



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

January 31, 2025

HAO JIA
21354 FERNBROOK CT
BROADLANDS VA 20148

Customer Service
800-676-1411 (TTY 711)
Member Identification #
60319964201
Claim # / Payment Reference ID
871294529400 / 25031B1000363239
Group Name / Group #
MICROSOFT / 1000010

Your Total Responsibility **\$559.52**

This is Not a Bill

This is the amount you owe your healthcare provider

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

Explanation of Benefits (EOB)

Claim Summary for HAO JIA
Claim # 871294529400

For services provided by LOUDOUN IMAGING CENTER ASHBURN on 01/22/2025 through 01/22/2025

Amount Billed	\$895.00	Full amount billed by your provider to your health plan.
Premera Network Discount	\$335.48	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.
Your Total Responsibility	\$559.52	This is the total you owe the provider. It doesn't reflect any amounts you may have already paid. The provider will bill you for any balance owed.
Amount you Saved	\$335.48	You saved 37% of the Amount Billed. This amount includes the Premera Network Discount and Amount Paid by your Health Plan.

To see the amount applied to your out-of-pocket maximum for the year, log in to aka.ms/benefits or go to the mobile app.

0-072943-017220-0000

This is Not a Bill

Explanation of Benefits (EOB)

Claim Summary for HAO JIA
Claim # 871294529400

For services on 01/22/2025 - 01/22/2025

For services provided by
 LOUDOUN IMAGING CENTER ASHBURN

Premera received this claim on
 January 24, 2025

Processing completed on
 January 27, 2025

Your Total Responsibility \$559.52

			YOUR PLAN DISCOUNTS & PAYMENTS				YOUR TOTAL 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
Ultrasound	01/22 - 01/22	\$280.00	\$126.51	\$0.00	\$0.00	\$126.51	\$0.00	\$153.49	\$0.00	\$0.00	\$153.49	IAA*
Scan/Study: Blood Flow	01/22 - 01/22	\$615.00	\$208.97	\$0.00	\$0.00	\$208.97	\$0.00	\$406.03	\$0.00	\$0.00	\$406.03	IAA*
Totals		\$895.00	\$335.48	\$0.00	\$0.00	\$335.48	\$0.00	\$559.52	\$0.00	\$0.00	\$559.52	

Claim Notes

- *IAA Provider: The charge exceeds the allowable rate for this service.
 Member: Service processed per your plan's benefits.
- *V47 Processed through the BlueCard program for out of area services.

Please Keep in Mind

- **Go paperless.** To receive your EOBs by email, visit aka.ms/benefits.
- Use the "Find a Doctor" tool to find an in-network provider.
- You should always ask your provider to check with Premera before scheduling a medical procedure.
- We welcome your feedback at premeralistens.com.

Safeguarding your personal information is very important to Premera. If you believe you have been deceived to provide personal information to an unknown party or would like resources on how you can protect yourself from fraud and email scams such as "phishing," see our Fraud and Abuse page on aka.ms/benefits.

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 wasn't covered or eligible for payment under your plan. Examples include charges for services or products that aren't covered by your plan, duplicate claims that aren't 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 paid by another source up to the billed amount. *

Amount You Saved This amount includes the Premera Network Discount and Amount Paid By Your Health Plan. 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 Amount Paid By Your Health Plan fields. For example, if the claims 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 The amount you need to pay each year for covered service 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 provider to help you save money. *

Service/Product The type of services or products you received from your provider.

Your Plan Discounts & Payments This section details the amounts that you don't 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's 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 choose 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.

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 Blue Cross fraud hotline at 800-848-0244.

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).

The below statements apply to Washington 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 **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.