# **HOW TO READ**

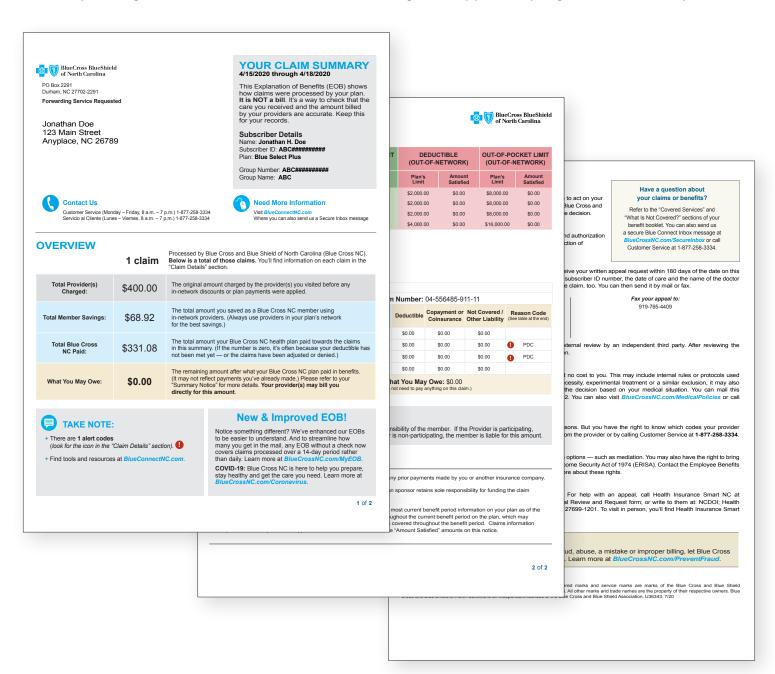
## Your FOB



Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides Explanations of Benefits (EOBs) for your insurance plan. EOBs show how medical claims were processed by your plan. Compare the provider bills you get with your EOBs to ensure all services and amounts are accurate.

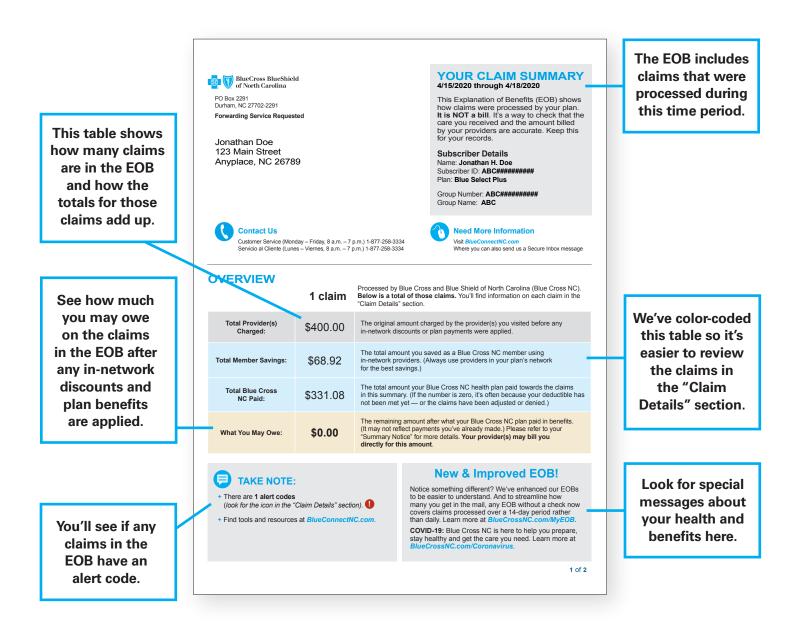
You can view and download EOBs through our Blue Connect<sup>SM</sup> member portal, too. Just log in to *BlueConnectNC.com* and go to the "Claims" section.

Need help reading these claim summaries? Let's walk through the key parts so you get the most out of your EOBs.



