Anthem Blue Cross and Blue Shield
PO BOX 533
NORTH HAVEN, CT 06473-0533

X

Anthem.

Don't worry, this is not a bill.

Here's your

Health Care Summary

January 23, 2024.

Also called an Explanation of Benefits (EOB), it shows you the care you received and who paid for it. Your EOB also includes information about saving money on health care and tips for staying healthy.

Need help in a different language? Call us.
¿Necesita ayuda en español? Llámenos.
1-833-772-4122

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Helpful resources

Use **Sydney Health,** *the Anthem member mobile app,* or **anthem.com** to check on claims, review your benefits and find care.

Text Sydney to 268436 to download the Sydney Health app.

Call
1-833-772-4122 TTY/TDD: 711

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Claims summary

Doctor/facility charges:	**$270.00**
Your discounts:	**-154.60**
Due to your doctor/facility (max allowed):	**$115.40**
Anthem paid:	**-0.00**

What you pay : $115.40

Preventive care reminders

It looks like you're up to date on your well visits and preventive care. Go to anthem.com/preventive-care to learn more about what's recommended for you.

* Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. If you have been to the doctor recently, it may not reflect your most recent services.

Tips and tools

COVID-19 Resource Center
Your health plan is here for you. Go to **anthem.com/coronavirus** for information on testing, care, and extra support.

Urgent care without the urgent cost
If it's not an emergency, try an urgent care instead of the ER. It could save you an average of $500. Use the **Sydney Health** mobile app or **anthem.com** to find an urgent care close by.

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2024 year-to-date summary

Member ID: [redacted] **Coverage:** Individual
Group ID: L09268M001 - FRANKLIN PIERCE UNIVERSITY

Plan deductible	In-network deductible	Applied to date	Remaining deductible	Out-of-network deductible	Applied to date	Remaining deductible
Individual	$8,000.00	-$115.40	$7,884.60	$15,000.00	-$0.00	$15,000.00

Out-of-pocket (OOP) maximum	In-network OOP max	Applied to date	Remaining OOP max	Out-of-network OOP max	Applied to date	Remaining OOP max
Individual	$8,000.00	-$115.40	$7,884.60	$15,000.00	-$0.00	$15,000.00

Copay is the flat-dollar amount you pay for health care, such as doctor visits.

Deductible is the amount you pay for health care before we start sharing the cost.

Out-of-pocket maximum is the most you'll pay for covered health care in your plan year. After that, we'll pay for all your covered health care.

Need more information? Go to **anthem.com/glossary.**

You may have other health care services that aren't showing here. Use our **Sydney Health** mobile app to see the latest information.

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Claims Details

Are you concerned about healthcare fraud?
Learn more at **fighthealthcarefraud.com**

Claim Number: 2024008CZ2429 **Received:** 01/08/24 **Doctor:** KEENE VISION LIMITED PART (In your plan)

Going to this doctor uses in-network benefits. That's your best value.

You pay $115.40.
Here's how it breaks down.

Service date	Service	Reason code*	Doctor charges	Your discounts -	Due to your doctor (max allowed) =	Anthem paid -	Copay +	Deductible +	Your share of the cost (coinsurance) +	Services not covered +	Your total cost
01/05/24	Ophthalmology	066	125.00	53.84	71.16	0.00	0.00	71.16	0.00	0.00	=71.16
01/05/24	Ophthalmology	180	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	=0.00
01/05/24	Ophthalmology	066	85.00	40.76	44.24	0.00	0.00	44.24	0.00	0.00	=44.24
Totals:			270.00	154.60	115.40	0.00	0.00	115.40	0.00	0.00	=$115.40

You can use funds from your health savings account to pay your share of the cost for this care.

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

*180: Please submit vision claims to your vision plan.

Your appeal rights.

Anytime you pay for a portion of your care, you have the right to question whether we calculated it correctly. We call that your appeal rights.

Call us at 1-833-772-4122.

