

Don't worry, this is not a bill.

Hi Anthony - Here's your
Health Care Summary

December 15, 2022.

Also called an Explanation of Benefits (EOB), it shows you the care you received and who paid for it. Your EOB also includes information about saving money on health care and tips for staying healthy.

Need help in a different language? Call us.
¿Necesita ayuda en español? Llámenos.
1-844-437-0486

003050 #WGECAE01VIEW#
ANTHONY J BYRNES
631 SUNSET AVE
VENICE CA 90291-2732



Helpful resources



Use **Sydney Health**, the Anthem Blue Cross member mobile app, or anthem.com/ca to check on claims, review your benefits and find care.

Text Sydney to 268436 to download the Sydney Health app.



Call

1-844-437-0486 TTY/TDD: 711

003050040101



Look for a saving opportunity inside!

Claims summary

Doctor/facility charges:	\$1,393.00
Your discounts:	-609.39
Due to your doctor/facility (max allowed):	\$682.07
Anthem Blue Cross paid:	-625.35

What you pay : **\$158.26**

Preventive care reminders

For ANTHONY

- | | |
|---|---|
| <input type="checkbox"/> Colon cancer screening | <input type="checkbox"/> Flu shot |
| <input type="checkbox"/> Annual wellness visit | <input type="checkbox"/> Diabetes check |

* Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. If you have been to the doctor recently, it may not reflect your most recent services.

Tips and tools

COVID-19 Resource Center

Your health plan is here for you. Go to anthem.com/ca/coronavirus for information on testing, care, and extra support.

Urgent care without the urgent cost

If it's not an emergency, try an urgent care instead of the ER. It could save you an average of \$500. Use the **Sydney Health** mobile app or anthem.com/ca to find an urgent care close by.

2022 year-to-date summary



Copay is the flat-dollar amount you pay for health care, such as doctor visits.

Need more info? Go to anthem.com/ca/glossary.

Deductible is the amount you pay for health care before we start sharing the cost.

Out-of-pocket maximum is the most you'll pay for covered health care in your plan year. After that, we'll pay for all your covered health care.

You may have other health care services that aren't showing here. Visit anthem.com/ca to see the latest info.

2022 year-to-date summary

Anne Marie Burke

Member ID: 536M87211

Coverage: Family

Group ID: 280509C440 - UNIVERSITY OF CALIFORNIA

Plan deductible	In-network deductible	Applied to date	Remaining deductible	Out-of-network deductible	Applied to date	Remaining deductible
Family	\$2,800.00	-\$2,800.00	\$0.00	\$5,100.00	-\$5,100.00	\$0.00

Out-of-pocket (OOP) maximum	In-network OOP max	Applied to date	Remaining OOP max	Out-of-network OOP max	Applied to date	Remaining OOP max
Family	\$6,400.00	-\$5,139.40	\$1,260.60	\$16,000.00	-\$9,078.16	\$6,921.84



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Claims Details

Are you concerned about healthcare fraud?
Learn more at fighthealthcarefraud.com

Anthony Byrnes
Claim Number: 2022339DP8618

Received: 12/05/22

Doctor: HOUSE EAR CLINIC INC (In your plan)

Going to this doctor uses in-network benefits. That's your best value.
**You pay \$40.97.
Here's how it breaks down.**
Your total cost

Service date	Service	Reason code*	Doctor charges	Your discounts	Due to your doctor (max allowed)	Anthem Blue Cross paid					=
							Copay	Deductible	Your share of the cost (coinsurance)		
11/16/22	Ear/Nose/Throat Test	066	180.00	108.22	71.78	57.42	0.00	0.00	14.36	0.00	=14.36
11/16/22	Ear/Nose/Throat Test	066	77.00	45.58	31.42	25.14	0.00	0.00	6.28	0.00	=6.28
11/16/22	Ear/Nose/Throat Test	066	171.00	69.33	101.67	81.34	0.00	0.00	20.33	0.00	=20.33
Totals:			428.00	223.13	204.87	163.90	0.00	0.00	40.97	0.00	=\$40.97

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

Anthony Byrnes
Claim Number: 2022339DQ0072

Received: 12/05/22

Doctor: HOUSE EAR CLINIC INC (In your plan)

Going to this doctor uses in-network benefits. That's your best value.
**You pay \$15.75.
Here's how it breaks down.**
Your total cost

Service date	Service	Reason code*	Doctor charges	Your discounts	Due to your doctor (max allowed)	Anthem Blue Cross paid					=
							Copay	Deductible	Your share of the cost (coinsurance)		
11/16/22	Surgery	H00	175.00	175.00	0.00	0.00	0.00	0.00	0.00	0.00	=0.00
11/16/22	Office Visit	066	290.00	211.26	78.74	62.99	0.00	0.00	15.75	0.00	=15.75
Totals:			465.00	386.26	78.74	62.99	0.00	0.00	15.75	0.00	=\$15.75

*H00: Service is denied because it is incidental based on the National Correct Coding Initiative (NCCI) as published/maintained by CMS (Center Of Medicaid/Medicare Services). Participating providers are prohibited by contract from balance billing the member for this charge.

Claims Details

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*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

Anthony Byrnes

Claim Number: 2022344DI3033

Received: 12/10/22

Lab: QUICKMED DIAGNOSTIC INC (Not in your plan)

Going to this lab uses out-of-network benefits — if your plan has them.

You pay **\$101.54**.
Here's how it breaks down.

