

BUFFALO SERVICE CENTER
 PO BOX 740809
 ATLANTA, GA 30374-0809
www.myuhc.com



UnitedHealthcare Service LLC

Address Change? Please contact your employer's benefit department.
 259HSEPR1002001-01164-01
 ANUSHA YERRAMREDDY
 3347 N CHATHAM RD APT L
 ELLICOTT CITY MD 21042-2791

<p>Member ID 985551880</p> <p>Statement Period 08/31/22 - 09/15/22</p>
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THIS IS NOT A BILL

Customer Care 1-888-792-1545

Productive Dr. Visits

Be sure to make the most of your doctor visits. Before you go, write down when your problem began, your symptoms, what might have led to the problem and any prescription or over-the-counter drugs or vitamins/supplements you take. During your visit, bring up your main issue first and then tell your doctor about any recurring problems. Listen carefully and ask questions. This is a great way to build a relationship with your doctor and be proactive in your health care.

Medical claims where payments may be needed from you:

Claims processed between 08/31/22 to 09/15/22	Pay your provider(s) when they bill you	Applied To Deductible
<p>08/26/22 services for ANUSHA provided by 'HCGH OB GYN' Provider Status: Network Claim Number: ODM4467414001 Provider Billed: \$470.00 Payments and Discounts: -\$125.75</p>	\$344.25	\$344.25
<p>08/26/22 services for ANUSHA provided by 'A AINA' Provider Status: Network Claim Number: ODM5058372801 Provider Billed: \$410.00 Payments and Discounts: -\$68.72</p>	\$341.28	\$341.28
<p>08/30/22 services for ANUSHA provided by 'LABORATORY CORP OF' Provider Status: Network Claim Number: ODM7021662601 Provider Billed: \$180.00 Payments and Discounts: -\$164.72</p>	\$15.28	\$15.28
<p>08/30/22 services for ANUSHA provided by 'LABORATORY CORP OF' Provider Status: Network Claim Number: ODM7021662603 Provider Billed: \$185.00 Payments and Discounts: -\$167.77</p>	\$17.23	\$17.23

Please see the next page for more information

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Medical claims where payments may be needed from you: continued

Claims processed between 08/31/22 to 09/15/22	Pay your provider(s) when they bill you	Applied To Deductible
08/30/22 services for ANUSHA provided by 'LABORATORY CORP OF' Provider Status: Network Claim Number: ODM7021662605 Provider Billed: \$183.00 Payments and Discounts: -\$164.74	\$18.26	\$18.26
Total:	\$736.30	\$736.30

For more information about these claims, please refer to the 'Medical Claim Details' section of this document, the Explanation of Benefits, or visit: www.myuhc.com.

This is not a bill. Your provider will bill you directly unless you have already paid them. Please check your records. These charges represent your responsibility as defined by your health benefit plan. They may include your deductible, coinsurance, or a product or service that is not an eligible expense. If you have coverage with another insurance carrier or Medicare, these charges may not include any product or service in which the other insurance carrier or Medicare was primary. In addition, the amount in the "Pay your provider(s) when they bill you" area above may include payments made to the subscriber. Please see your coverage documents for more information.

Tracking Your Deductibles and Maximums

Your Deductibles as of 09/15/22 for Plan Year 07/01/22 - 06/30/23

In-Network (Medical/Rx Combined)

Annual	Applied	Remaining
ANUSHA \$5,050.00	\$736.30	\$4,313.70
LOKESWARA \$5,050.00	\$3.31	\$5,046.69
FAMILY (Employee and spouse) \$5,050.00	\$739.61	\$4,310.39

Out-of-Network

Annual	Applied	Remaining
ANUSHA \$5,050.00	\$736.30	\$4,313.70
LOKESWARA \$5,050.00	\$3.31	\$5,046.69
FAMILY (Employee and spouse) \$5,050.00	\$739.61	\$4,310.39

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

Your Out of Pocket Maximums as of 09/15/22 for Plan Year 07/01/22 - 06/30/23

In-Network (Medical/Rx Combined)

Annual	Applied	Remaining
ANUSHA \$8,700.00	\$736.30	\$7,963.70
LOKESWARA \$8,700.00	\$3.31	\$8,696.69
FAMILY (Employee and spouse) \$9,050.00	\$739.61	\$8,310.39

Out-of-Network

Annual	Applied	Remaining
ANUSHA \$12,050.00	\$736.30	\$11,313.70
LOKESWARA \$12,050.00	\$3.31	\$12,046.69
FAMILY (Employee and spouse) \$12,050.00	\$739.61	\$11,310.39

Out of Pocket Maximum: The most money you have to pay for covered expenses in a plan year or policy period.

