

1. Go to login page for UniCare (aka Wellpoint) <https://www.unicaremass.com/mass/login>

If you have not previously registered, you must register to access the information you will need to submit to MOSES. Once registered, you must login. Enter your username and password and log in.

Account Login | UniCare State In: x +

https://www.unicaremass.com/mass/login/

UniCare

Log in to your member account
Not signed up? [Register now](#)

Username

Password

[Forgot Username or Password?](#)

Log In

Save Time With Live Chat
Find the information you need about your healthcare benefits by chatting with a representative in real-time. Log in to UniCareMass.com or use the

G

2. You will be directed to a Member Dashboard screen. Click on the “Claims & Payments” tab.

The screenshot shows a web browser window with the URL <https://membersecure.unicare.com/member/dashboard>. The UniCare logo is at the top left. The navigation menu includes: Home, My Plans, **Claims & Payments** (circled in red with an arrow pointing to it), Care, My Health Dashboard, and Support. On the right side of the navigation bar are links for Profile and Log Out.

The main content area is divided into two columns. The left column features a 'WELCOME BACK' section with a member ID, a 'YOUR ACTION ITEMS' section with three items: 'Optimize Your Care', 'Select a PCP', and 'View Message Center'. The right column is titled 'Connect With Care' and contains four service cards: 'Find Care & Cost', 'Virtual Care', 'ID Card', and 'Discounts'. A 'Feedback' button is located on the right edge of the dashboard. The Anthem logo is visible in the bottom right corner.

3. Click on “Explanation Of Benefits Center” from the drop down menu.

The screenshot shows a web browser window with the URL <https://membersecure.unicare.com/member/dashboard>. The page features the UniCare logo at the top left and a navigation bar with links for Home, My Plans, Claims & Payments, Care, My Health Dashboard, and Support. On the right side of the navigation bar, there are links for Profile and Log Out. The 'Claims & Payments' menu is open, displaying a list of options: Claims, Explanation Of Benefits Center (circled in red), Submit A Claim, View Member Submitted Claims, and Payments & Reimbursements. A red arrow points from the instruction above to the 'Explanation Of Benefits Center' option. Below the navigation bar, the dashboard includes a 'WELCOME' message, a 'Member ID' field, and a 'YOUR ACTION ITEMS' section with tasks like 'Optimize Your Care' and 'Select a PCP'. On the right side, there is a 'Connect With Care' section with four items: Find Care & Cost, Virtual Care, ID Card, and Discounts. A 'Feedback' button is located on the right edge, and a chat icon is at the bottom right. The footer shows the URL <https://membersecure.unicare.com/member/eob-center> and the Anthem logo.

4. This will direct you to the Explanation of Benefits Center page. Click on the “View Medical EOBs” button.

Explanation Of Benefits Center

https://membersecure.unicare.com/member/eob-center

UniCare

My Plans Claims & Payments Care My Health Dashboard Support Profile Log Out

Explanation Of Benefits Center

An Explanation of Benefits (EOB) contains important information regarding services you received and how they were covered.

[Understand your EOB](#)

Medical EOBs

View and download your Medical EOBs, including claim adjustments and reimbursements, over the last 24 months.

[View Medical EOBs](#)

Pharmacy EOBs

View claim details for your prescriptions, including cost breakdowns.

Note: Pharmacy digital EOBs are not available on our website or app. Please call the Pharmacy Member Services number on the back of your [ID card](#) to receive a copy.

[View Pharmacy Claims](#)

Please visit [claims details](#) for more information on your latest claims.

Feedback

5. This will bring you to a page where you can view all of your Explanation of Benefits (EOBs). Select an EOB Statement to view that has a Service Date Range within Fiscal Year 2024 (July 1, 2023-June 30, 2024).

