

Here's an example of Your Account Summary



Your insurance plan's Customer Service Number may be near the plan's logo or on the detail page of your EOB.

- An "Individual" is any one member on a benefit plan.
- "Family" is any two or more members on one benefit plan.

	1 Calendar Year Maximum	2 You Paid to Date	3 Amount Remaining
4 Individual Deductible	Med \$X.XX	Med \$X.XX	Med \$X.XX
	Rx \$X.XX	Rx \$X.XX	Rx \$X.XX
5 Individual Out-of-Pocket	Med+Rx \$X.XX	Med+Rx \$X.XX	Med+Rx \$X.XX
6 Family Deductible	Med \$X.XX	Med \$X.XX	Med \$X.XX
	Rx \$X.XX	Rx \$X.XX	Rx \$X.XX
7 Family Out-of-Pocket	Med+Rx \$X.XX	Med+Rx \$X.XX	Med+Rx \$X.XX

Reading your Explanation of Benefits (EOB)

After you visit your provider, you may receive an Explanation of Benefits (EOB) from L.A. Care. This is an overview of the total charges for your visit and how much you and your health plan will have to pay. An EOB is NOT A BILL and helps to make sure that only you and your family are using your coverage. You may get a bill separately from the provider.

- 1 **Calendar Year Maximum:** The maximum amount threshold of your benefit plan.
- 2 **You Paid to Date:** The amounts you have paid towards your calendar year maximum.
- 3 **Amount Remaining:** The amount you have remaining to meet your out of pocket maximum.
- 4 **Individual Deductible:** The amount of money you pay for an individual before your plan starts to pay.
- 5 **Individual Out-Of-Pocket:** The most you have to pay for individual health services every year.
- 6 **Family Deductible:** The amount of money you pay for your family before your plan starts to pay.
- 7 **Maximum Out-Of-Pocket:** The most you have to pay for health services every calendar year. Once you have paid this amount, your insurance company usually pays 100% of your health care cost (subject to policy limitations).

Here's an example of an Explanation of Benefits

L.A. Care's Customer Service Number is at the top of the EOB detail.

THIS IS NOT A BILL

Your Explanation of Benefits (EOB) for claims paid by L.A. Care

Have questions about your claim?
Visit www.lacare.org
Or Call (855) 270.2327

5 *Date of Service from: (02-14-2018) Date of Service to: (02-14-2018)*
Provider Last Name, Provider First Name
Provider Street Address
Provider City, Provider State Zip

Claim Number: Claim Number

1 Type of Service	2 Amount Billed	3 Allowed Amount	4 Non-Covered Charges	4 Amount L.A. Care Paid	Deductible	Co-Pay	Coinsurance	6 Maximum You May Be Billed	7 See Notes Below
EMERGENCY ROOM VISIT 450	\$250.00	\$200.00	\$0.00	\$200.00	\$0.00	\$50.00	\$XX.XX	\$50.00	123
							\$XX.XX		
							\$XX.XX		
Totals for Claim# 123456789	\$250.00	\$200.00	\$0.00	\$200.00	\$0.00	\$50.00	\$XX.XX	\$50.00	

Appeals and Grievances

If you have a complaint or are dissatisfied with a denial of coverage for claims under your health plan, you may be able to appeal or file a grievance. For questions about your rights, or assistance, you can contact your insurance plan. If you think you were charged for tests or services your coverage is supposed to pay for, keep the bill and call the phone number on your insurance card or plan documentation right away. Insurance companies have call and support centers to help plan members.

- 1 Type of Service:** A description of the health care services you received, like a medical visit, lab tests, or screenings.
- 2 Amount Billed:** The amount your provider bills for your visit.
- 3 Allowed Amount:** The amount your provider will be reimbursed; this may not be the same as the Provider Charges.
- 4 Amount L.A. Care paid:** The amount L.A. Care will pay to your provider.
- 5 Provider Last Name, First Name:** The provider who will receive any reimbursement for the claim.
- 6 Maximum You May Be Billed:** The amount the patient owes after your L.A. Care has paid everything else. You may have already paid a portion of this amount and payments made directly to your provider may not be subtracted from this amount.
- 7 See Notes** explains more about the cost, charges, and paid amounts for your visits.

Timely Billing

Your Provider's office has one hundred and eighty (180) days to submit a claim.