



PO BOX 30541
SALT LAKE CITY UT 84130-0541

DPSS\$SPKG



Explanation of Benefits (EOB)

Why are you receiving this EOB?

First things first. **This is not a bill.** This is an overview of claims we've processed for you. You may receive a bill from your provider if you owe any remaining balance. Use this as a reference to compare to any bill you receive. Keep it for your records, or access a copy anytime on www.umar.com. If you have questions about this EOB, you can always call us at **1-800-826-9781** or visit our resources 24/7 on www.umar.com.

Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).

Amount billed:	\$931.92	This is the total amount that your provider billed for the services that were provided to you.
Your discount:	\$46.57	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	\$726.59	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	\$831.92	89% of your service was covered by your plan discounts, your employer-sponsored benefits plan, or other amounts for which you are not responsible.
TOTAL YOU MAY OWE:	\$100.00	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.





GO TO
www.umar.com







CALL US
1-800-826-9781

Your benefits summary for plan year starting: January 2022



In-network

INDIVIDUAL CAL YR DEDUCTIBLE		\$0.00 to go
	\$100.00 out of \$100.00	
FAMILY CAL YR DEDUCTIBLE		\$0.00 to go
	\$300.00 out of \$300.00	

Out-of-network

INDIVIDUAL CAL YR DEDUCTIBLE		\$75.07 to go
	\$324.93 out of \$400.00	
FAMILY CAL YR DEDUCTIBLE		\$475.07 to go
	\$324.93 out of \$800.00	
INDIVIDUAL OUT-OF-POCKET		\$0.00 to go
	\$1,000.00 out of \$1,000.00	
FAMILY OUT-OF-POCKET		\$1,000.00 to go
	\$1,000.00 out of \$2,000.00	

Additional Benefits

LIFETIME MAXIMUM		\$984,204.13 to go
	\$15,795.87 out of \$1,000,000.00	
ROUTINE VISION MAXIMUM		\$750.00 to go
	\$0.00 out of \$750.00	



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Employee	
Employee Address	
Employer Number	7674-00-140023
Member ID	
Employer Name	Modern Fibers
Notice Date	11-24-21

Patient: _____ Claim Number: _____ Provider Name: **RIO GRANDE HOSPITAL** Patient Account: _____

Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	Not allowed	Amount due to provider*	PLAN PAYS		YOU PAY				
							%	Plan Paid	Co-pay	Applied to deductible	Co-insurance	Not covered	Total you may owe**
				-	-			-	+	+	+	+	
ROUTINE SERVICES	813	03/19/22	\$931.92	\$46.57	\$0.00	\$726.59	100	\$726.59	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Totals			\$931.92	\$46.57	\$0.00	\$726.59		\$726.59	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00

*This amount does not include any co-pay or deductible you may owe.
 **This total may not reflect any payments/co-pays you made at the time of service. Please wait for a provider bill before making a payment.
 (+) Indicates any payment you may owe. (-) Indicates any discount or plan payment that will reduce what you owe.

Reason code explanations:

813 THIS SERVICE WAS RENDERED BY AN OUT-OF-NETWORK PROVIDER AND PROCESSED USING YOUR NETWORK BENEFITS. THE PROVIDER MAY NOT BILL YOU MORE THAN THE COPAY, COINSURANCE, AND/OR DEDUCTIBLE AMOUNTS SHOWN. IF YOU ARE BILLED FOR MORE, PLEASE CALL THE NUMBER ON YOUR HEALTH PLAN ID CARD
 Your Claim was processed at the In Network Level of Benefits.

Plan payment(s) made on this EOB: **Payment To:** **Payment Date:** 11-24-21 **Payment Amount:** \$785.35

What if I don't agree with this claim decision?

If your claim has been denied in whole or in part, you may file an appeal by sending a written request and pertinent information (eg: office notes, lab results, operative notes/reports, and medical history) within 180 days from the date of this notice. A printable appeal form is available for download on umr.com to assist you. Be sure to also check your benefits booklet for information about claim determination and your plan's specific appeal process.