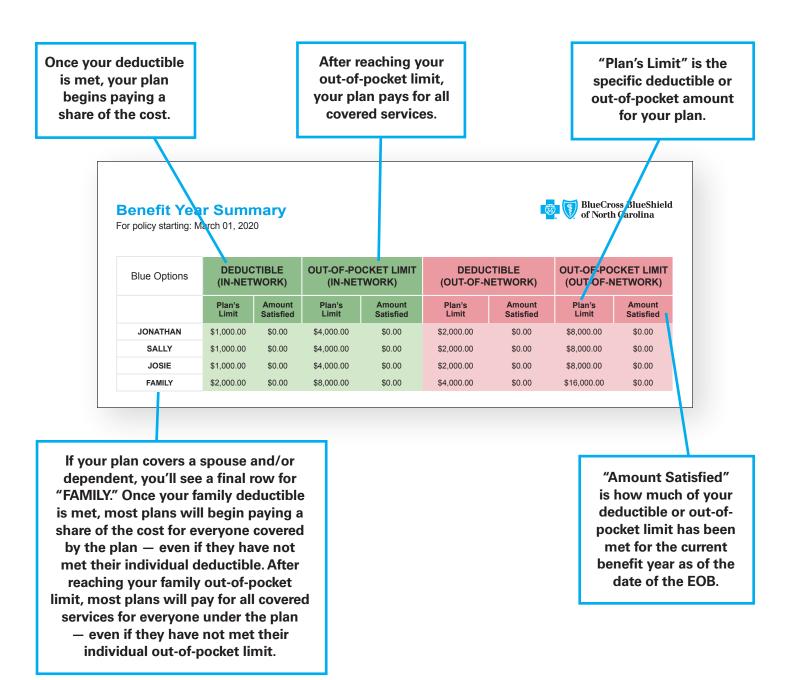
# **Overview Page**

This is the first page you'll see upon opening your EOB. It summarizes key information — from contact numbers and claim totals, to special messages and alerts. The main feature is a table that tallies all claims in the "Claim Details" section. That way, you can quickly see how much you saved as a Blue Cross NC member, how much Blue Cross NC paid on the claims, and what you may owe your provider(s).



## **Your Benefit Year Summary**

This table shows a high-level overview of your health care spending for the current benefit year. You can quickly see if you've reached your deductible and out-of-pocket limit. Most plans have a deductible and out-of-pocket limit for covered services from in-network providers (shown in green) — and a separate deductible and out-of-pocket limit for out-of-network providers (shown in red).



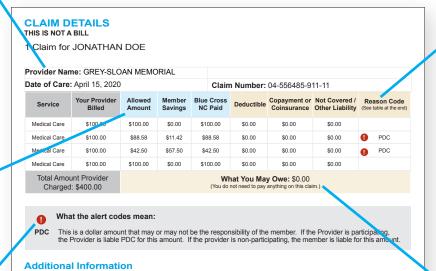
### **Claim Details**

This section lists each claim processed by your health plan. You'll see details like claim number, provider name and date of care. Each claim has a breakdown of the original provider charge, your member savings (e.g., in-network discount from the allowed amount), what your Blue Cross NC plan paid and the portion you may owe the provider. It's color-coded to align with the totals shown on the "Overview" page. For instance, Blue Cross NC member savings and plan payments are shown in cyan blue.

Each claim starts with the provider name, date of care and claim number.

Claims are color-coded to match with the "Overview" page. For example, plan payments are shown in blue.

Any alert codes are defined in this table at the end of the section.



Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company

This shows how much you may owe on the claim after any in-network discount and

Alerts let you

know about

possible issues

with a claim. The

codes are defined

at the end of

the section.

Blue Cross NC provides administrative services only for this plan. Your plan sponsor retains sole responsibility for funding the claim payments.

The information listed in the "Benefit Year Summary" section indicates the most current benefit period information on your plan as of the date of this notice. The "Amount Satisfied" will reflect the total amount throughout the current benefit period on the plan, which may include all applied before and after any changes in benefits or dependents covered throughout the benefit period. Claims information from a previous benefit period that appear on this notice are included in the "Amount Satisfied" amounts on this notice.

Were applied.

2 of 2

# **Your Appeal Rights**

This letter explains how to appeal a claim decision. We also explain how to get more details on a claim and report potential fraud.

Here's how to appeal a decision made by Blue Cross NC.

#### YOUR APPEAL RIGHTS

Don't agree with a claim decision? You or someone you name to act on your behalf (an authorized representative) have the right to appeal it. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will then review the decision.

First, download the forms needed. You'll find appeal forms and authorization forms (naming someone to act on your behalf) in the Claims section of

Send the completed forms to Blue Cross NC. We must receive your written appeal request within 180 days of the date on this Explanation of Benefits (EOB). Be sure to include your name, subscriber ID number, the date of care and the name of the doctor or hospital. Attach any other documents that are relevant to the claim, too. You can then send it by mail or fax.

Mail your appeal to: Blue Cross NC

Appeals Department, Level 1 PO Box 30055 Durham, NC 27702-3055

denial, this independent third party will then issue a final decision.

If your appeal is denied, you may be able to ask for an external review by an independent third party. After reviewing the

Fax your appeal to:

919-765-4409

Have a question about

your claims or benefits?

Refer to the "Covered Services" and

"What Is Not Covered?" sections of your

benefit booklet. You can also send us a secure Blue Connect Inbox message at

BlueCrossNC.com/SecureInbox or call

#### For more details on a claim

You can request copies of all documents related to a claim at no cost to you. This may include internal rules or protocols used to make this decision. If our decision is based on medical necessity, experimental treatment or a similar exclusion, it may also include an explanation of the scientific/clinical judgment for the decision based on your medical situation. You can mail this request to: Blue Cross NC; PO Box 2291; Durham, NC 27702. You can also visit Customer Service at 1-877-258-3334.

#### Privacy protection

Detailed service descriptions aren't on EOBs for privacy reasons. But you have the right to know which codes your provider submitted — and what they mean. You can get them directly from the provider or by calling Customer Service at 1-877-258-3334.

#### If your plan is provided by your employer

You and your plan may have other voluntary dispute resolution options — such as mediation. You may also have the right to bring an action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA). Contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) to learn more about these rights.

