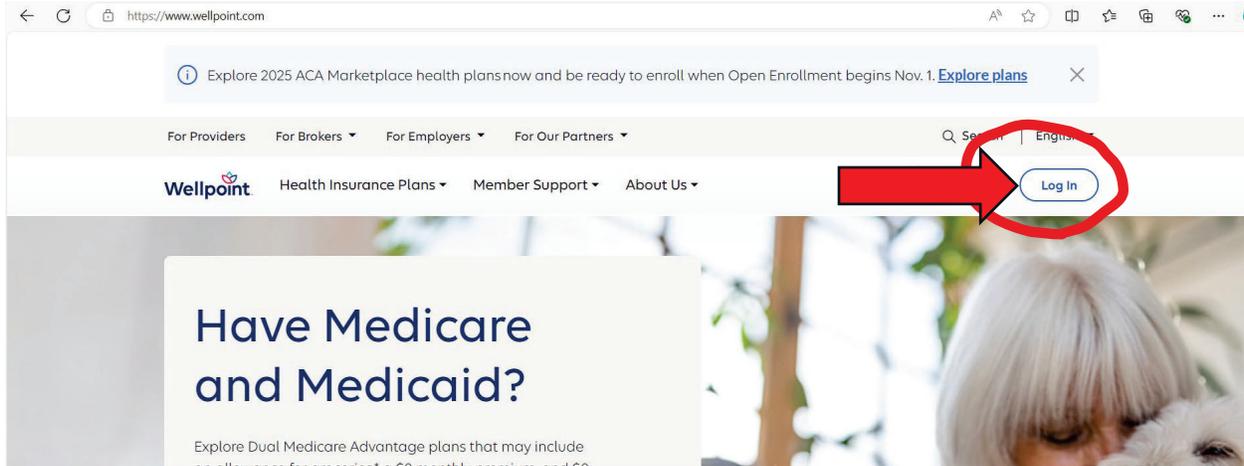


Wellpoint Explanation of Benefits Tutorial

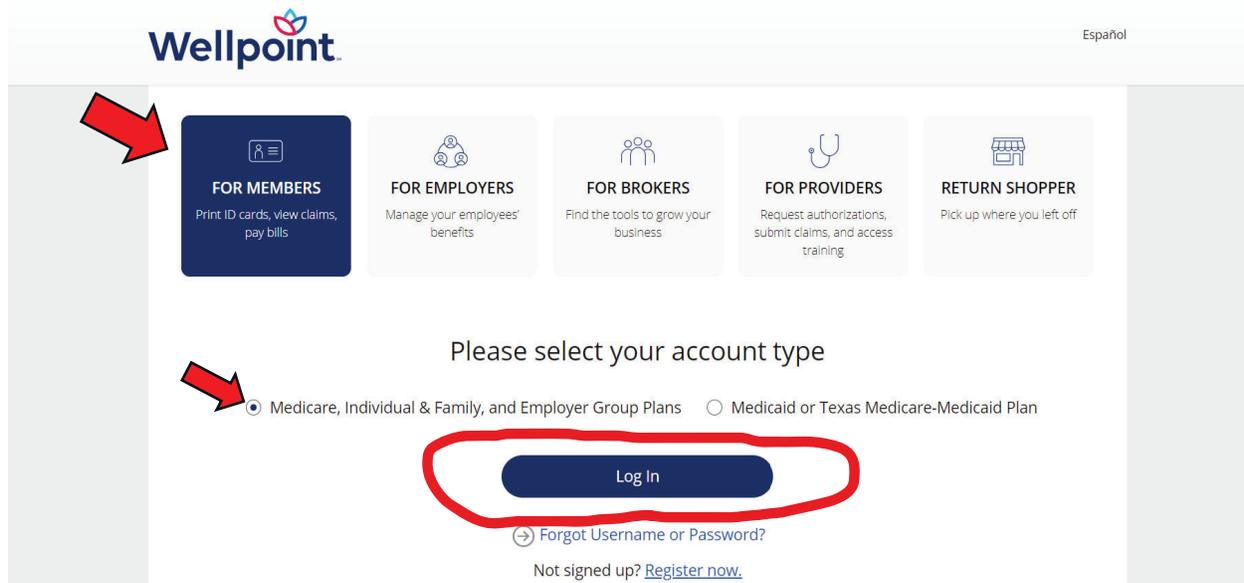
Go To www.wellpoint.com and click “Log In” in the upper right corner.



