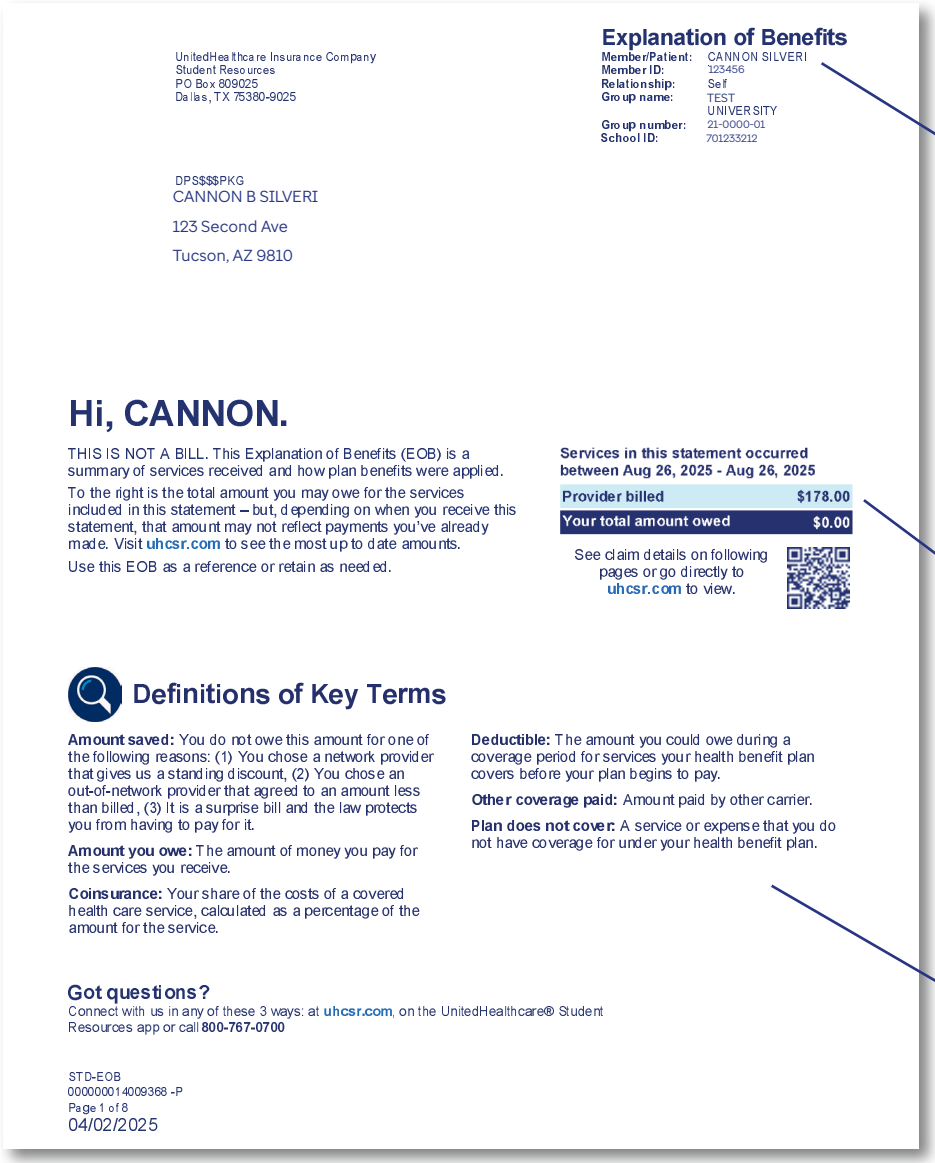
Understanding your Explanation of Benefits statement

Anytime you or a covered family member sees a provider, that provider submits a claim to us. Once this happens, we create an Explanation of Benefits (EOB) to help you better understand how the claim was processed – including how much your plan covered and what you owe. This resource walks you through an EOB example, explaining each section along the way.