Please see the next page for more information

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Medical claims where payments are not needed from you:

Claims for **ANUSHA** Processed between **08/31/22** to **09/15/22**

Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Applied to Deductible
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08/30/22 services provided by 'LABORATORY CORP OF'

Provider Status: **Network**

Claim Number: **ODM7021662604**

\$168.00	-\$150.71	\$17.29	-\$17.29	...
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- THIS CLAIM WAS PROCESSED ON 09/11/22.
- THE PLAN DISCOUNT SHOWN IS YOUR SAVINGS FOR USING A NETWORK PROVIDER. THE AMOUNT YOU OWE MAY INCLUDE YOUR COPAY, COINSURANCE, DEDUCTIBLE, PLUS ANY AMOUNT DUE IF YOU'VE REACHED YOUR BENEFIT LIMIT ON A COVERED SERVICE.

For more information about your claims, please visit: www.myuhc.com.

Total Applied to Deductible in this section: **\$0.00**

Please see the next page for more information

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Medical Claim Details

THIS IS NOT A BILL - Please compare this information to the bill you receive from your provider, then pay the provider directly when they bill you.

Claims for ANUSHA

Member ID: **985551880**

Date of Service: 08/26/22	Claim #: ODM4467414001	Group Name: PRICEWATERHOUSECOOPERS
Provider: 'HCGH OB GYN'	Process Date: 08/31/22	Group #: 0752713

Service Type	Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Total You Owe
A	\$470.00	-\$125.75	\$344.25	...	\$344.25
Total	\$470.00	-\$125.75	\$344.25	\$0.00	\$344.25

A=OFFICE VISITS

\$344.25 was applied to the Deductible

Total You Owe Provider: \$344.25

- THE PLAN DISCOUNT SHOWN IS YOUR SAVINGS FOR USING A NETWORK PROVIDER. YOU HAVE NOT MET YOUR DEDUCTIBLE AND OWE THE AMOUNT SHOWN.

Date of Service: 08/26/22	Claim #: ODM5058372801	Group Name: PRICEWATERHOUSECOOPERS
Provider: 'A AINA'	Process Date: 08/31/22	Group #: 0752713

Service Type	Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Total You Owe
A	\$410.00	-\$68.72	\$341.28	...	\$341.28
Total	\$410.00	-\$68.72	\$341.28	\$0.00	\$341.28

A=RADIOLOGY SERVICES

\$341.28 was applied to the Deductible

Total You Owe Provider: \$341.28

- THE PLAN DISCOUNT SHOWN IS YOUR SAVINGS FOR USING A NETWORK PROVIDER. YOU HAVE NOT MET YOUR DEDUCTIBLE AND OWE THE AMOUNT SHOWN.

Please see the next page for more information

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Medical Claim Details continued

THIS IS NOT A BILL - Please compare this information to the bill you receive from your provider, then pay the provider directly when they bill you.

Claims for ANUSHA

Member ID: **985551880**

Date of Service: 08/30/22	Claim #: ODM7021662601	Group Name: PRICEWATERHOUSECOOPERS
Provider: 'LABORATORY CORP OF'	Process Date: 09/11/22	Group #: 0752713

Service Type	Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Total You Owe
A	\$31.00	-\$29.42	\$1.58	...	\$1.58
A	\$31.00	-\$26.43	\$4.57	...	\$4.57
A	\$118.00	-\$108.87	\$9.13	...	\$9.13
Total	\$180.00	-\$164.72	\$15.28	\$0.00	\$15.28

A=LABORATORY SERVICES

\$15.28 was applied to the Deductible

Total You Owe Provider: \$15.28

- THE PLAN DISCOUNT SHOWN IS YOUR SAVINGS FOR USING A NETWORK PROVIDER. YOU HAVE NOT MET YOUR DEDUCTIBLE AND OWE THE AMOUNT SHOWN.

Date of Service: 08/30/22	Claim #: ODM7021662603	Group Name: PRICEWATERHOUSECOOPERS
Provider: 'LABORATORY CORP OF'	Process Date: 09/11/22	Group #: 0752713

Service Type	Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Total You Owe
A	\$87.00	-\$79.39	\$7.61	...	\$7.61
A	\$98.00	-\$88.38	\$9.62	...	\$9.62
Total	\$185.00	-\$167.77	\$17.23	\$0.00	\$17.23

A=LABORATORY SERVICES

\$17.23 was applied to the Deductible

Total You Owe Provider: \$17.23

- THE PLAN DISCOUNT SHOWN IS YOUR SAVINGS FOR USING A NETWORK PROVIDER. YOU HAVE NOT MET YOUR DEDUCTIBLE AND OWE THE AMOUNT SHOWN.

