



Your Medicare Advantage Explanation of Benefits

What is your Explanation of Benefits?

Blue Cross Blue Shield of Michigan sends you Explanation of Benefit Payments statements, also known as EOBs, to help you keep track of your plan use. An EOB is not a bill, even though there are dollar amounts listed.

We'll only send you an EOB once a month, and only if you used your benefits.

What will your Explanation of Benefits tell you?

Your EOB has important information in it. And, we'll present the information in a way that will make more sense to you. (The dollar amounts and dates used below are just examples.)

1. We'll summarize the total costs of the services you received. We'll tell you what your health care providers billed us, what we paid them and what your share is.

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Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
\$810.00	\$552.00	\$337.60	\$214.40

2. Instead of showing you boxes of numbers, we'll explain what your deductible and yearly out-of-pocket limits are, and then we'll tell you how much you've paid toward them.

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DEDUCTIBLE:

For most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible.

As of September 01, 2016 you have paid \$87.80 toward your \$245.00 yearly plan deductible.

YEARLY LIMITS

These limits tell the most you will have to pay in 2016 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.

These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get. This means:

3. We'll list and describe all of the services we were billed for during the previous month. Just as we did with your totals, we'll tell you what your health care providers billed us, what we paid them and what your share is

4. If we deny payment for all or part of a claim, we'll explain why.

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Elm Grove Ear, Nose and Throat Associates

Claim Number: XXXXXXXXXX207 (In-Network provider)	Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)
Air and bone conduction assessment of hearing loss and speech recognition (billing code 92557)	4/8/16	\$80.00	\$76.00

4

Things to know about your denied claim:

- Denial code 09, Provider ID does not exist
- Denial code 07, Professional ID does not exist
- **NOTE: We have denied all or part of this claim.** However, you are not responsible for paying the billed amount.

You have the right to appeal our decisions.

We will explain your appeal rights. We'll tell you what your rights are and explain the entire appeals process to you.



Questions?

bcbsm.com

Call Member Services at the number on the back of your Blues ID card. TTY users, please call 711.

You can log in at bcbsm.com to see a personal snapshot of your coverage, including your recent claims, deductible and out-of-pocket balances, and other information.

Sign up for paperless EOBs to reduce clutter and see your EOBs online by logging in to your member account. We'll send you an email when a new EOB is ready to review.