UnitedHealthcare Insurance Company
Student Resources
PO Box 809025
Dallas, TX 75380-9025

Explanation of Benefits

Member/Patient: CANNON SILVERI
Member ID: 123456
Relationship: Self
Group name: TEST UNIVERSITY
Group number: 21-0000-01
School ID: 701233212

DPS$$$PKG
CANNON B SILVERI
123 Second Ave
Tucson, AZ 9810

Hi, CANNON.

THIS IS NOT A BILL. This Explanation of Benefits (EOB) is a summary of services received and how plan benefits were applied.

To the right is the total amount you may owe for the services included in this statement – but, depending on when you receive this statement, that amount may not reflect payments you've already made. Visit uhcsr.com to see the most up to date amounts.

Use this EOB as a reference or retain as needed.

Services in this statement occurred between Aug 26, 2025 - Aug 26, 2025

Provider billed	$178.00
Your total amount owed	$0.00

See claim details on following pages or go directly to uhcsr.com to view.

Definitions of Key Terms

Amount saved: You do not owe this amount for one of the following reasons: (1) You chose a network provider that gives us a standing discount, (2) You chose an out-of-network provider that agreed to an amount less than billed, (3) It is a surprise bill and the law protects you from having to pay for it.

Amount you owe: The amount of money you pay for the services you receive.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percentage of the amount for the service.

Deductible: The amount you could owe during a coverage period for services your health benefit plan covers before your plan begins to pay.

Other coverage paid: Amount paid by other carrier.

Plan does not cover: A service or expense that you do not have coverage for under your health benefit plan.

Got questions?
Connect with us in any of these 3 ways: at uhcsr.com, on the UnitedHealthcare® Student Resources app or call **800-767-0700**

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Member/Patient

This section identifies the person who received care. Member refers to the subscriber of the health plan, patient refers to the person who got care.

Claim summary

Here, we give you an at-a-glance overview of the dates of service, the total amount that was charged by a provider or providers during this timeframe, and how much you are responsible for paying.

Definitions

This is here to help you understand the important terms to know when reviewing your claim.

Claim detail for CANNON

Provider: DOE, JOHN

Status: Network

Patient account number: XXXXXXXXXXX

Claim number: 12345678-12-123

		Billed	Savings and plan allowed amount		Amounts paid		Total you owe				
1 Services received	Claim processing codes	Provider billed	Amount saved	Plan allowed amount	Other coverage paid	2 Your plan paid	Applied to deductible	Copay	Coinsurance	Plan does not cover	3 Amount you owe**
Medical/Professional Services 08/26/2025	642	$158.00	$0.00	$158.00	$0.00	$158.00	$0.00	$0.00	$0.00	$0.00	$0.00
LABORATORY 36415 08/26/2025	642	$20.00	$0.00	$20.00	$0.00	$20.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total amount		$178.00	$0.00	$178.00	$0.00	$178.00	$0.00	$0.00	$0.00	$0.00	$0.00