#### North Carolina Department of Insurance (NCDOI)

The NCDOI can answer your health insurance questions. For help with an appeal, call Health Insurance Smart NC at 1-855-408-1212; visit www.ncdoi.com/Smart for the External Review and Request form; or write to them at: NCDOI: Health Insurance Smart NC; 1201 Mail Service Center; Raleigh, NC 27699-1201. To visit in person, you'll find Health Insurance Smart NC's physical address at www.ncdoi.com/Smart.

#### Help us prevent fraud

Please review this EOB carefully. If you suspect fraud, abuse, a mistake or improper billing, let Blue Cross NC know! Call our toll-free hotline at 800-324-4963. Learn more at BlueCrossNC.com/PreventFraud.

This points out helpful sections in your benefit booklet if you have any questions about your claims

or benefits.

Here's how to call our confidential hotline if you suspect fraud, abuse or improper billing.

# Find these helpful resources online:

- + Check claims and access your EOBs anytime at BlueConnectNC.com
- + See how health insurance works at BlueCrossNC.com/Insurance101
- + Learn about preventive care at BlueCrossNC.com/Preventive
- + Sign up to get health and wellness discounts by email at BlueCrossNC.com/Blue365

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### **Non-Discrimination and Accessibility Notice**

# Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, call the Customer Service or TTY number on the back of your member ID card.

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702

Attention: Civil Rights Coordinator-Privacy,

**Ethics & Corporate Policy Office** 

Call: 919-765-1663, 1-888-291-1783 (TTY)

Fax: 919-287-5613

Email: civilrightscoordinator@bcbsnc.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-Privacy, Ethics & Corporate Policy Office 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:

Online: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf Mail: U.S. Department of Health & Human Services 200 Independence Avenue, SW Room 509F HHH Building Washington, D.C., 20201

Call: 1-800-368-1019, 1-800-537-7697 (TDD) Complaint forms are available online at:

http://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. If you need these services, call the Customer Service or TTY number on the back of your member ID card.

# Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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### **Multi-Language Interpreter Services**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call the Customer Service or TTY number on the back of your member ID card.

ATENCIÓN: Si habla otro idioma, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio de Atención al Cliente al número de teléfono para personas con problemas auditivos (TTY) que figura al dorso de su tarjeta de identificación.

注意:他の言語を話す方は、言語支援サービスを無料でご利用いただけます。

顧客サービスにお電話いただくか、会員IDカードの裏面にあるTTYサービスをご利用ください。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch vụ khách hàng hoặc TTY trên mặt sau thẻ ID thành viên của bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자 ID 카드 뒷면에 있는 고객 서비스 혹은 TTY 번호로 전화해 주십시오.

ATTENTION<sub>o</sub>: si vous parlez une autre langue, des services d'aide linguistique vous sont proposés gratuitement. Contactez le service clients au numéro figurant au dos de votre carte de membre.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء أو رقم الهاتف النصي الموضح على ظهر بطاقة هوية العضو.

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, , peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Customer Service tus xov tooj los yog tus xov tooj TTY rau cov neeg tsis hnov lus zoo uas nyob sab tom qab koj daim npav ID.

ВНИМАНИЕ: Если вы говорите на другом языке, то вам доступны бесплатные услуги перевода. Позвоните в Отдел обслуживания по номеру, указанному на обратной стороне вашей идентификационной карточки участника.

PAUNAWA: Kung nagsasalita ka ng ibang lengguwahe, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero ng Customer Service o TTY sa likod ng iyong member ID card.

સૂચનાઃ જો તમે ગુજરાતી બોલતા હોવ તો તમારા માટે ભાષા સેવાઓ નિઃશુ ક ઉપલ ધ છે. તમારા સ ચપદ ઓળખપ રની (આઈ.ડી) પાછળની બાજુ પર આપેલ ગરાહક સેવાઓના નંબર અથવા TTT નંબર પર કૉલ કરો.

ចំណំ៖ ប្រសិនប្របោកអ្នកនិយាយជាភាសាខ្មែរ បសវាកមជំនួយម្ភភាសាមាន្**តល់ជូនសបម្រាបោកអ្នកបោយមិនគិតថ្លៃ។សូមបៅ**បៅកា ន់ប សវាអត្ថិជនបោយបប្របលទូរស័ព្ទបៅខាង្ទនងកាតសមាជិកស្រប់បោកអ្នក។

ACHTUNG: Falls Sie eine andere Sprache sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie die Nummer des Kundenservices oder von TTY an, die auf der Rückseite Ihrer Mitgliedskarte angegeben ist.

ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। अपने सदस्य आईडी कार्ड के पीछे मौजूद ग्राहक सेवा या TTY नंबर पर कॉल करें।

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ ໂດຍບໍ່ໄດ້ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການ ລູກຄ້າຫລື ເບີ TTY ຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ.

注意:如果您講廣東話或普通話,您可以免費獲得語言援助服務。請撥打您會員 ID 卡背面的客服或TTY號的電話號碼。

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