PREMERA BLUE CROSS

P.O. Box 91059
Seattle, WA 98111-9159

Jun 24, 2023

This Is Not A Bill / No Action Required

The summary below is intended to help you understand cost and coverage for medical services received.

Customer Service
877-995-2696

Member Identification #
604265448-01

Claim # / Payment Reference ID
864280113200 / 23175B1000182732

Group Name / Group #
AMAZON AND SUBSIDIARIES / 4000083

Explanation of Benefits (EOB)

Claim Summary for ROBERT L SHAY, Claim # 864280113200

For services provided by ALLERGY INSTITUTE PC on 06/14/2023

Amount Billed	20.00	Full amount billed by your provider to your health plan.
Premera Network Discount if applicable	2.50	Premera negotiates discounts with in-network providers on your behalf to help save you money.
Amount Paid By Your Health Plan	0.00	Your health plan paid this portion of the Amount Billed.
Amount From Another Source if applicable	0.00	This amount could include payment from another plan or another source. See glossary for details.
Your Total Responsibility	**$17.50**	This is what you owe the provider. You may have already paid all or a portion of this amount at the time you received care or when you were billed by the provider.
Amount You Saved	**$2.50**	You saved 12% off of the Amount Billed. This amount includes the Premera Network Discount and Amount Paid By Your Health Plan.

Please see the details of your claim on page 3.

To make the most of your benefits, log in to **www.premera.com/amazon**:

- Use the “Find a Doctor” tool to find an in-network provider, compare doctors, and get treatment cost estimates.
- Access and track your Explanation of Benefits (EOB) online.

Glossary

Adverse Benefit Determination A decision to deny, reduce, terminate or a failure to provide or to make payment, in whole or in part for services. This includes: a member's or applicant's eligibility to be or stay enrolled in this plan or health insurance coverage, a limitation on otherwise covered benefits, a clinical review decision, a decision that a service is experimental, investigative, not medically necessary, appropriate, or not effective.

Amount Billed The full amount billed by your provider to your health plan.

Amount Not Covered The portion of the amount billed that was not covered or eligible for payment under your plan. Examples include charges for services or products that are not covered by your plan, duplicate claims that are not your responsibility, amount related to not getting a prior authorization for service, and any charges submitted that are above the maximum amount your plan pays for out-of-network care.

Amount From Another Source Examples of other sources include: a health funding account, other health insurance, automobile insurance, disability insurance, etc. If you have other insurance, this amount may reflect the amount saved by having other coverage that may not equal what the other carrier paid. *

Amount Paid By Your Health Plan The portion of the charges eligible for benefits minus your copay, deductible, coinsurance, network discount and amount from another source up to the billed amount. *

Amount You Saved This amount includes the Premera Network Discount and What Your Plan Paid.

Benefit Booklet Information If applicable, contains information about why portions of a claim were denied.

Claim Notes When present, these notes provide general information about the claim and may also provide specific explanation of activity that occurred in the Amount Not Covered, Amount From Another Source, and What Your Plan Paid fields. For example, if the claim was denied because your provider submitted the same claim twice, a note would tell you that we denied the claim as a duplicate.

Coinsurance A percentage of covered expenses that you pay after you meet your deductible.

Copay A set amount you pay for certain covered services such as office visits or prescriptions. Copays are usually paid at the time of service.

Dates of Service The date(s) you received service.

Deductible Your deductible is the amount you need to pay each year for covered services before your plan starts paying benefits.

Explanation of Benefits (EOB) A claims statement that is sent whenever you use your health plan for services or products from a healthcare provider. It shows how your benefits cover the cost of a service from your provider and what you owe. The EOB is not a bill.

Fully Insured Health Plan A fully insured health plan is a group plan where the employer purchases health insurance from a commercial insurer in order to provide coverage for its employees. The group (employer and/or employee) pays a premium to the insurer and the insurer takes on the financial risk associated with providing coverage and administering the plan. (ex: if an employee has a medical claim, the insurer is responsible for paying the bill, not the employer) An individual market plan is also considered to be a fully insured health plan.

Premera Network Discount The amount you save by using a provider that belongs to a Premera network. Premera negotiates lower rates with its in-network providers to help you save money. *

Service/Product The type of service or product you received from your provider.

