

Explaining your Explanation of Benefits (EOB)

After you visit a provider for care, you will receive EOBs from both Medicare and your AARP® Medicare Supplement Plan from UnitedHealthcare. This is because Medicare is your primary payer and your Medicare supplement plan is your secondary payer.

An example EOB from your AARP Medicare Supplement Plan is below. If you owe out-of-pocket costs, you will receive a bill from your provider. This is separate from your EOB.

Page 1 sample Part A EOB

000-ABCDEF00-000-00000 000-000000

AARP Medicare Supplement
from **UnitedHealthcare**

Page 1 of 2 For New York Certificate holders: Insured by UnitedHealthcare Insurance Company of New York. For Washington Certificate holders: Insured by UnitedHealthcare Insurance Company.

Please contact us if you have questions:
UnitedHealthcare Toll free: 1.800.523.5880
PO BOX 1878 TTY: dial 711
Southampton, PA 18966-9998 Español: 1.800.822.0246
www.MyAARPMedicare.com

This is not a bill.
This is an Explanation of Benefits (EOB) for your:
AARP Medicare Supplement Plan G

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Your Plan Description(s)
Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.

Please keep this update for your records.

Statement Date: October 20, 2021
Membership Number: 000000000-00
JOAN SMITH
123 ANY STREET
ANYTOWN, PA 00000-0000

Medicare Part A and Inpatient Stays: Claim details

Claim 00000-000000-0 **2** **Claim Processed 10/13/21** **3**

CITY HOSPITAL
456 WELLNESS AVE
WELLTOWN, PA 00000-0000 **4**

Plan Code & Service Date(s) Type of Service	Days Used	Applied to Medicare Deductible	Daily Amount	Your Plan Paid	Items & Notes
G 08/22/21 Hospital stay	1	1,408.00		1,408.00	A
G 08/23/21 - 08/26/21 Hospital stay	3			00.00	B
Totals				\$1,408.00	

5 **6** **7** **8**

\$00.00 Your plan paid to you
\$1408.00 Your plan paid to provider

Notes

A Medicare pays for the first 60 days you are in a hospital except for the Medicare Part A deductible. Your plan paid this amount.

B Medicare pays for the first 60 days you are in a hospital except for the Medicare Part A deductible. Your plan did not pay benefits for these days because they are paid by Medicare.

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Continued

- 1 Plan name**
This tells you which health plan the EOB is for.
- 2 Claim number**
The number that your provider or UnitedHealthcare will need to look up the claim if you have questions.
- 3 Claim processed date**
The date the claim was processed by UnitedHealthcare. This is different from the date you received care.
- 4 The provider**
The name and address of the provider that submitted the claim.
- 5 Days used**
The number of days you used while in the hospital during the benefit period.
- 6 Applied to Medicare deductible**
A deductible must be met each benefit period before Medicare begins to pay its share. This shows how much was applied to your Medicare Part A deductible.
- 7 Daily amount**
The amount Medicare requires you to pay for each day of your inpatient stay.
- 8 Your plan paid**
How much your plan paid for each service.
- 9 Notes**
Further information about your claim. The letters correspond to the letters in the line items above.

Page 2 sample Part B EOB

000-ABCDEF00-000-00000 000-000000

Page 2 of 2 Statement Date: October 20, 2021

Medicare Part B Services: Claim details

Claim 00000-000000-0 Claim Processed 10/13/21

ABC DIAGNOSTICS
789 HEALTH CARE DR
WELLTOWN, PA 00000-0000

Plan Code & Service Date(s) Provider Type of Service	2 Amount Charged	3 Medicare Approved Amount	4 Applied to Medicare Deductible	5 Medicare Paid	6 Plan Cost- Share	7 Your Plan Paid	Items & Notes
G 10/06/21 ABC DIAGNOSTICS Thyroid test	749.50	749.50		599.60		149.90	A
Totals	\$749.90	\$749.90		\$599.60		\$149.90	

\$0.00 Your plan paid to you
\$149.90 Your plan paid to provider

Notes
A Your plan benefit was based on the Medicare approved amount because your provider accepted Medicare assignment.

- 1 The provider**
The name and address of the provider that submitted the claim.
- 2 Amount charged**
The amount the provider billed Medicare for the service.
- 3 Medicare approved amount**
The amount Medicare accepts as a charge for this service. Your plan pays based on what Medicare approves.
- 4 Applied to Medicare deductible***
If any amounts are applied to the Part B deductible, they appear here.
- 5 Medicare paid**
The amount Medicare paid the provider for the service you received.
- 6 Plan cost-share**
This is your out-of-pocket cost.
- 7 Your plan paid**
The amount your Medicare supplement plan paid the provider for the service you received.

*If you are enrolled in EZ Claim Pay, you will receive a separate notification for Plan Cost-Share amounts paid to your provider on your behalf.

Need further information?

Sign in to **myAARPMedicare.com** and start a live chat with an agent.
Or call UnitedHealthcare Customer Service at **1-800-523-5800**, TTY **711**.
Para español: 1-800-822-0246,
7 a.m. – 11 p.m. ET Monday – Friday,
9 a.m. – 5 p.m. ET Saturday.

AARP | Medicare Supplement
from **UnitedHealthcare**

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