

BUFFALO SERVICE CENTER  
 PO BOX 740809  
 ATLANTA, GA 30374-0809  
[www.myuhc.com](http://www.myuhc.com)



UnitedHealthcare Service LLC

Address Change? Please contact your employer's benefit department.  
 355HSEPR1002002-00991-01  
 ANUSHA YERRAMREDDY  
 3347 N CHATHAM RD APT L  
 ELLICOTT CITY MD 21042-2791

<b>Member ID</b> 985551880  <b>Statement Period</b> 12/01/22 - 12/20/22
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## THIS IS NOT A BILL

**Customer Care 1-888-792-1545**

### Prevent Type 2 Diabetes

A recent study on diabetes prevention showed that people with pre-diabetes can prevent the development of Type 2 Diabetes by making changes in their diet and increasing their physical activity. Just 30 minutes a day of moderate activity, coupled with a five to 10 percent reduction in body weight resulted in a 58 percent reduction in diabetes. For more information on how to manage diabetes, talk to your doctor or call the number on the back of your health plan ID card.

### Medical claims where payments may be needed from you:

Claims processed between 12/01/22 to 12/20/22	Pay your provider(s) when they bill you	Applied To Deductible
<b>11/30/22</b> services for <b>ANUSHA</b> provided by 'J SHEFFIELD' Provider Status: <b>Network</b> Claim Number: ODQ3903683601 Provider Billed: <b>\$105.00</b> Payments and Discounts: <b>-\$51.44</b>	<b>\$53.56</b>	<b>\$53.56</b>
<b>11/30/22</b> services for <b>ANUSHA</b> provided by 'K BLAKEMORE' Provider Status: <b>Network</b> Claim Number: ODQ4394561901 Provider Billed: <b>\$2,355.00</b> Payments and Discounts: <b>-\$2,294.72</b>	<b>\$60.28</b>	<b>\$0.00</b>
<b>12/01/22</b> services for <b>ANUSHA</b> provided by 'S MITTMAN' Provider Status: <b>Network</b> Claim Number: ODQ4646465601 Provider Billed: <b>\$2,550.00</b> Payments and Discounts: <b>-\$2,129.01</b>	<b>\$420.99</b>	<b>\$293.50</b>
<b>Total:</b>	<b>\$534.83</b>	<b>\$347.06</b>

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](http://www.myuhc.com).

Please see the next page for more information

## Medical claims where payments may be needed from you: continued

**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.



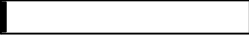
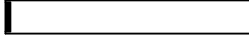


## Tracking Your Deductibles and Maximums

Your Deductibles as of 12/20/22 for Plan Year 07/01/22 - 06/30/23

In-Network (Medical/Rx Combined)				Out-of-Network					
Annual	Applied		Remaining	Annual	Applied		Remaining		
ANUSHA	\$5,050.00	\$5,046.69	<b>SATISFIED</b>	\$0.00	ANUSHA	\$5,050.00	\$5,046.69	<b>SATISFIED</b>	\$0.00
LOKESWARA	\$5,050.00	\$3.31	<b>SATISFIED</b>	\$0.00	LOKESWARA	\$5,050.00	\$3.31	<b>SATISFIED</b>	\$0.00
FAMILY (Employee and spouse)	\$5,050.00	\$5,050.00	<b>SATISFIED</b>	\$0.00	FAMILY (Employee and spouse)	\$5,050.00	\$5,050.00	<b>SATISFIED</b>	\$0.00

**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 12/20/22 for Plan Year 07/01/22 - 06/30/23

In-Network (Medical/Rx Combined)				Out-of-Network					
Annual	Applied		Remaining	Annual	Applied		Remaining		
ANUSHA	\$8,700.00	\$5,234.46		\$3,465.54	ANUSHA	\$12,050.00	\$5,234.46		\$6,815.54
LOKESWARA	\$8,700.00	\$3.31		\$8,696.69	LOKESWARA	\$12,050.00	\$3.31		\$12,046.69
FAMILY (Employee and spouse)	\$9,050.00	\$5,237.77		\$3,812.23	FAMILY (Employee and spouse)	\$12,050.00	\$5,237.77		\$6,812.23

**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

Page 2 of 8

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## Medical claims where payments are not needed from you:

Claims for **ANUSHA** Processed between **12/01/22** to **12/20/22**

Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Applied to Deductible
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11/07/22 services provided by 'D NEALE'

Provider Status: **Network**

Claim Number: **0DQ6713824801**

\$50.00	...	\$50.00	-\$50.00	...
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- THIS CLAIM WAS PROCESSED ON 12/13/22.