Your Plan Discounts & Payments This section details the amounts that you do not need to pay. *

Your Total Responsibility This section details the portion of the bill that is your responsibility to pay. This amount might include your copay, deductible, coinsurance, any amount over the maximum reimbursable charge, or products/services not covered by your plan. If you received payment intended for a provider, it is your responsibility to pay the provider.

** These amounts may not be itemized and may only show in the Totals row of the Claim Detail.*

If you have questions about your claim, the diagnosis or treatment code submitted by your provider and want to request a review, or if you want a free copy of the medical policy, you can call Customer Service at the number on the back of your ID card. If you still have concerns after speaking with Customer Service, you or someone you appoint in writing to represent you may file an appeal. To file an appeal, you may write a letter or submit a member appeal form. Include a copy of this EOB and any other information that might help clarify your statement. You may also request to receive records we relied upon to make our decision. We must receive your statement within 180 days after you received this EOB.

For Fully Insured Health Plans
If you have questions or concerns about the actions of your insurance company or agent or would like information on your rights to file an appeal, contact the Washington state Office of the Insurance Commissioner's consumer protection hotline at 1-800-562-6900 or visit www.insurance.wa.gov. The insurance commissioner protects and educates insurance consumers, advances the public interest, and provides fair and efficient regulation of the insurance industry.
5000 Capitol Blvd SE, Tumwater, WA 98501

You can ask a health carrier to identify the experts who were consulted about the adverse determination, even if the expert's advice was not used to make the determination. The carrier is not required to identify the expert by name or provide their address. The carrier can instead provide the expert's job title and specialty, board certification status or other information related to their qualifications and also state whether or not they are employed by the carrier.

If you have group coverage through your employer, and your employer is subject to the Employee Retirement Income Security Act (ERISA), you may have the right to file a civil action at the end of the appeals process. For assistance call 866-444-EBSA (3272).

What to do if you suspect fraud in the processing of your claim. If you feel any payments were made for services you didn't receive, or some other related fraud took place, please call the Premera fraud hotline at 800-848-0244.

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For services provided by ALLERGY INSTITUTE PC

Premera received this claim on June 15, 2023.

Processing completed on June 20, 2023.

Explanation of Benefits (EOB)

Claim Detail for ROBERT L SHAY, Claim # 864280113200, for service on 06/14/2023 - 06/14/2023

			Your Plan Discounts & Payments				Your Responsibility					
Service/Product	Dates of Service	Amount Billed	Premera Network Discount	Amount Paid By Your Health Plan	Amount From Another Source	Total Plan Discounts & Payments	Copay	Deductible	Coinsurance	Amount Not Covered	Your Total Responsibility	Claim Notes
Allergy Service	06/14 - 06/14	20.00	2.50	0.00	0.00	2.50	0.00	17.50	0.00	0.00	17.50	IAA
Totals		**$20.00**	**$2.50**	**$0.00**	**$0.00**	**$2.50**	**$0.00**	**$17.50**	**$0.00**	**$0.00**	**$17.50**	

My Deductible Summary

Your individual deductible: $1000.00

Amount you have paid to date = $560.61

Your family deductible: $1000.00

Amount you have paid to date = $560.61

My Funding Account Summary

Your funding account paid $0.00 on this claim.

Your remaining family balance is $0.00.

For more information relating to your funding account please see your benefit booklet or log in to www.premera.com/amazon.

If you have any questions about your EOB call Customer Service at 877-995-2696, open 24 hours daily with the exception of holidays. Our TDD/TTY number for the hearing-impaired is 800-842-5357.

Our TDD/TTY number for the hearing-impaired is 711.

Claim Notes:

IAA Charges exceed the contract fee schedule/maximum allowable.

V47 Processed through the BlueCard program for out of area services.

Premera Blue Cross provides administrative and network access services only. This includes access to provider networks of other Blue Cross and/or Blue Shield licensees through the BlueCard program. The Plan Sponsor, and not Premera Blue Cross or any other Blue Cross and/or Blue Shield licensee, assumes all financial risk or obligation with respect to claims.

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.
Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.

037378 (07-01-2021)