

## EXPLANATION OF BENEFITS

### This is NOT a Bill

This Explanation of Benefits (EOB) is to notify you that we have processed your claim. It clarifies your payment responsibility or reimbursement. Retain this for your records along with any provider bills. If you have any questions, please call us at (855) 633-4436.

### Access your EOB online

Signing up to get paperless delivery of your EOBs is easy. Simply log in to [blueshieldca.com/digitaleobs](https://blueshieldca.com/digitaleobs) and set up your notification preferences.

### CLAIM SUMMARY AT A GLANCE

Patient Name: [REDACTED]	Subscriber ID: [REDACTED]	Claim Number: [REDACTED]
<b>Patient responsibility:</b> \$1,254.40 (Amount you paid or owe to provider.)	<b>Your claim was received 06/30/25 and processed in 22 day(s).</b>	
<b>Blue Shield responsibility:</b> \$43,669.60	<b>We paid STANFORD HEALTH CARE.</b>	
<b>Network savings:</b> \$83,935.61 (Amount saved by using a network provider.)	<b>Deductible Status:</b> The deductible has been met for 2025.	
<b>Amount billed by Provider:</b> \$105,727.27	You can get your updated deductible information by logging on to <a href="https://www.blueshieldca.com">www.blueshieldca.com</a> . Your year-to-date total is available in the My Health Plan section or you can call Customer Service.	

### DETAIL Provider: STANFORD HEALTH CARE

#### Preferred Provider Yes

Service Date	Type of Service and Procedure Number	Amount Billed Provider billed for services	Amount Allowed Used to calculate benefits	Blue Shield Responsibility	Patient Responsibility			Notes
					Non Covered	Deductible You pay provider before we begin payments	Copayment/ Coinsurance	
06/24/25	Surgical Services 0250	2,272.98			0.00	0.00	0.00	
06/25/25	Surgical Services 0250	283.22			0.00	0.00	0.00	
06/24/25	Surgical Services 0272	3,152.99			0.00	0.00	0.00	
06/24/25	Surgical Services 0312	1,327.00			0.00	0.00	0.00	
06/24/25	Surgical Services 0312	1,327.00			0.00	0.00	0.00	
06/24/25	Surgical Services 0360	21,791.68	0.00	0.00	0.00	0.00	0.00	
06/24/25	Surgical Services 0360	21,791.66	44,924.00	43,669.60	0.00	0.00	1,254.40	
06/24/25	Surgical Services 0360	21,791.66	0.00	0.00	0.00	0.00	0.00	
06/24/25	Surgical Services 0370	13,922.00			0.00	0.00	0.00	



**Helpful Definitions - \*See your Evidence of Coverage for additional information.****Amount Billed**

The amount your provider billed for the services you received.

**Amount Allowed\***

The amount we used to calculate your benefits for the services provided.

**Blue Shield Responsibility**

The amount payable to your provider or you.

**Copayment\*/Coinsurance\***

The predetermined amount (copayment) for which you are responsible, based on your plan benefits. You are responsible for this amount.

**Date(s) of Service**

The day or dates the patient received services.

**Deductible**

The dollar amount that you must pay for covered services each year before we start paying benefits under your plan. You are responsible for this amount.

**Non Covered**

The portion of the Amount Billed not covered by your plan. You are responsible for this amount.

**Patient Responsibility**

The amount you are responsible to pay the provider. It consists of Deductible, Copayment/Coinsurance, and Non Covered amounts.

**Network Savings**

The amount you saved by using a Blue Shield network provider.

**Questions?** Contact us directly by telephone, letter or online by visiting <http://www.blueshieldca.com>. We will be able to answer most of your questions immediately; otherwise, you will receive a response within 30 days. Additionally, you have the right to request copies of all documents, records and other information we used in evaluating your claim, at no cost to you.

**Contact Us:**  
**P. O. Box 272540**  
**Chico, CA 95927-2540**  
**(855) 633-4436**

**BLUE SHIELD OF CALIFORNIA PARTICIPANT GRIEVANCE PROCEDURE**

If you disagree with Blue Shield of California's (Blue Shield) determination, you (or your provider or a representative on your behalf) may file a grievance by 1) calling the Customer Services Department toll-free number, 2) writing to the Customer Services Department, or 3) by submitting a completed Grievance Form. A Grievance Form can be obtained either by contacting Customer Service or by logging on to [blueshieldca.com](http://blueshieldca.com). The completed Grievance Form should be submitted either online or to the address below. The grievance system allows you to file grievances for at least to within 180 days following an incident or action that is subject to your dissatisfaction. Please indicate that you are filing a grievance, and include any documents or information that you believe may be relevant to the review of your grievance.

Plan Participants can call the number on your ID card

Hearing and speech-impaired members can call (888) 852-5345 or TTY (800) 241-1823

Online: [blueshieldca.com](http://blueshieldca.com)

Write: Blue Shield of California / Customer Service Grievances, P.O. Box 5588, El Dorado Hills, CA 95762-0011

If your employer's health plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to bring civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved. Additionally, you and your plan may have other voluntary alternative dispute resolution options, such as mediation. Please see your Summary Plan Description for additional information about your rights under ERISA.

**EXPEDITED EXTERNAL REVIEW**

If your employer's health plan is subject to the external review requirement in federal law and your situation qualifies for an expedited decision, you may request an expedited external review. Please contact your employer to confirm if external review is available to you and, if so, for instructions about how to make a request for an expedited review.

**OTHER RESOURCES TO HELP YOU**

For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

**NOTIFICATION OF ADMINISTRATIVE SERVICE ONLY (ASO) DISCLOSURE**

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.



CONTINUED

DETAIL Provider: STANFORD HEALTH CARE

Preferred Provider Yes

Service Date	Type of Service and Procedure Number	Amount Billed Provider billed for services	Amount Allowed Used to calculate benefits	Blue Shield Responsibility	Patient Responsibility			Notes
					Non Covered	Deductible You pay provider before we begin payments	Copayment/ Coinsurance	
06/24/25	Surgical Services 0636	183.55			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	55.26			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	97.97			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	43.41			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	74.89			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	53.31			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	61.41			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	48.78			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	118.08			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	89.78			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	167.33			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	185.61			0.00	0.00	0.00	
06/24/25	Surgical Services 0636	60.70			0.00	0.00	0.00	
06/24/25	Surgical Services 0710	16,827.00			0.00	0.00	0.00	
Claim Totals:		105,727.27		43,669.60	0.00	0.00	1,254.40	

**Messages**

We have received a claim for the above referenced amount and paid our full liability to our preferred hospital.

Your deductible and/or copayment responsibility was based on the allowed amount. However payment is based on the provider's contract with your Health Plan.

Diagnosis and treatment codes billed on this claim and their meanings can be requested by contacting Customer Service.

**Thank you for choosing Blue Shield.**

To see the extra services and support available to you, go to [www.blueshieldca.com](http://www.blueshieldca.com).

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020

10/10/2020