Your total cost

Service date	Service	Reason code*	Lab charges	Your discounts	Due to your lab (max allowed)	Anthem Blue Cross paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	
11/19/22	Medical_Care		350.00	0.00	350.00	350.00	0.00	0.00	0.00	0.00	=0.00
11/19/22	Medical Service	015	50.00	0.00	23.46	23.46	0.00	0.00	0.00	26.54	=26.54
11/19/22	Medical_Care	015	100.00	0.00	25.00	25.00	0.00	0.00	0.00	75.00	=75.00
Totals:			500.00	0.00	398.46	398.46	0.00	0.00	0.00	101.54	=\$101.54

*015: The amount shown here is more than your plan allows for this care. If this was not an emergency, the doctor/facility might bill you for the difference between what your plan allowed and what the doctor/facility charged.



Savings opportunity Our members save an average of \$123.25 by seeing a doctor in their plan. Use our **Sydney Health** mobile app or anthem.com/ca to find doctors in your plan.

Your appeal rights.

Anytime you pay for a portion of your care, you have the right to question whether we calculated it correctly. We call that your appeal rights.

Call us at 1-844-437-0486.

- Ask for help understanding this notice.
- Talk through your portion and our portion of these service costs, including any denials.

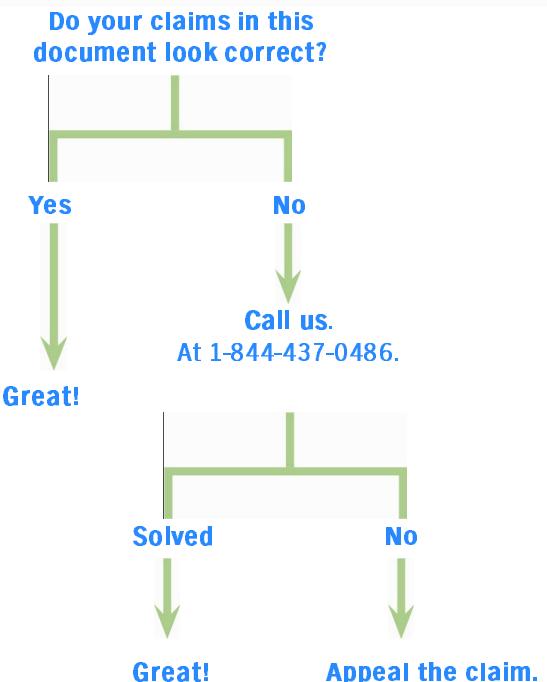
If you think something should have been covered (in whole or in part), but it wasn't, or it wasn't covered in the way you think it should be — you can appeal it and we'll take another look.

Here's how you file an appeal. Check your plan details for how long you have to file an appeal. Usually it's within 180 days of when we told you our decision. You or someone acting for you can file an appeal, but they need a signed authorization from you. You or they can file your appeal by:

- Sending us a message on the **Sydney Health** mobile app or through our secure Message Center at anthem.com/ca. Select Grievances/Appeals as the subject of your message.
- Mailing us a letter to:
Grievances and Appeals
PO Box 4310
Woodland Hills, CA 91365-4310

Be sure to include:

- Patient information: name, member ID, address, phone number, date of birth
- Claim information: date(s) of the service, your doctor's name/address/phone number
- Any other information about your claim that you think is important



If you need a decision fast, call us. You can ask for an "expedited appeal", and get an answer in about 72 hours, unless your benefits booklet or plan documents states otherwise. Use this option if:

- Your life or health is in danger
- In your doctor's opinion, your pain can't be adequately controlled while you wait
- You had emergency services, but haven't been discharged from the facility.

To ask for an expedited appeal or expedited review by someone outside our company — you, your doctor or someone acting for you can call the Member Services number on your ID card or by mailing to the address provided for appeals.

Ask for more information on your claim — it's free. Call us to get billing, diagnosis or treatment codes and their meanings, or any other information we used to decide your claim, anytime. This includes any new or additional evidence or reasons for the decision on your claim. If we decided that any of the services are experimental or aren't medically necessary, or used a guideline, criteria or clinical rationale in making our decision, you can get a copy of it free of charge.

If you appeal, we'll do a review and give you a written decision within 30 calendar days from the date we received your appeal request. Check your benefits booklet to see if it gives a different time limit. If you still don't feel our response is right, or if you don't hear back from us in time, you may be able to ask for a review from someone outside our company, an independent third party. Their decision then is final.

For questions about your rights or for help, call Employee Benefits Security Administration at **1-866-444-EBSA (3272)**.

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的ID卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bi khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean

구하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

May karapatan ka na makakuhang tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian

Դուք իրավունք ունեք ստանալ սպակչությունն ձեռ լեզուի Պարզութեա զինգինարեր Անդրամասնիք սպասարկման կիւտորն, բրիենուլյունսիսը նշանձ է ձեր IDքարտի վրա:

Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." لجه اخلاقل بینابنی هستید؛ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic

الحق في الحصول على مساعدة بلغتك مجاناً ما عليك سوى الاتصال برمز خدمة الأعصاب الموجودة على بطاقتك ال_ID_. هل أنت ضعيف البصر؟ يمكنك طلب إشكال أخرى من هنا المستند.

Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Polish

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik reie nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblem pou wè? Ou ka mande dokiman sa a nan lot fòma tou.

Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tessero. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Haitian

Èske ou gen pwoblem pou wè? Ou ka mande dokiman sa a nan lot fòma tou.

Punjabi

આપણું આર્થિક કારડ તે બેદે સિરવાન નોંધ કરત રા ડાયાલાર હો એસ
ઉસ એસ દાયાનેસ દે હોર રૂપાંતર મંગ સહદે હો।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TTD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ociportal.hhs.gov/ocif/portal/lobby.isf>.

