

YOUR CLAIM SUMMARY

August 14, 2018

This Explanation of Benefits (EOB) shows how claims were processed by your plan. **It is NOT a bill.** It's a way to check that the care you received and the amount billed by your providers are accurate. Keep this for your records.

Subscriber Details

Name: **XXXXX XXXXXXXX**
 Subscriber ID: **YPYW#####**
 Plan: **North Carolina State Health Plan**

PO Box 30085
Durham, NC 27702

XXXXX XXXXXXXX
123 Main Street
Anyplace, NC 21111

Paid for by you and other NC Taxpayers

HAVE QUESTIONS?



Visit www.shpnc.org



Call **888-234-2416** (Monday – Friday, 8 a.m. – 6 p.m. ET)
Servicio al Cliente **888-234-2416** (Lunes – Viernes, 8 a.m. – 6 p.m. ET)



Watch a video on how to read this EOB at www.shpnc.org



TTY/TDD (for the speech and hearing impaired): **800-442-7028**

OVERVIEW


3 claims

Processed by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). **Below is a total of those claims.** You'll find information on each claim in the "Claim Details" section.

Total Amount Provider(s) Charged:	\$989.00	The original amount charged by the provider(s) you visited before any in-network discounts or State Health Plan payments were applied.
State Health Plan Member Savings:	\$830.00	You saved \$269.00 by using in-network providers. The State Health Plan paid \$561.00 towards the claims in this summary. Overall, being a State Health Plan member saved you 84% off the total amount charged.
What Provider(s) May Bill You:	\$159.00	The remaining amount after your discount and what your plan paid in benefits. (It may not reflect payments already made by you or another insurance company.) Your provider(s) may bill you directly for this amount.



TAKE NOTE:

- There is **1 alert code** (look for the  icon in the "Claim Details" section).
- Find tools and resources at www.shpnc.org.

Be a State Health Plan Watchdog

Learn how at shpnc.org

Blue Cross NC provides administrative services only for this plan. Your plan sponsor retains sole responsibility for funding the claim payments. The information listed in the "Your Plan at a Glance" section shows the most current benefit period information on your plan as of the date of this notice. The "Applied To-Date" will reflect the total amount applied throughout the benefit period on the plan. This amount may include all applied before and after any changes in benefits or dependents covered during 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.

NOTE: We provide these definitions to help you understand important terms. Refer to your benefit booklet for full details. In the event of any inconsistency between these definitions and your benefit booklet, the benefit booklet shall govern.

Alert Code	A message explaining how a service was processed or alerting you to a problem with the claim. It helps you see how the plan decided what it will pay for the services you received.
Allowed Amount	The reduced rate Blue Cross NC negotiated with in-network providers for covered services. This is one of the reasons in-network care saves you money. For example, a doctor may charge \$150 for a visit — but Blue Cross NC negotiated an allowed amount of \$100. Thus, you save \$50 as a plan member.
Amount Not Covered / Other Liability	This can include non-covered services, out-of-network costs above the allowed amount and services that didn't get prior review (approval) as required.
Appeal	A request that your health insurer or plan review a decision that denies a benefit or payment (either in whole or in part).
Coinsurance	Your share of the cost for a covered service after meeting your deductible. (The rest is paid by the State Health Plan.) It's calculated as a percentage of the allowed amount. For example: If your coinsurance is 20%, you'd pay \$20 if the allowed amount is \$100.
Copayment (Copay)	A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered service.
Covered Services	Refer to your benefit booklet for details on which health care services are covered by your plan.
Deductible	The amount each individual pays for covered services before the health plan starts to pay. Most plans have a different deductible for in-network providers and out-of-network providers. Copays, coinsurance, non-covered services and charges above the allowed amount do not count toward your deductible.
Family Deductible	Once the sum of all family member payments meets the family deductible, each member begins to pay the copay or coinsurance amount.
Family Out-of-Pocket Limit	Once this limit is reached, the plan pays 100% of covered services for each family member. <i>For the 70/30 Plan:</i> There is no Out-of-Pocket Limit, but a Coinsurance Maximum. Once that is reached, the State Health Plan pays for all covered services (minus any applicable copays) for each family member.
In-Network	Doctors, hospitals, clinics and other providers that contract with your plan to provide services at a lower rate.
In-Network Discount	The amount you saved by using a provider that is in-network for your plan. It's the difference between what your provider charged and the allowed amount.
Out-of-Network	Services from doctors, hospitals, clinics and other providers that don't have a contract with your plan. They usually cost you more than in-network providers.
Out-of-Pocket Limit	The total you'll spend during a benefit year before the State Health Plan starts to pay 100% of covered services. <i>For the 70/30 Plan:</i> There is no Out-of-Pocket Limit, but a Coinsurance Maximum. It is the total you'll spend during a benefit year before the State Health Plan starts to pay for all covered services (minus any applicable copays).
Plan's Limit	This is the specific deductible, coinsurance or out-of-pocket limit for your plan.
Service	The type of care you got. Different services can share the same label, like "Medical" or "Facility." This helps protect your privacy. Contact your provider or Customer Service for more details on a service.
State Health Plan Member Savings	The total amount you saved from in-network discounts and plan payments.
State Health Plan Paid	The amount the State Health Plan paid for services you received. Please note that this amount may be \$0 if you receive services that go towards your deductible and your deductible has not been met or if your copay is equal to or more than the allowed amount. As a State Health Plan member you receive discounts by using providers that are in-network.
Total Provider May Bill You	What you'll ultimately pay the provider after any in-network discount and plan payments are applied. Keep in mind that it does not reflect payments you've already made to the provider. For example, it could show a \$25 copay that you paid at the time of the visit. That's why we say it's what your provider "may" bill you. By comparing EOBs with bills from your provider, you can make sure everything is accurate and avoid overpaying.

