


# HOW TO READ Your EOB

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](http://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.



BlueCross BlueShield  
of North Carolina

PO Box 2291  
Durham, NC 27702-2291

Forwarding Service Requested

Jonathan Doe  
123 Main Street  
Anyplace, NC 26789

**Contact Us**

Customer Service (Monday – Friday, 8 a.m. – 7 p.m.) 1-877-258-3334  
Servicio al Cliente (Lunes – Viernes, 8 a.m. – 7 p.m.) 1-877-258-3334

**YOUR CLAIM SUMMARY**  
4/15/2020 through 4/18/2020

This Explanation of Benefits (EOB) shows how claims were processed by your plan. **It is NOT a bill.** It's a way to check that the care you received and the amount billed by your providers are accurate. Keep this for your records.

**Subscriber Details**  
Name: **Jonathan H. Doe**  
Subscriber ID: **ABC#####**  
Plan: **Blue Select Plus**  
Group Number: **ABC#####**  
Group Name: **ABC**

**Need More Information**

Visit [BlueConnectNC.com](http://BlueConnectNC.com)  
Where you can also send us a Secure Inbox message

**OVERVIEW**

**1 claim** Processed by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Below is a total of those claims. You'll find information on each claim in the "Claim Details" section.

<b>Total Provider(s) Charged:</b>	<b>\$400.00</b>	The original amount charged by the provider(s) you visited before any in-network discounts or plan payments were applied.
<b>Total Member Savings:</b>	<b>\$68.92</b>	The total amount you saved as a Blue Cross NC member using in-network providers. (Always use providers in your plan's network for the best savings.)
<b>Total Blue Cross NC Paid:</b>	<b>\$331.08</b>	The total amount your Blue Cross NC health plan paid towards the claims in this summary. (If the number is zero, it's often because your deductible has not been met yet — or the claims have been adjusted or denied.)
<b>What You May Owe:</b>	<b>\$0.00</b>	The remaining amount after what your Blue Cross NC plan paid in benefits. (It may not reflect payments you've already made.) Please refer to your "Summary Notice" for more details. <b>Your provider(s) may bill you directly for this amount.</b>

**TAKE NOTE:**


- + There are **1 alert codes** (look for the icon in the "Claim Details" section).
- + Find tools and resources at [BlueConnectNC.com](http://BlueConnectNC.com).

**New & Improved EOB!**

Notice something different? We've enhanced our EOBs to be easier to understand. And to streamline how many you get in the mail, any EOB without a check now covers claims processed over a 14-day period rather than daily. Learn more at [BlueCrossNC.com/MyEOB](http://BlueCrossNC.com/MyEOB).

**COVID-19:** Blue Cross NC is here to help you prepare, stay healthy and get the care you need. Learn more at [BlueCrossNC.com/Coronavirus](http://BlueCrossNC.com/Coronavirus).

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BlueCross BlueShield  
of North Carolina

T	DEDUCTIBLE (OUT-OF-NETWORK)		OUT-OF-POCKET LIMIT (OUT-OF-NETWORK)	
	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied
	\$2,000.00	\$0.00	\$8,000.00	\$0.00
	\$2,000.00	\$0.00	\$8,000.00	\$0.00
	\$2,000.00	\$0.00	\$8,000.00	\$0.00
	\$4,000.00	\$0.00	\$16,000.00	\$0.00

Member Number: 04-556485-911-11

Deductible	Copayment or Coinsurance	Not Covered / Other Liability	Reason Code (See table at the end)
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	1 PDC
\$0.00	\$0.00	\$0.00	1 PDC
\$0.00	\$0.00	\$0.00	

**What You May Owe: \$0.00**  
(not need to pay anything on this claim.)

responsibility of the member. If the Provider is participating, if is non-participating, the member is liable for this amount.

any prior payments made by you or another insurance company.

the sponsor retains sole responsibility for funding the claim

most current benefit period information on your plan as of the throughout the current benefit period on the plan, which may covered throughout the benefit period. Claims information the "Amount Satisfied" amounts on this notice.

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**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](http://BlueCrossNC.com/SecureInbox) or call Customer Service at 1-877-258-3334.

**Fax your appeal to:**  
919-765-4409

external review by an independent third party. After reviewing the

at no cost to you. This may include internal rules or protocols used necessity, experimental treatment or a similar exclusion, it may also the decision based on your medical situation. You can mail this 2. You can also visit [BlueCrossNC.com/MedicalPolicies](http://BlueCrossNC.com/MedicalPolicies) or call

options. But you have the right to know which codes your provider from the provider or by calling Customer Service at 1-877-258-3334.

options — such as mediation. You may also have the right to bring some Security Act of 1974 (ERISA). Contact the Employee Benefits are about these rights.

For help with an appeal, call Health Insurance Smart NC at 1-877-258-3334, or write to them at: NCDOL, Health 27699-1201. To visit in person, you'll find Health Insurance Smart

abuse, a mistake or improper billing, let Blue Cross Learn more at [BlueCrossNC.com/PreventFraud](http://BlueCrossNC.com/PreventFraud).

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# 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).

This table shows how many claims are in the EOB and how the totals for those claims add up.

See how much you may owe on the claims in the EOB after any in-network discounts and plan benefits are applied.

You'll see if any claims in the EOB have an alert code.

