

How to read your Medicare Advantage Explanation of Benefits (EOB)

PeakHealth
Explanation of Benefits
THIS IS NOT A BILL
Summit A Tapestry // Member ID: XXXXXXXXXX Sent: November 1, 2023

Claim Information

Reference Number: XXX-XXXXXX
Date: 11/1/23
Provider: Jane Doe
Location: 1 MEDICAL CENTER DRIVE
Paid to: WVU MEDICAL CORP DBA UHA

Total Cost of Services	\$150.00
Savings (amount over allowed)	\$-64.35
Allowed Amount	\$85.65
Paid by Peak Health	\$83.94
Your responsibility	\$0.00

Learn More Medicare.PeakHealth.org
Have Questions? 1.855.962.7325 (PEAK)
Peak Health Member Service • 1085 Van Voorhis Road, Suite 300 • Morgantown, WV 26505

Each claim starts with the claim (reference) number and provider name.

This section lists each claim processed by your Peak Advantage Medicare Advantage plan. Each claim has a breakdown of the original provider charge, what your Peak Advantage plan paid, any denied amounts, and the portion you may owe.



If you have questions about a claim or think there might be a mistake, call your doctor's office or service provider and ask them to explain the claim. If you still have questions, call Member Service at **1-855-962-7325 (PEAK)**.

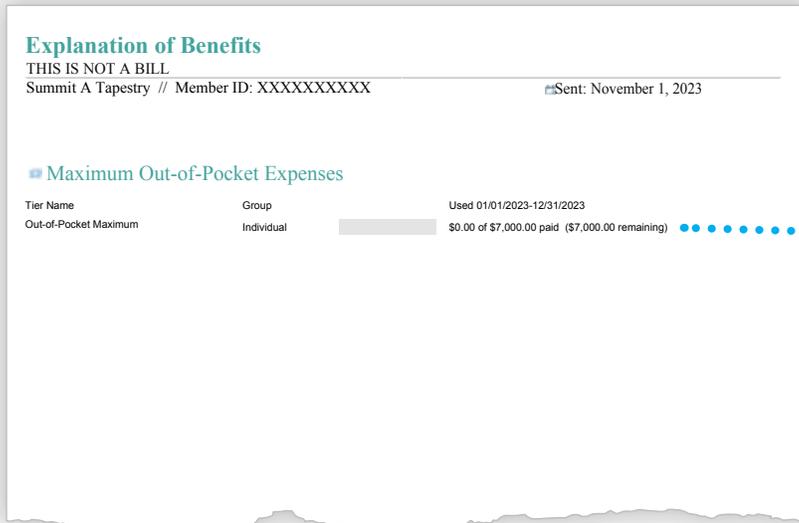


Making an appeal is a formal way of asking us to change our decision about your coverage. You can make an appeal if we deny a claim — or if we approve a claim but you disagree with how much you are paying.



If you owe anything, your doctor or other health care provider will send you a bill. If that bill is higher than the amount under "Your responsibility," call Member Service at **1-855-962-7325 (PEAK)**.

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This shows your out-of-pocket limit, how much has been applied to date, and how much is left to reach the limit.



Did you know?

With your Peak Advantage Medicare Advantage plan member account (MyPeak), you can view your claims, find doctors and pharmacies, view your member ID card, and more.

Register or log in at:

MyPeak.PeakHealth.org



Yearly Limit

This limit gives you financial protection. It tells you the most you will have to pay in out-of-pocket costs (copays and coinsurance) for medical and hospital services covered by your plan.

The yearly limit is called your "out-of-pocket maximum." It puts a limit on how much you have to pay, but it does not put a limit on how much care you can get.

Once you have reached your limit in out-of-pocket costs, you stop paying out of pocket for all Medicare-covered services. You keep getting your covered medical services as usual, and your Peak Advantage Medicare Advantage plan will pay the full cost for the rest of the year.

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Service Details

Date	Service	Billed	Allowed	Not Covered	Copay	Deductible	Co-Insurance	Paid Amount	Patient Total	Reason Code
11/1/23	Office Visit	150.00	85.65	0.00	0.00	0.00	0.00	83.94	0.00	C
Claim Totals:		150.00	85.65	0.00	0.00	0.00	0.00	83.94	0.00	

Code Summary
C - Contracted Rate Payment

- Billed** - Full charge for services
- Allowed** - Discounted amount that in-network providers accept as payment
- Not Covered** - Amount not covered by your plan
- Copay** - A set amount that you pay each time you receive a covered service
- Deductible** - The initial portion of payment applicable to certain services for which you are responsible
- Coinsurance** - A specified percentage of the allowed amount that is your responsibility
- Paid Amount** - Amount paid by your health plan
- Patient Total** - Amount that you may owe or have paid the provider (may include any deductible, co-insurance, copay, or not covered amounts)
- Reason Code** - Explanation for adjustment or reduced payment

This provides service details for every claim included in the EOB.

Definitions of the terms you'll see in the EOB.



Privacy Protection

Super-detailed service descriptions are not on EOBs for privacy reasons. But you have the right to know which codes your provider submitted and what they mean.

Get more information about the medical codes used in your claims and what they mean by calling your provider or Peak Health Member Service at **1-855-962-7325 (PEAK)**.