The screenshot shows the UniCare member portal interface. At the top, there is a navigation bar with the UniCare logo and links for My Plans, Claims & Payments, Care, My Health Dashboard, and Support. A blue banner below the navigation bar reads "Explanation Of Benefits Center" and includes a link to "Manage paperless EOBs". Below the banner, there is a "Back to EOB Center" link and a section titled "Medical Explanation Of Benefits". A note states: "You are viewing medical Explanation of Benefits (EOBs) for the last 24 months. Use more filters to customize your experience. Some EOBs may include multiple claims in the same statement. These EOBs will appear as a separate document for each claim number." Below the note, there are filter options for "Filter EOBs" and "Claim Number". A message indicates "You have 228 EOBs found." A table lists EOBs with columns for "EOB Statement Date", "Service Date Range", "Claim Number", and "EOB". The first row is highlighted, and the "Download EOB" link is circled in red. A red arrow points from the top of the page to this link.

EOB Statement Date	Service Date Range	Claim Number	EOB
04/05/2024	03/18/2024 - 03/18/2024	2024094EU4330	↓ EOB
03/26/2024	10/31/2023 - 10/31/2023	2023317EY2363	↓ EOB
03/25/2024	03/18/2024 - 03/18/2024	2024083BI3534	↓ EOB

6. This should open a new window with the selected EOB. The number of pages in your EOB can vary. The first page is a cover page with your name and address. **You do not need to submit this page to MOSES.**

EOB Center Medical

No Title

blob:https://membersecure.unicare.com/07214d0f-034b-42f2-ad4c-ae9b974723ee

UniCare

PO BOX 9016
ANDOVER, MA 01810

THIS IS NOT A BILL.
It's Your Health Plan Statement, sometimes called an Explanation of Benefits (EOB). It summarizes you and/or your family member's health care services, how much they cost, and how your benefits apply to those costs.
To get help in a different language
Call 800-442-9300
Si desea ayuda en español, llame al 800-442-9300
Suspect fraud?
Call our Fraud Hotline at: 855-315-8927

1/09/00

Urgent care without the urgent cost
If it's not an emergency, try an Urgent Care instead of the ER. It could save you time and money. To find an urgent care close by log into unicaremass.com.

If you're worried about privacy, you or anyone on your policy can have your EOBs sent to a different address. Just give us a call at 1-800-442-9300 or send your request in writing to UniCare State Indemnity Plan, Customer Service Center PO Box 9016, Andover, MA 01810-0916.

Here's what's been paid for all family members with claims on this EOB.

Your claim summary — look inside for a detailed claims explanation which may include adjustments

Amount charged by your provider	\$20.00	Total amount your provider billed.
Your discounts	-20.00	We get discounted pricing with our participating providers, so you get lower out-of-pocket costs if you use them.
Amount due to your provider	\$0.00	What we pay, plus your copay, coinsurance and/or deductible.
UniCare paid	0.00	This is the amount we paid.
Total you pay (or may have paid)	\$0.00	

You saved \$20.00 (or 100% of the amount charged by your provider, if Total Discount).

What should you do with this EOB?
1. Compare it to bills you get. Check that the date, provider, services and amount owed are the same.
2. Keep it for your records.

How to get help if you need it
Questions about benefits, claims, finding a doctor or ways to save on care?
Web: unicaremass.com
Message: Go to unicaremass.com. Choose Members > Contact us.
Call: 800-442-9300 (M-Th, 7:30 a.m. - 6 p.m. and F, 7:30 a.m. - 5 p.m.)
TTY/TDD: # 711
Have your member ID or user ID/password ready.

Administrative services for the plan are provided by UniCare Life & Health Insurance Company. The Commonwealth of Massachusetts is solely responsible for determination of eligibility and payment of any amounts due under the plan.

43331MUMENABS Rev. 2/17

Page 1 of 4

7. The second page should be a “Health Plan Statement” showing how much you have paid out-of-pocket for the current fiscal year. **This is the one page you must submit to MOSES.**

43331MUMENABS Rev. 2/17 Page 1 of 4

Health Plan Statement

as of 04/05/2024

Your member information

Account holder name	Member ID	Group ID	Group name	Coverage type
██████████	██████████	██████████	UNICARE STATE INDEMNITY PLAN	Family

Jul 2023 - Jun 2024 Plan year information — To learn more about what's covered, see your benefits booklet. It's important to know how close you are to meeting your plan's deductible and out-of-pocket maximum.

