UMR

PO BOX 30541
SALT LAKE CITY UT 84130-0541

DPS$$$PKG
DEREK S VITRANO
1667 SONIAT ST
NEW ORLEANS LA 70115-4957

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.umr.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.umr.com**.

Here's a summary for you.

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

Amount billed:	$2,271.00	The total amount that your provider billed for the services that were provided to you.
Your discount:	$1,199.68	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	$257.06	The portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	$1,456.74	64% 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:	**$814.26**	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, copay, coinsurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.

Your benefits summary for plan year starting: January 2025

In-network

INDIVIDUAL CAL YR DEDUCTIBLE

$0.00 to go

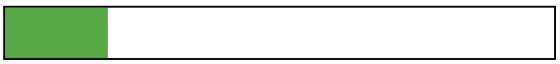
$750.00 out of $750.00

FAMILY CAL YR DEDUCTIBLE

$177.26 to go

$1,322.74 out of $1,500.00

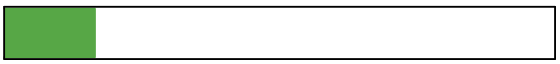
INDIVIDUAL OUT-OF-POCKET w/INTEGRATION



$3,660.74 to go

$839.26 out of $4,500.00

FAMILY OUT-OF-POCKET w/INTEGRATION



$10,607.21 to go

$2,092.79 out of $12,700.00

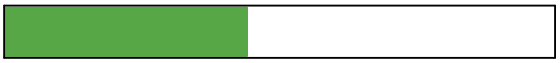
Out-of-network

INDIVIDUAL CAL YR DEDUCTIBLE

$750.00 to go

$750.00 out of $1,500.00

FAMILY CAL YR DEDUCTIBLE



$1,677.26 to go

$1,322.74 out of $3,000.00

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1-800-826-9781 • www.umr.com

Employee	DEREK S VITRANO
Employee Address	1667 SONIAT ST NEW ORLEANS LA 70115
Employer Number	7670-00-415044
Member ID	48570553
Employer Name	Hancock Whitney Corporation
Notice Date	11-25-25

Patient:
BENNETT VITRANO

Claim Number:
25235463462

Provider Name:
BRYANT,SARA,MD

Patient Account:
10X111141100-3

							PLAN PAYS		YOU PAY				
Service(s) you received	**Reason code**	**Service date(s)**	**Amount billed by provider**	**Your discount -**	**Not allowed -**	**Amount due to provider***	**%**	**Plan paid -**	**Copay +**	**Applied to deductible +**	**Coinsurance +**	**Not covered +**	**Total you may owe****
EMERGENCY CARE	813	06/30/25	$1,643.00	$785.09	$0.00	$86.33		$86.33	$0.00	$750.00	$21.58	$0.00	$771.58
SURGERY	813	06/30/25	$628.00	$414.59	$0.00	$170.73		$170.73	$0.00	$0.00	$42.68	$0.00	$42.68
Totals			$2,271.00	$1,199.68	$0.00	$257.06		$257.06	$0.00	$750.00	$64.26	$0.00	**$814.26**

*This amount does not include any copay or deductible you may owe.
**This total may not reflect any payments/copays 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 claim has been reprocessed.
This service rendered qualifies for the protections of the No Surprises Act. The provider may not bill you more than your network 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:** BELLE CHASSE EM GROUP LLC **Payment date:** 11-25-25 **Payment amount:** $257.06

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 (e.g., 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.

If we continue to deny payment, coverage or service requested, or if you do not receive a timely decision, you may request an independent, third party to review the denial and issue a final decision. Your written request must be received by us within four months of the date you receive this notice.

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.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

- Generally, your health plan must:
    - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact the entity responsible for enforcing federal and/or state balance or surprise billing protection laws (see chart below) or you may call the federal phone number for information and complaints 1-800-985-3059.
Visit https://www.cms.gov/nosurprises for more information about your rights under federal law.

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington DC, West Virginia, Wisconsin, Wyoming
If you think you've been wrongly billed, you may contact the telephone number on the back of your ID card. You may file a complaint with the federal government at https://www.cms.gov/nosurprises/consumers or by calling 1-800-985-3059.
Visit https://www.cms.gov/nosurprises for more information about your rights under federal law.

Washington
If you think you've been wrongly billed, you may file a complaint with the federal government at https://www.cms.gov/nosurprises/consumers or by calling 1-800-985-3059; and/or file a complaint with the Washington State Office of the Insurance Commissioner at their website or by calling 1-800-562-6900.

Visit https://www.cms.gov/nosurprises for more information about your rights under federal law. Visit the Office of the Insurance Commissioner Balance Billing Protection Act website https://www.insurance.wa.gov/what-consumers-need-know-about-surprise-or-balance-billing for more information about your rights under Washington state law.

Hancock Whitney Corporation does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to HRLink.
Online: HRLink
Mail: Hancock Whitney Corporation, Attn: HRLink, P.O. Box 4019, Gulfport, MS 39502

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call 855-404-5465, TTY 711, Monday through Friday, 8 a.m. to 5 p.m CST.

You can also file a complaint with the U.S. Dept. of Health and Human Services.
Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 855-404-5465 TTY 711, Monday through Friday, 8 a.m. to 5 p.m CST.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 855-404-5465.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 855-404-5465.

請注意：如果您說中文 **(Chinese)**，我們免費為您提供語言協助服務。請致電：855-404-5465。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 855-404-5465.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-404-5465 번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 855-404-5465.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 855-404-5465.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الأتصال ب855-404-5465.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 855-404-5465.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 855-404-5465.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 855-404-5465.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 855-404-5465.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 855-404-5465.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 855-404-5465 an.

注意事項：**日本語 (Japanese)** を話される場合、無料の言語支援サービスをご利用いただけます。855-404-5465 にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.
855-404-5465 تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया 855-404-5465 पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 855-404-5465.

ចំណាប់អារម្មណ៍:
បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥត
គិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទ ទៅលេខ 855-404-5465។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 855-404-5465.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohjį' 855-404-5465 hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 855-404-5465.