



A UnitedHealth Group Company

P.O. Box 740816, Atlanta, GA 30374-0816



April 3, 2023

**STEPHANIE SCHLEGEL
6 ELIZABETH LN
DANVILLE CA 94526**

CLAIM AMOUNT:	\$2,900.00
TRANSACTION NUMBER:	M0731543006
GROUP NAME:	APPLE INC.
GROUP NUMBER:	700406
EMPLOYEE:	NIKOLAI SCHLEGEL
ID NUMBER:	944254698
PATIENT NAME:	STEPHANIE SCHLEGEL
PROVIDER NAME:	SAN RAMON VALLEY FIRE PROTECTION DISTRICT
DATE OF SERVICE:	NOVEMBER 12, 2022

Dear Stephanie Schlegel:

We reviewed your concern regarding the ambulance services that you received from San Ramon Valley Fire Protection District. We will not treat this as an appeal because you did not dispute the claim decision. We made this decision because you are only allowed two levels of appeal. However, we wanted to respond to your concern.

We processed this claim correctly by the Apple Benefits Book, under the "Apple Saver PPO Plan at a Glance" section and "Ambulance" subsection. Emergency ambulance services, when reimbursed at the network benefit level, are covered at 90% of eligible expenses after you meet your annual \$3,000.00 family deductible. You met your family deductible before we processed this claim, so we paid coinsurance.

The deductible is the amount of money you pay each year before the plan begins to pay benefits for medical expenses, and is a form of coverage. After the deductible has been met, your plan pays a share of the cost of most covered medical expenses and you pay the rest (coinsurance).

Your plan also features an annual out-of-pocket maximum. Once the out-of-pocket maximum is reached, all qualified medical expenses are covered at 100% for the remainder of the year. The out-of-pocket maximum was met prior to the processing of this claim, so the claim was paid at 100% of the eligible expenses instead of 90%.

This provider was not contracted with the network your plan uses at the time this service(s) was received. However, this claim(s) processed at the network level of benefits because the service(s) was emergent.

Please understand that federal law requires UnitedHealthcare to strictly administer the terms of the Apple Benefits Book. We may not deviate from the terms of the Apple Benefits Book.

Under the “Apple Saver PPO Plan” section and “How the Plan Works” subsection, the Apple Benefits Book states:

The Apple Saver PPO Plan will also provide benefits if you choose an out-of-network provider, although those benefits will generally be less comprehensive than in-network benefits, and in most cases you will have lower benefits coverage and will be financially responsible for charges from the provider that are above the amount the claims administrator designates as Eligible Expenses for that care.

Under the “Glossary” section and “Eligible Expenses (solely related to Apple health plans)” subsection, the Apple Benefits Book describes UnitedHealthcare (UHC)’s methodology as follows:

Eligible Expenses are the amount UHC determines what the plan will pay. [...] For Covered Health Services provided by an out-of-network provider (other than emergency health services or services otherwise arranged by UHC or services covered by the federal surprise billing law), you are responsible to work with the out-of-network provider to resolve any amount billed to you that is greater than the amount UHC determines to be an Eligible Expense as described below. Eligible Expenses are determined solely in accordance with UHC's reimbursement policy guidelines, and as described in this Benefits Book and, where applicable, in accordance with the federal surprise billing law. See “Your Rights and Protections Against Surprise Medical Bills” on page 32 for further information.

When Covered Health Services are received from an out-of-network provider, Eligible Expenses are an amount negotiated by UHC, a specific amount required by law (when required by law, for example the federal surprise billing law), or an amount UHC has determined is typically accepted by a healthcare provider for the same or similar service. Please contact UHC if you are billed for amounts in excess of your applicable coinsurance, copayment or any deductible. The plan will not pay excessive charges or amounts you are not legally obligated to pay.

Additionally, under the “Apple Saver PPO Plan” section and “Advocacy Services for Out-of- Network Claims” subsection, the Apple Benefits Book states:

The plan has contracted with the claims administrators to provide advocacy services on your behalf with respect to out-of-network providers that have questions about the Eligible Expenses and how the claims administrator determined those amounts. Please call your claims administrator to access these advocacy services, or if you are billed for amounts in excess of your applicable coinsurance or copayment. In addition, if the claims administrator, or its designee, reasonably concludes that the particular facts and circumstances related to a claim provide justification for reimbursement greater than that which would result from the application of the Eligible Expense, and the claims administrator, or its designee, determines that it would serve the best interests of the Apple Medical Plan and its participants (including interests in avoiding costs and expenses of disputes over payment of claims), the claims administrator, or its designee, may use its sole discretion to increase the Eligible Expense for that particular claim.

See also “Your Rights and Protections Against Surprise Medical Bills” on page 32 for rules on “surprise” bills from certain out-of-network providers.

Your plan provides advocacy services on your behalf with respect to out-of-network providers; these services are provided by Naviguard. If you are billed for amounts greater than your applicable

copayment, coinsurance or deductible, please call the number on the back of your health plan ID card for assistance with accessing these advocacy services provided by Naviguard.



Thank you for bringing this matter to our attention. We apologize for any inconvenience. We make every effort to respond clearly and completely to your concerns. If you have any questions, please call us at the telephone number listed on the back of your ID card. TTY users can dial 711.

We want to help you make the most of your health plan benefits. For personalized benefits information, claim status, the latest health information and more, visit myuhc.com.

The Benefit Plan under which you are covered is a self-funded Group Employee Welfare Benefit Plan governed by ERISA (Employee Retirement Income Security Act of 1974). This Benefit Plan is not subject to state insurance law. UnitedHealthcare provides administrative and claim payment services to the Benefit Plan. UnitedHealthcare is not the insurer for this Benefit Plan. You may have the right to file civil action under section 502(a) of ERISA after you have exhausted all of your appeal rights.

Sincerely,

Emily D.
Sr. Appeals Coordinator

Enclosure: Non-Discrimination Notice



We do 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 the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator.

UnitedHealthcare Civil Rights Grievance.
P.O. Box 30608, Salt Lake City, UT 84130

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 the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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,
1-800-537-7697 (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 the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LUU 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 số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تثبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية الخاص بك.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો આપને લાખાડીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે. કૃપા કરી તમારા આઇડેન્ટિફિકેશન કાર્ડ પર આપેલા ટોલ-ફોન નંબર પર કોલ કરો.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

DÍI BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánílt'i'go, saad bee áka'anída'awo'ígíí, t'áá jílk'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nit'lízí bee nééhozinígíí bine'déé' t'áá jílk'ehgo béisísh bee hane'i biká'ígíí bee hodilníh.

توجه درکار بے: اگر آپ اردو (Urdu) زبان بولتے ہیں تو آپ کے لئے زبان معاون خدمات سستیاب بے۔ برائے کرم آپ کے شناختی کارڈ پر بے گئے ٹل فری فون نمبر پر کال کریں۔