Please see the next page for more information



Medical Claim Details continued

THIS IS NOT A BILL - Please compare this information to the bill you receive from your provider, then pay the provider directly when they bill you.

Claims for ANUSHA

Member ID: **985551880**

Date of Service: 08/30/22	Claim #: ODM7021662605	Group Name: PRICEWATERHOUSECOOPERS
Provider: 'LABORATORY CORP OF'	Process Date: 09/11/22	Group #: 0752713

Service Type	Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Total You Owe
A	\$89.00	-\$79.87	\$9.13	...	\$9.13
A	\$94.00	-\$84.87	\$9.13	...	\$9.13
Total	\$183.00	-\$164.74	\$18.26	\$0.00	\$18.26

A=LABORATORY SERVICES

\$18.26 was applied to the Deductible

Total You Owe Provider: \$18.26

- THE PLAN DISCOUNT SHOWN IS YOUR SAVINGS FOR USING A NETWORK PROVIDER. YOU HAVE NOT MET YOUR DEDUCTIBLE AND OWE THE AMOUNT SHOWN.

At almost any time day or night, you can review claims, check eligibility, locate a network provider, request an ID card and more - for secure self-service visit: www.myuhc.com.

Please see the next page for more information

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Get the most out of your plan

Wondering about your deductible?

Avoiding financial surprises is easier with www.myuhc.com. View claims status, balances, progress against deductibles and more - 24/7. Sign up today in minutes.

A Sandwich for Dinner

After a busy day, making a healthy dinner is sometimes the last thing you want to do. For a quick and healthy dinner, have a sandwich! A sandwich made with whole grain bread and paired with a salad or vegetable soup is both filling and fast. Most of us eat our veggies at dinner time so to be sure you still get your vegetables, include veggies like lettuce, tomatoes or cucumbers on your sandwich.

Stay Sharp

A study published in the Journal of the American Medical Association reported that people who frequently participate in activities like crossword puzzles, word finds, card games and checkers are 47 percent less likely to develop Alzheimer's Disease. Activities that challenge you mentally keep your brain functioning. Try doing a daily puzzle, reading news magazines or visiting museums. All of these activities will enhance your brain power and keep your mind sharp!

About Your Rights

Please note that appeal deadlines have been extended until further notice due to COVID-19. You should consult with your employer and visit the US Department of Labor website at dol.gov for more information and additional notices about the deadline extensions and how they may apply to you.

Medical or Pharmacy Claims Only

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P.O. Box 30432, Salt Lake City, UT 84130-0432. The request for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than 30 days after we receive your request for review.

If your plan is governed by ERISA, you may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

You or your authorized representative, such as a family member or physician, may appeal the decision by submitting comments, documents or other relevant information to the appeal address referenced above.

You may request copies (free of charge) of information relevant to your claim by contacting us at the above address.

Availability of Consumer Assistance/Ombudsman Services

There may be other resources available to help you understand the appeals process. If your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Health Insurance Assistance Team at 1-888-393-2789. Your state consumer assistance program may also be able to assist you at:

Maryland Office of the Attorney General

Health Education and Advocacy Unit

200 St. Paul Place, 16th Floor

Baltimore, MD 21202

Toll-free telephone: 1-877-261-8807

Fax: 410-576-6571

Web site: <http://www.oag.state.md.us/Consumer/HEAU.htm>

E-mail: heau@oag.state.md.us

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.

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were

Please see the next page for more information

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told would be free, call 1-888-792-1545.

Please call the number included in this document or on the back of your ID card if you need diagnosis and/or treatment code information regarding the services referenced in this communication.

We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you weren't treated fairly you can send a complaint to: Civil Rights Coordinator, United HealthCare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UTAH 84130, UHC_Civil_Rights@uhc.com. You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libheng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

DÍI BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáníłt'igo, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodíilnih.

Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we implemented strict confidentiality practices. These practices include the ability to use a unique individual identifier. You may see the unique individual identifier on UnitedHealthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBs), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer care professional at the number shown at the bottom of this Statement.

Get the answers you need

Sign up or log in to your personalized website at www.myuhc.com, or call Customer Care at 1-888-792-1545, Monday through Friday.