- **Ask for help understanding this notice.**
- **Talk through your portion and our portion of these service costs, including any denials.**

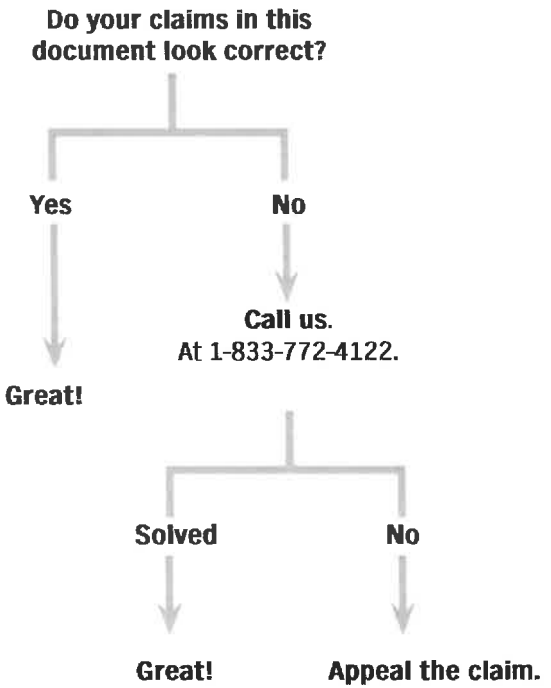
If you think something should have been covered (in whole or in part), but it wasn't, or it wasn't covered in the way you think it should be — you can appeal it and we'll take another look.

Here's how you file an appeal. Check your plan details for how long you have to file an appeal. Usually it's within 180 days of when we told you our decision. You or someone acting for you can file an appeal, but they need a signed authorization from you. You or they can file your appeal by:

- Sending us a message on the **Sydney Health** mobile app or through our secure Message Center at **anthem.com**. Select Grievances/Appeals as the subject of your message.
- Mailing us a letter to:
  Grievances and Appeals
  PO Box 518
  North Haven, CT 06473-0518

Be sure to include:

- Patient information: name, member ID, address, phone number, date of birth
- Claim information: date(s) of the service, your doctor's name/address/phone number
- Any other information about your claim that you think is important



If you need a decision fast, call us. You can ask for an "expedited appeal", and get an answer in about 72 hours, unless your benefits booklet or plan documents states otherwise. Use this option if:

- Your life or health is in danger
- In your doctor's opinion, your pain can't be adequately controlled while you wait
- You had emergency services, but haven't been discharged from the facility.

To ask for an expedited appeal by someone outside our company — you, your doctor or someone acting for you can call the Member Services number on your ID Card.

To ask for an expedited external review you, your doctor or someone acting for you can call the New Hampshire Insurance Commissioner at 800-852-3416 or by writing to the following address:
Independent External Review
New Hampshire Insurance Department
21 South Fruit Street
Suite 14
Concord, NH 03301

Ask for more information on your claim — it's free. Call us to get billing, diagnosis or treatment codes and their meanings, or any other information we used to decide your claim, anytime. This includes any new or additional evidence or reasons for the decision on your claim. If we decided that any of the services are experimental or aren't medically necessary, or used a guideline, criteria or clinical rationale in making our decision, you can get a copy of it free of charge.

If you appeal, we'll do a review and give you a written decision within 30 calendar days from the date we received your appeal request. Check your benefits booklet to see if it gives a different time limit. If you still don't feel our response is right, or if you don't hear back from us in time, you may be able to ask for a review from someone outside our company, an independent third party. Their decision then is final.

Your health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). Once you have used all your mandatory appeal rights, you have one year from our appeal decision to bring an action in federal court under section 502(a)(1)(B) of ERISA, unless your plan provides for a longer period. Check your benefits booklet or plan documents to see if you have more time.

For questions about your rights or for help, call Employee Benefits Security Administration at **1-866-444-EBSA (3272).**

Your appeal rights.

We will, of course, be available to you to discuss the position we have taken and answer your questions. You may reach us by calling the customer service number located in this notice or the number on the back of your member identification card, if you have one.

If you have been unable to resolve your concern and are a resident of New Hampshire or have a New Hampshire issued policy, you may take this matter up with the New Hampshire insurance department, as it maintains a service division to investigate complaints at 21 South Fruit Street, Suite 14, Concord, NH 03301. The New Hampshire insurance department can be reached, toll-free, by dialing 800-852-3416.

Our Medical Director is Richard P. Lafleur, M.D., FACP. Dr. Lafleur is certified by the National Board of Medical Examiners and is Board Certified in Internal Medicine. He is licensed in the State of New Hampshire. The Medical Director oversees the utilization review program and claims determinations involving experimental or investigative treatments and procedures and determinations of medical necessity or appropriateness when review of clinical information **results in a reduction or denial of benefits.**