How do I file an appeal?

Send your written appeal request to:

Claims Appeal Unit
P.O. Box 30546
Salt Lake City, UT 84130-0546

Your rights and other resources

If your plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to bring a civil action under section 502(a) of ERISA after you have exhausted the mandatory appeal levels that are described in your benefit booklet. You may supply additional information with your appeal. You may request copies (free of charge) of information relevant to your claim by contacting us at address mentioned in this section. Diagnosis and/or treatment code information for this claim is available upon request by calling the Customer Service number.

For questions about your appeal rights, this notice, or for help if your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at 866-444-EBSA (3272). If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Health Insurance Assistance Team at 1-888-393-2789.



Protect your health care dollars! Be on the lookout for fraud, abuse or improper billing.

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.



Questions about health care terminology?

Go to www.justplainclear.com to search health care terms defined in plain, clear language to help you make informed decisions.

No Surprises Act – Balance Billing Disclosure Notice

How you're protected from surprise medical bills under the No Surprises Act.

Sometimes where and from whom you get health care is out of your control. Like when you need emergency care, or an out-of-network provider is involved in your care without your choice. When this happens, the No Surprises Act may apply, and when it does, you won't have to pay more than your copay, coinsurance, or deductible.

Frequently asked questions:

Q: What is a surprise bill?

A: When you receive health care services, you may owe copayment, coinsurance or deductible. If an out-of-network provider is involved in your care, you may owe these costs *and* face additional costs—*or even the entire bill*.

This is in part because out-of-network providers sometimes bill you for more than your health plan determines it and you (through your copayment, coinsurance or deductible) should pay. This bill is called a surprise bill or a balance bill. Network providers don't do this. Out-of-network providers sometimes do.

Q: What is an out-of-network provider?

An out-of-network provider is one that has not signed a contract with your health plan. Out-of-network providers service rates are likely higher and may not count toward your deductible or out-of-pocket limit. That's why it's best to visit network providers whenever possible. Find them anytime at your online member website, or mobile app.

Q: When am I now protected from surprise bills?

A: You're protected from surprise bills when you receive:

- Out-of-network emergency services, including air ambulance (but not ground ambulance)
- Out-of-network non-emergency, ancillary services* provided at in-network facility
- Non-emergency, non-ancillary services provided at in-network facility, and the provider did not get your prior consent in the way the No Surprises act requires.

And, for the above services, your health plan must ensure your cost-share (in other words, your coinsurance, copay, deductible):

- Be the same as it would have been if the service was provided in-network.
- Be based on what your plan would pay an in-network provider.
- Count toward your in-network deductible.
- Count toward your out-of-pocket maximum

*Ancillary services include services related to emergency medicine, anesthesiology, pathology, radiology and neonatology; certain diagnostic services (including radiology and laboratory services); items and services provided by other specialty practitioners; and items and services provided by an out-of-network provider if there is no in-network provider that can provide that service.

Remember: Out-of-network providers may not ask you to give up your protections against surprise billing, and you are never required to do so.

Q: If I get a surprise bill in one of these situations, what should I do?

A: In these situations, you are only responsible to pay your copay, coinsurance, or deductible that would have been charged if you had seen a provider in your plan's network. That means, you should not get—and, if you get, you do not need to pay—a balance or a surprise bill from an out-of-network provider.

Q: What if I choose to see an out-of-network provider or visit an out-of-network facility outside of these situations?

A: Choosing to visit an out-of-network provider or facility under different circumstances means you may face paying the entire bill, because providers are generally not prohibited by law from sending you a surprise bill. That's why it's so important to stay in your network whenever possible.

Q: What if I have questions?

A: We're here for you. If you have questions about a provider's network status or you believe you've been wrongly billed, please contact the telephone number on the back of your ID card.

Visit www.cms.gov/nosurprises for more information about your rights under federal law.