CLAIM DETAILS

THIS IS NOT A BILL

3 claims for XXXXX (ID: YPYW#####)

Provider Name: XXXXX Radiology

Claim Number: ##-#####-###-##

Date of Care: July 30, 2018

Service:	Provider Charged:	Allowed Amount:	In-Network Discount:	State Health Plan Paid:*	Applied to Deductible:	Copayment or Coinsurance:	Not Covered / Other Liability:	Alerts (See table at the end)
X-RAY (91919)	\$199.00	\$150.00	\$49.00	\$105.00	\$0.00	\$45.00	\$0.00	
Total Amount Provider Charged: \$199.00		State Health Plan Member Savings: \$154.00			Total Provider May Bill You: \$45.00 (Does not include any payments you've already made.)			

Provider Name: XXXXX Memorial

Claim Number: ##-#####-###-##

Date of Care: July 30, 2018

Service:	Provider Charged:	Allowed Amount:	In-Network Discount:	State Health Plan Paid:*	Applied to Deductible:	Copayment or Coinsurance:	Not Covered / Other Liability:	Alerts (See table at the end)
MEDICAL (12345)	\$570.00	\$470.00	\$100.00	\$376.00	\$0.00	\$94.00	\$0.00	E51
Total Amount Provider Charged: \$570.00		State Health Plan Member Savings: \$476.00			Total Provider May Bill You: \$94.00 (Does not include any payments you've already made.)			

Provider Name: XXXXX Memorial

Claim Number: ##-#####-###-##

Date of Care: July 30, 2018

Service:	Provider Charged:	Allowed Amount:	In-Network Discount:	State Health Plan Paid:*	Applied to Deductible:	Copayment or Coinsurance:	Not Covered / Other Liability:	Alerts (See table at the end)
LABORATORY (55229)	\$220.00	\$100.00	\$120.00	\$80.00	\$0.00	\$20.00	\$0.00	
Total Amount Provider Charged: \$220.00		State Health Plan Member Savings: \$200.00			Total Provider May Bill You: \$20.00 (Does not include any payments you've already made.)			

* **State Health Plan Paid:** The amount the State Health Plan paid for services you received. Please note that this amount may be \$0 if you receive services that go towards your deductible and your deductible has not been met or if your copay is equal to or more than the allowed amount. As a State Health Plan member you receive discounts by using providers that are in-network.

What the alert codes mean:

E51 Claim adjusted based on provider's fee schedule change.

Not sure what a charge is for? Different provider name listed?

Different services can share the same label, like "Medical" or "Laboratory." This helps protect your privacy. If the provider you saw is not the one listed on a claim, another contracted provider in the same practice or facility may have submitted the claim. For details on a specific service, contact your health care provider or call Customer Service at **888-234-2416**. You can learn more about your plan by viewing your benefit booklet at www.shpnc.org.