Blue-Cross BlueShield of North Carolina  
PO Box 2291  
Durham, NC 27702-2291  
Forwarding Service Requested

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123 Main Street  
Anyplace, NC 26789

**YOUR CLAIM SUMMARY**  
4/15/2020 through 4/18/2020

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**Subscriber Details**  
Name: Jonathan H. Doe  
Subscriber ID: ABC#####  
Plan: Blue Select Plus  
Group Number: ABC#####  
Group Name: ABC

**Contact Us**  
Customer Service (Monday – Friday, 8 a.m. – 7 p.m.) 1-877-258-3334  
Servicio al Cliente (Lunes – Viernes, 8 a.m. – 7 p.m.) 1-877-258-3334

**Need More Information**  
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Where you can also send us a Secure Inbox message

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**OVERVIEW**

1 claim

Processed by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Below is a total of those claims. You'll find information on each claim in the "Claim Details" section.

Total Provider(s) Charged:	\$400.00	The original amount charged by the provider(s) you visited before any in-network discounts or plan payments were applied.
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Total Blue Cross NC Paid:	\$331.08	The total amount your Blue Cross NC health plan paid towards the claims in this summary. (If the number is zero, it's often because your deductible has not been met yet — or the claims have been adjusted or denied.)
What You May Owe:	\$0.00	The remaining amount after what your Blue Cross NC plan paid in benefits. (It may not reflect payments you've already made.) Please refer to your "Summary Notice" for more details. <b>Your provider(s) may bill you directly for this amount.</b>

**TAKE NOTE:**

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The EOB includes claims that were processed during this time period.

We've color-coded this table so it's easier to review the claims in the "Claim Details" section.

Look for special messages about your health and benefits here.

## 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).

Once your deductible is met, your plan begins paying a share of the cost.

After reaching your out-of-pocket limit, your plan pays for all covered services.

“Plan’s Limit” is the specific deductible or out-of-pocket amount for your plan.

**Benefit Year Summary**  
For policy starting: March 01, 2020



Blue Options	DEDUCTIBLE (IN-NETWORK)		OUT-OF-POCKET LIMIT (IN-NETWORK)		DEDUCTIBLE (OUT-OF-NETWORK)		OUT-OF-POCKET LIMIT (OUT-OF-NETWORK)	
	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied
JONATHAN	\$1,000.00	\$0.00	\$4,000.00	\$0.00	\$2,000.00	\$0.00	\$8,000.00	\$0.00
SALLY	\$1,000.00	\$0.00	\$4,000.00	\$0.00	\$2,000.00	\$0.00	\$8,000.00	\$0.00
JOSIE	\$1,000.00	\$0.00	\$4,000.00	\$0.00	\$2,000.00	\$0.00	\$8,000.00	\$0.00
FAMILY	\$2,000.00	\$0.00	\$8,000.00	\$0.00	\$4,000.00	\$0.00	\$16,000.00	\$0.00

If your plan covers a spouse and/or dependent, you'll see a final row for "FAMILY." Once your family deductible is met, most plans will begin paying a share of the cost for everyone covered by the plan — even if they have not met their individual deductible. After reaching your family out-of-pocket limit, most plans will pay for all covered services for everyone under the plan — even if they have not met their individual out-of-pocket limit.

“Amount Satisfied” is how much of your deductible or out-of-pocket limit has been met for the current benefit year as of the date of the EOB.

## 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.

Alerts let you know about possible issues with a claim. The codes are defined at the end of the section.

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

This shows how much you may owe on the claim after any in-network discount and plan benefits were applied.

**CLAIM DETAILS**  
THIS IS NOT A BILL

1 Claim for JONATHAN DOE

Provider Name: GREY-SLOAN MEMORIAL  
Date of Care: April 15, 2020  
Claim Number: 04-556485-911-11

Service	Your Provider Billed	Allowed Amount	Member Savings	Blue Cross NC Paid	Deductible	Copayment or Coinsurance	Not Covered / Other Liability	Reason Code <small>(See table at the end)</small>
Medical Care	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	
Medical Care	\$100.00	\$88.58	\$11.42	\$88.58	\$0.00	\$0.00	\$0.00	1 PDC
Medical Care	\$100.00	\$42.50	\$57.50	\$42.50	\$0.00	\$0.00	\$0.00	1 PDC
Medical Care	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	
Total Amount Provider Charged: \$400.00		What You May Owe: \$0.00 <small>(You do not need to pay anything on this claim.)</small>						

**What the alert codes mean:**

**1 PDC** This is a dollar amount that may or may not be the responsibility of the member. If the Provider is participating, the Provider is liable PDC for this amount. If the provider is non-participating, the member is liable for this amount.

**Additional Information**

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

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.

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# 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.

**How to appeal**

**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 [BlueConnectNC.com](http://BlueConnectNC.com).

**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.

<b>Mail your appeal to:</b> Blue Cross NC Appeals Department, Level 1 PO Box 30055 Durham, NC 27702-3055	<b>Fax your appeal to:</b> 919-765-4409
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If your appeal is denied, you may be able to ask for an external review by an independent third party. After reviewing the denial, this independent third party will then issue a final decision.

**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 [BlueCrossNC.com/MedicalPolicies](http://BlueCrossNC.com/MedicalPolicies) or call 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 (NCDI)**

The NCDI 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](http://www.ncdoi.com/Smart) for the External Review and Request form; or write to them at: NCDI; 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](http://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](http://BlueCrossNC.com/PreventFraud).

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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](http://BlueConnectNC.com)
- + See how health insurance works at [BlueCrossNC.com/Insurance101](http://BlueCrossNC.com/Insurance101)
- + Learn about preventive care at [BlueCrossNC.com/Preventive](http://BlueCrossNC.com/Preventive)
- + Sign up to get health and wellness discounts by email at [BlueCrossNC.com/Blue365](http://BlueCrossNC.com/Blue365)

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield symbols, and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. U36343, 7/20



## 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: [civilrightscordinator@bcbsnc.com](mailto:civilrightscordinator@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.