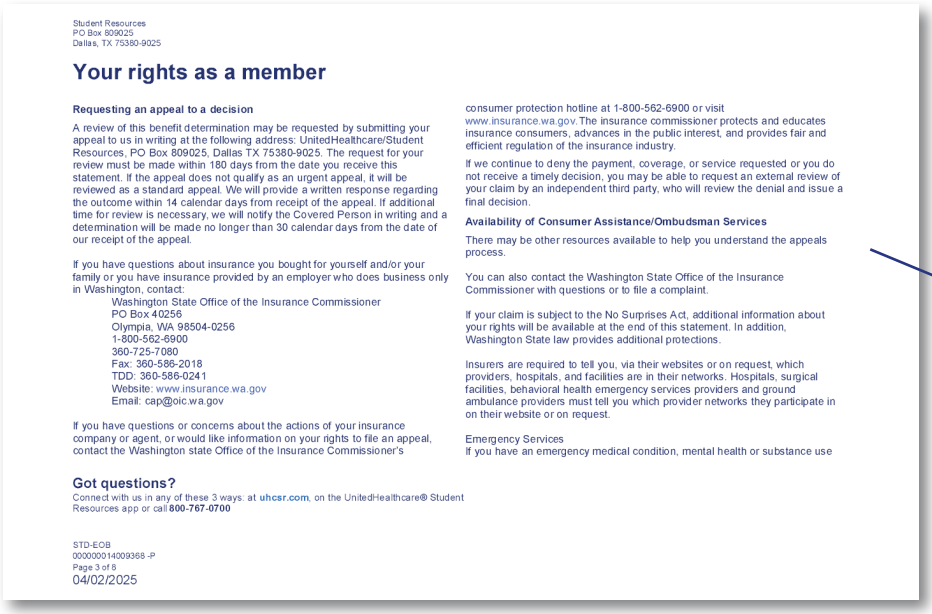
**This amount may not reflect payments made to the provider at the time of service, and it will not include any payments directly made to the subscriber (except for when coordination of benefits applies). You/the subscriber may be responsible for paying the physician, facility or other healthcare professional directly. We recommend you hold off on making any payments until you receive the bill from the provider.

4 Explanation of your claim processing codes

Claim processing codes are used to identify specific types of adjustments relating to your claims. The corresponding details will help explain how your claim was processed.

642 -- This service was processed under the Preventive Care benefit in your policy.

1. **Services received** is a description and date of the care provided.
2. **Your plan paid** is the amount of benefits paid to the employee or provider.
3. **Total amount you owe** is an itemized look at how much you owe the provider.
4. **Claim processing codes** help explain how your claims(s) were processed.



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PO Box 809025
Dallas, TX 75380-9025

Your rights as a member

Requesting an appeal to a decision

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare/Student Resources, PO Box 809025, Dallas TX 75380-9025. The request for your review must be made within 180 days from the date you receive this statement. If the appeal does not qualify as an urgent appeal, it will be reviewed as a standard appeal. We will provide a written response regarding the outcome within 14 calendar days from receipt of the appeal. If additional time for review is necessary, we will notify the Covered Person in writing and a determination will be made no longer than 30 calendar days from the date of our receipt of the appeal.

If you have questions about insurance you bought for yourself and/or your family or you have insurance provided by an employer who does business only in Washington, contact:

Washington State Office of the Insurance Commissioner
PO Box 40256
Olympia, WA 98504-0256
1-800-562-6900
360-725-7080
Fax: 360-586-2018
TDD: 360-586-0241
Website: www.insurance.wa.gov
Email: cap@oic.wa.gov

If you have questions or concerns about the actions of your insurance company or agent, or would like information on your rights to file an appeal, contact the Washington state Office of the Insurance Commissioner's consumer protection hotline at 1-800-562-6900 or visit www.insurance.wa.gov. The insurance commissioner protects and educates insurance consumers, advances in the public interest, and provides fair and efficient regulation of the insurance industry.

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Availability of Consumer Assistance/Ombudsman Services

There may be other resources available to help you understand the appeals process.

You can also contact the Washington State Office of the Insurance Commissioner with questions or to file a complaint.

If your claim is subject to the No Surprises Act, additional information about your rights will be available at the end of this statement. In addition, Washington State law provides additional protections.

Insurers are required to tell you, via their websites or on request, which providers, hospitals, and facilities are in their networks. Hospitals, surgical facilities, behavioral health emergency services providers and ground ambulance providers must tell you which provider networks they participate in on their website or on request.

Emergency Services
If you have an emergency medical condition, mental health or substance use

Got questions?
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Member rights

As a UnitedHealthcare Student Resources member, you have rights. This section shows your appeals options and other helpful resources.

Questions?

Contact Customer Service at **1-800-767-0700** or **customerservice@uhcsr.com**

ATTENTION: Language assistance services, free of charge, are available to you. Please visit: **https://www.uhcsr.com/nondiscrimination-and-language-assistance-notices**.

United Healthcare