TAKE ACTION: BE A WATCHDOG / PROTECT YOUR HEALTH CARE PURSE

Compare what's in this EOB with any bills sent by your provider. That way, you can make sure everything is correct and you aren't overcharged. If you have any questions, contact Customer Service at **888-234-2416**.

If you suspect fraud, abuse or improper billing: Let us know by calling our confidential hotline at **800-324-4963**.

To access Blue ConnectSM, visit www.shpnc.org and click eBenefits to log in to the Plan's enrollment system. Blue Connect offers great online resources so you can:

- View detailed benefit information and where you are in terms of meeting your deductible
- Review claim details
- Find a variety of health and wellness discounts using Blue365^{®1}

YOUR PLAN AT A GLANCE

Year-to-date summary from January 1, 2018 to August 14, 2018

Since some providers do not file claims right away, this may not reflect all services from the current plan year.

Subscriber Name: XXXXX XXXXXXXX

Plan Name: North Carolina State Health Plan

Subscriber ID: YPYW#####

Payment overview for XXXXX:

Once your deductible is met, your plan begins paying a share of the cost. After reaching your out-of-pocket limit, your plan pays for all covered services (minus any applicable copays if you have the 70/30 Plan).

DEDUCTIBLE (IN-NETWORK)	OUT-OF-POCKET LIMIT (IN-NETWORK)	DEDUCTIBLE (OUT-OF-NETWORK)	OUT-OF-POCKET LIMIT (OUT-OF-NETWORK)
100% met	72% met	30% met	9% met
\$0.00 left to meet this deductible	\$1,200.00 left to reach this limit	\$1,760.00 left to meet this deductible	\$7,960.00 left to reach this limit
Applied To-Date: \$1,250.00	Applied To-Date: \$3,150.00	Applied To-Date: \$740.00	Applied To-Date: \$740.00
Plan's Limit: \$1,250	Plan's Limit: \$4,350	Plan's Limit: \$2,500	Plan's Limit: \$8,700

YOUR APPEAL RIGHTS

Don't agree with a claim decision? You or someone you name to act on your behalf (*an authorized representative*) have the right to appeal it. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will then review the decision.

How to appeal

First, download the forms needed. You'll find appeal forms and authorization forms (naming someone to act on your behalf) on www.shpnc.org.

Send the completed forms to Blue Cross NC. We must receive your written appeal request within 180 days of the date on this Explanation of Benefits (EOB). Be sure to include your name, subscriber ID number, the date of care and the name of the doctor or hospital. Attach any other documents that are relevant to the claim, too. You can then send it by mail or fax.

Mail your appeal to:
State Health Plan c/o Blue Cross NC
Appeals Department, Level 1
PO Box 30055
Durham, NC 27702-3055

Fax your appeal to:
919-765-2322

If your appeal is denied, you may be able to ask for an external review by an independent third party. After reviewing the denial, this independent third party will then issue a final decision.

For more details on a claim

You can request copies of all documents related to a claim at no cost to you. This may include internal rules or protocols used to make this decision. If our decision is based on medical necessity, experimental treatment or a similar exclusion, it may also include an explanation of the scientific/clinical judgment for the decision based on your medical situation. You can mail this request to: State Health Plan c/o Blue Cross NC; PO Box 30085; Durham, NC 27702. You can also visit bcbsnc.com/MedicalPolicies or call Customer Service at **888-234-2416**.

Privacy protection

Detailed service descriptions aren't on EOBs for privacy reasons. But you have the right to know which codes your provider submitted — and what they mean. You can get them directly from the provider or by calling Customer Service at **888-234-2416**.

North Carolina Department of Insurance (NCDOI)

The NCDOI can answer your health insurance questions. For help with an appeal, call Health Insurance Smart NC at 1-855-408-1212; visit www.ncdoi.com/Smart for the External Review and Request form; or write to them at: NCDOI; Health Insurance Smart NC; 1201 Mail Service Center; Raleigh, NC 27699-1201. To visit in person, you'll find Health Insurance Smart NC's physical address at www.ncdoi.com/Smart.

Help us prevent fraud and protect your State Health Plan!

Please review this EOB carefully. If you suspect fraud, abuse, a mistake or improper billing, let us know. Call the toll-free confidential hotline at **800-324-4963**.

1. Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under the policies with Blue Cross NC. Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Neither Blue Cross NC nor BCBSA recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. This program may be modified or discontinued at any time without prior notice.

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