Continued below



Choose the “For Members” Log in. Make sure the account type is “Medicare, Individual & Family, and Employer Group Plans” and click “Log In”



Wellpoint Español

FOR MEMBERS
Print ID cards, view claims, pay bills

FOR EMPLOYERS
Manage your employees' benefits

FOR BROKERS
Find the tools to grow your business

FOR PROVIDERS
Request authorizations, submit claims, and access training

RETURN SHOPPER
Pick up where you left off

Please select your account type

Medicare, Individual & Family, and Employer Group Plans Medicaid or Texas Medicare-Medicaid Plan

Log In

[Forgot Username or Password?](#)

Not signed up? [Register now.](#)

After you log in, you will be taken to the home page. From there, find “**Claims and Payments**” from the options at the top and hover over it with your cursor for the drop-down menu. From there, click “**Explanation of Benefits Center**”

See below





My Plans

Claims & Payments

Care

My Health Dashboard

Support

Claims

Claim Submission Center

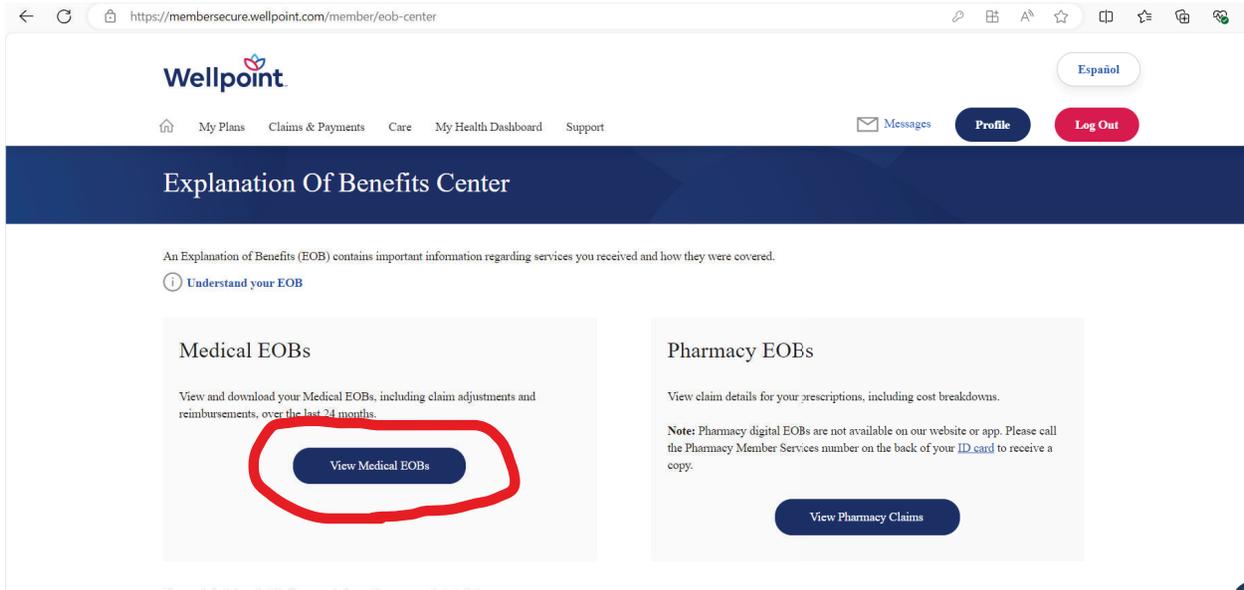
Explanation Of Benefits Center

WELCOME

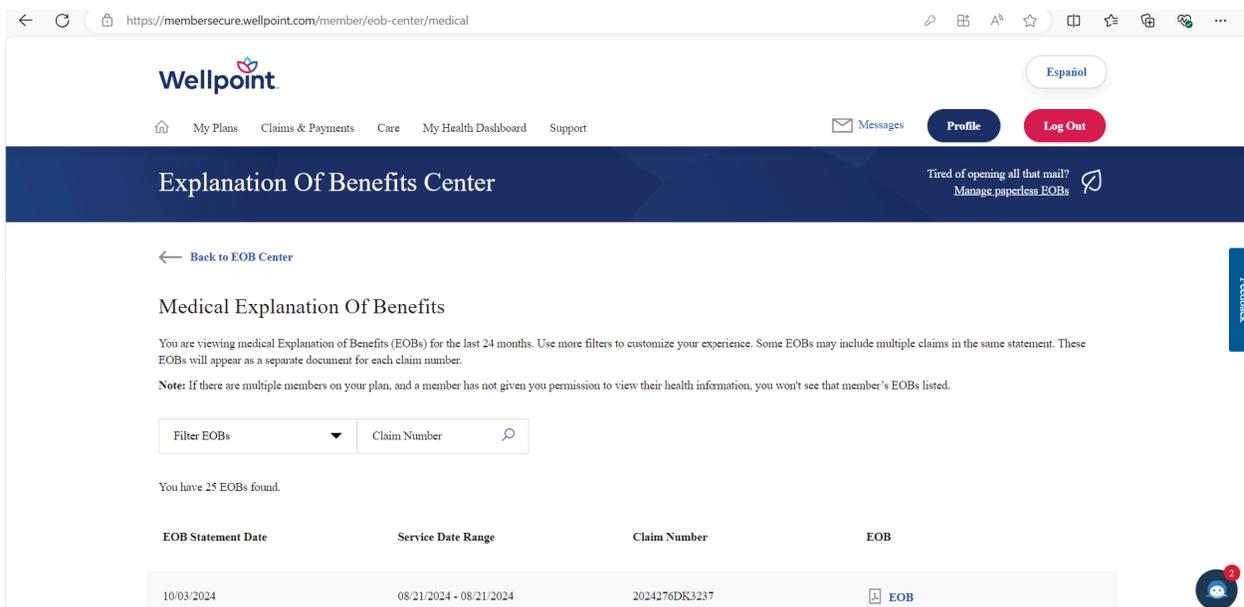
Continued below



You are now at the “**Explanation of Benefits Center.**”
From here, you will click “**View Medical EOBs**” under
“**Medical EOBs**”



From there, Wellpoint will show you a series of EOBs.



Scroll down to the latest one from the relevant Fiscal Year. For example, this one in the middle is the last one for Fiscal Year 2024. You can view the EOB in a PDF format by clicking “EOB” to the right of the date you want.

07/09/2024	07/02/2024 - 07/02/2024	2024189BC1237	 EOB
<u>06/28/2024</u>	06/18/2024 - 06/18/2024	2024178FB6632	 EOB
06/27/2024	06/19/2024 - 06/19/2024	2024177FJ3854 2024177FH9051	 EOB

Viewing the EOB will look like this. However, you need to **scroll down** to the second page of the EOB.

PO BOX 9016
ANDOVER, MA 01810

Wellpoint

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

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 in to wellpoint.com/mass.

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 Wellpoint State Indemnity Plan, Customer Service Center PO Box 4095, Woburn, MA 01888.

