not covered by health plan: **\$0**
- 4 Provider responsibility includes amounts that can be reimbursed by Medicare or other insurance beyond the Senior Supplement plan. Provider responsibility equals charges minus the "Allowed Amount" and minus "Patient Non-Covered": **\$121.41**
- 5 Provides additional claims information on separate page of EOB
- 6 Amount applied toward the Trust plan's \$300 deductible. Doris already has met the deductible: **\$0**
- 7 The Trust plan does not have copays, so this will always be: **\$0**
- 8 Member coinsurance and any Medicare Part A deductible amount after plan deductible is met: **\$0**
- 9 Amount paid by UnitedHealthcare: **\$21.59**
- 10 Amount Doris could expect to owe when she receives the provider bill (her share of the Medicare Part A coinsurance, Part B deductible and coinsurance): **\$0**

 Now that both Medicare and UnitedHealthcare have paid their share of her claim, Doris should wait for a bill from her provider for any remaining amount.

When You Receive Care

You do not pay your provider at the time you receive care. Instead, your provider will bill Medicare directly and the Senior Supplement plan may pay some or all of the costs not paid by Medicare.

1 Show both ID cards

- Present your red, white and blue Medicare ID card, and your UnitedHealthcare Senior Supplement plan member ID card to providers.
- Your provider will bill Medicare directly.

2 Medicare sends you a Summary Notice (This is not a bill)

- You will receive a Medicare Summary Notice (MSN), showing how much Medicare pays and how much you may owe.

3 The claim submitted to Medicare is automatically sent to UnitedHealthcare for processing and you receive a second statement (This is not a bill)

- Then, the Senior Supplement plan may help pay some or all of the costs not paid by Medicare.
- You will receive an Explanation of Benefit (EOB), showing how much the plan pays, and how much you may owe.

4 Wait for the bill from your provider

- After your claim has gone through both Medicare and UnitedHealthcare, you will receive a bill from your provider for any remaining amount.
- Pay your provider directly for your portion of the cost (if any) only after you have received your MSN and UnitedHealthcare EOB. (Sometimes providers send bills right away, but wait for the next bill that comes after you have received your MSN and UnitedHealthcare EOB.)



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