Plan deductible

	In-network deductible	Applied to date	Remaining deductible	Out-of-network deductible	Applied to date	Remaining deductible
Individual						
██████████	\$400.00	\$400.00	\$0.00	\$400.00	\$0.00	\$400.00
An individual deductible may be different than your deductible for all covered family members combined.						
Family	\$800.00	\$750.74	\$49.26	\$800.00	\$49.26	\$750.74

Out-of-pocket (OOP) maximum

	In-network maximum	Applied to date	Remaining OOP	Out-of-network maximum	Applied to date	Remaining OOP
Individual						
██████████	\$5,000.00	\$1,364.30	\$3,635.70	\$5,000.00	\$0.00	\$5,000.00
An individual out-of-pocket maximum may be different than your out-of-pocket maximum for all covered family members combined.						
Family	\$10,000.00	\$2,193.48	\$7,806.52	\$10,000.00	\$1,498.27	\$8,501.73

Helpful definitions

Coinsurance — It's the fixed percentage you may pay for certain benefit plan services (like 30%). Some plans may require you to pay a deductible first.

Copay — It's the flat dollar amount you may pay for certain benefit plan services, such as doctor visits.

Deductible — It's the flat dollar amount you may pay for certain benefit plan services before your health plan begins to pay. Some plans may have more than one deductible.

Out-of-pocket maximum — This is the most you have to pay each benefit period for covered services. Once you reach this maximum amount, you don't pay anything for most services. It may include your copay, deductible and coinsurance payments. Some plans have separate out-of-pocket maximums for in-network and out-of-network services. Out-of-network providers could bill you for the difference between the total amount we allow to be paid and the amount they charge for a service, which is not included in your out-of-pocket maximums.

Note: You may have more recent claims that haven't been processed yet or included in the statement totals shown here. Page 2 of 4

8. **Do not submit any additional pages of the EOB.** These additional pages are “Medical services payment detail” pages that contain your sensitive protected health information related to medical services you and your family received, provider information, diagnosis, and treatment codes. MOSES cannot store this information and will reject your claim and send the documentation back to you.

Note: You may have more recent claims that haven't been processed yet or included in the statement totals shown here. Page 2 of 4

06967030200

Medical services payment detail
as of 04/05/2024

Services provided for:	Dependent)	Claim number	Date claim received	Provider	Network status	Patient account
			04/04/24	UNIVERSITY PATHOLOGISTS L	In-network	

Date of service	Services received	Notes	Amount charged by your provider	Plan discounts	Amount due to your provider	Your health benefits paid			You pay			Total you pay (or may have paid) =
						UniCare paid	Copay +	Deductible +	Coinsurance +	Services not covered +		
3/18/24	Laboratory	313	20.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal			20.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

YOU CAN LEARN MORE ABOUT THE SERVICES LISTED BY CALLING THE CUSTOMER SERVICE PHONE NUMBER ON THE BACK OF YOUR ID CARD. WE CAN TELL YOU THE DIAGNOSIS AND TREATMENT CODES INCLUDED ON YOUR CLAIM, ALONG WITH THE DESCRIPTIONS FOR THOSE CODES.

This provider is in your plan's network. This lets us use your in-network benefits to pay for covered services. Look for the "You pay" section above for what you owe.

313: We denied this claim because the doctor/facility did not provide a correct modifier code. They need to resubmit their claim with the correct code. The member doesn't need to do anything right now. When we review the corrected claim, the member may owe a share of the cost based on their plan's benefits.

Total for			20.00	20.00	0.00							
------------------	--	--	--------------	--------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

DO NOT SUBMIT THESE PAGES!

You can learn more about services shown here, including diagnosis and treatment codes and what they mean. Just call Member Services at 800-442-9300. Page 3 of 4