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	\$394.95	Total amount your provider billed.
Your discounts	-308.58	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	\$86.37	What we pay, plus your copay, coinsurance and/or deductible.
Wellpoint paid	0.00	This is the amount we paid.
Total you pay (or may have paid)	\$86.37	

40316040301X

The page below is the one that you will need to submit for your Healthcare Mitigation Reimbursement Request

Health Plan Statement
as of 06/28/2024

Your member information

Account holder name	Member ID	Group ID	Group name	Coverage type
[REDACTED]	[REDACTED]	131192M177	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						
KATHLEEN M PRENDERGAST	\$500.00	\$500.00	\$0.00	\$500.00	\$0.00	\$500.00
An individual deductible may be different than your deductible for all covered family members combined.						
Family	\$1,000.00	\$892.24	\$107.76	\$1,000.00	\$0.00	\$1,000.00

Out-of-pocket (OOP) maximum

	In-network maximum	Applied to date	Remaining OOP	Out-of-network maximum	Applied to date	Remaining OOP
Individual						
[REDACTED]	\$5,000.00	\$830.00	\$4,170.00	\$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	\$1,356.34	\$8,643.66	\$10,000.00	\$0.00	\$10,000.00

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: underlined above is the figure that we will use to calculate your reimbursement: the **out-of-pocket (oop) maximum**. This figure is cumulative, and will consolidate all of the costs you've paid out-of-pocket for the year, hence the category **"applied to date."** In order to ensure you get the most money back from the Healthcare Mitigation program, make sure of two things:

1. That you have selected the **most recent EOB possible** from the Fiscal Year. For example, if you are submitting in **June**, this may be the EOB from **May**.
2. Write the highest of the four values circled above on the **Amount of Documented Expenses** section of your mitigation form. For example, this person would use their In-Network Family OOP Max of \$1,356.34, instead of

their smaller In-Network Individual OOP Max or their Out-of-Network OOP Maxes of zero.