

How to Read Your HRA EOB



A UnitedHealthcare Company



PO Box 30541 Salt Lake City UT 84130-0541
1-800-826-9781
www.umar.com

SAMPLE

Page
Dist Code

Employee Member Number	Joe Patient 99999999
Patient Notice Date	Joe Patient 01-11-11
Employer Name	Sample Group Inc.
Employer Number	7670-00-99999

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

2 Provider: Physician, Joe, MD
3 Patient Account: 05050505aa
4 Claim Control Number: 08017769999

Service Description	Dates of Service		Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
	From:	To:									
Emergency Care	01-01-11	01-01-11	\$291.30	\$32.25	908	\$259.05				\$9.05	\$250.00
Venipuncture	01-01-11	01-01-11	\$25.00	\$5.37	908	\$19.63				\$19.63	
HRA Applied- \$28.68											
TOTALS			\$316.30	\$278.68		\$0.00			\$0.00	\$28.68	\$250.00

Note Section

908 Provider negotiated reduction. You are not responsible for this amount.
A portion or all of your balance due may be paid with HRA funds – see plan doc for details. For HRA balance information, see other side.

17 Payment To: XYZ Clinic

Benefit Period	Benefit Level	Applied To Date
01-01-11	\$1,000 Ind Cal Yr Deductible	\$278.68
01-01-11	\$2,000 Fam Cal Yr Deductible	\$955.28
01-01-11	\$2,000 Ind Out-of-Pocket	\$278.68
01-01-11	\$4,000 Fam Out-of-Pocket	\$955.28
01-01-11	\$250 HRA Ind Deductible	\$250.00Met
01-01-11	\$600 HRA Fam Deductible	\$500.00

18 Applied To Date

Benefit Period	Benefit Level	Applied To Date

- 1 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.
- 7 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 Charges allowed for payment – this is the difference between the “Amount Billed” and the “Amount Not Payable” and/or “Less Deductible” columns.
- 12 Percentage at which the Allowable charges are paid.
- 13 Amount actually payable by the Plan.
- 14 Amount that UMR paid to the provider.
- 15 Only amount you are responsible to pay to the hospital, physician or other health care provider, if applicable.
- 16 Explains codes provided in the “See Notes Section” column. Lists the specific code and its definition.
- 17 List of individuals or organizations to whom checks were issued.
- 18 Provides benefit period and benefit levels, amounts applied to individual/family deductibles, out-of-pocket and lifetime maximums, if applicable.

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Cover Page Explanations:

- 19 UMR toll-free telephone number for members to call with questions regarding the Explanation of Benefits.
- 20 Web Site address for members to access regarding eligibility and claim information.
- 21 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.
- 22 Indicates the telephone number for members to call with questions regarding appeal rights.
- 23 Available for non-grandfathered only. Indicates the specific time frame for a member to file an appeal request using an external, independent, third party.
- 24 Indicates the toll-free telephone number for members to call if they suspect illegal activity regarding claims.
- 25 Indicates HRA balance information.



PO BOX 30541
Salt Lake City, UT 84130-0541

SAMPLE

JOE PATIENT
123 ABC LANE
ANYTOWN USA 99999-9999

- 19 **QUESTIONS / CONCERNS** Contact 1-800-826-9781.
- 20 **INTERNET:** Online services are available 24 hours a day at www.umar.com.
- 21 **APPEAL:**
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).
- 22 **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).
- 23 **EXTERNAL REVIEW OPTION**
If we continue to deny the payment, coverage or service requested, or if you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. Your written request must be received by UMR within four (4) months of the date you receive this notice.
- 24 **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.

Account Summary

Account Type	Annual Contribution	Rollover Previous Year(s)	Beginning Plan Year Balance	YTD Incentives	YTD Claims Paid	Funds Available	CDH Amount Paid	Remaining Balance
2011 HRA	\$1000.00	\$5871.57	\$6871.57	\$0.00	\$355.75	\$6515.82	\$210.73	\$6305.09



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