For more information about your claims, please visit: [www.myuhc.com](http://www.myuhc.com).

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

Please see the next page for more information

Page 3 of 8

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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: <b>11/30/22</b>	Claim #: <b>0DQ3903683601</b>	Group Name: <b>PRICewaterhouseCOOPERS</b>
Provider: <b>'J SHEFFIELD'</b>	Process Date: <b>12/02/22</b>	Group #: <b>0752713</b>

Service Type	Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Total You Owe
<b>A</b>	\$105.00	-\$51.44	\$53.56	...	\$53.56
<b>Total</b>	\$105.00	-\$51.44	\$53.56	\$0.00	\$53.56

**A=OFFICE VISITS**

**\$53.56 was applied to the Deductible**

**Total You Owe Provider: \$53.56**

- 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: <b>11/30/22</b>	Claim #: <b>0DQ4394561901</b>	Group Name: <b>PRICewaterhouseCOOPERS</b>
Provider: <b>'K BLAKEMORE'</b>	Process Date: <b>12/09/22</b>	Group #: <b>0752713</b>

Service Type	Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Total You Owe
<b>A</b>	\$650.00	-\$425.30	\$224.70	-\$202.23	\$22.47
<b>A</b>	\$360.00	-\$263.60	\$96.40	-\$86.76	\$9.64
<b>B</b>	\$675.00	-\$536.18	\$138.82	-\$124.94	\$13.88
<b>A</b>	\$310.00	-\$227.12	\$82.88	-\$74.59	\$8.29
<b>A</b>	\$170.00	-\$170.00	...	...	\$0.00
<b>A</b>	\$190.00	-\$130.00	\$60.00	-\$54.00	\$6.00
<b>Total</b>	\$2,355.00	-\$1,752.20	\$602.80	-\$542.52	\$60.28

**A=RADIOLOGY SERVICES, B=DIAGNOSTIC SERVICES**

**Total You Owe Provider: \$60.28**

- 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.
- THIS SERVICE OR SUPPLY IS DENIED. IT IS CONSIDERED PART OF ANOTHER SERVICE PERFORMED ON THE SAME DAY, OR IT IS NOT ALLOWED AS A SEPARATE CHARGE.

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: <b>12/01/22</b>	Claim #: <b>0DQ4646465601</b>	Group Name: <b>PRICEWATERHOUSECOOPERS</b>
Provider: <b>'S MITTMAN'</b>	Process Date: <b>12/08/22</b>	Group #: <b>0752713</b>

Service Type	Provider Billed	Amount Not Owed	Allowed Amount	Health Plan Paid	Total You Owe
<b>A</b>	\$2,550.00	-\$981.58	\$1,568.42	-\$1,147.43	\$420.99
<b>Total</b>	\$2,550.00	-\$981.58	\$1,568.42	-\$1,147.43	\$420.99

**A=ANESTHESIA**

**\$293.50 was applied to the Deductible**

**Total You Owe Provider: \$420.99**

- 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.

**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](http://www.myuhc.com).**

Please see the next page for more information

Page 5 of 8

Customer Care 1-888-792-1545

## Get the most out of your plan

### Wondering about your deductible?

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

#### Weight Tip: More Steps, Less Bites

On average, adults gain two pounds per year. Researchers have learned that people would have to consume an excess of 100 calories per day to support this gain. Therefore, all we need to do is somehow subtract those 100 calories. Taking the stairs or parking further from your destination are great ways to burn more calories and taking three fewer bites of a burger can save you 100 calories.

#### Hang Up the Phone When Driving

The National Highway Traffic Safety Administration estimates that driver distraction causes 25 percent of all traffic accidents. One major distraction can be talking or texting on a cell phone. To be safe, hang up your cell phone when driving. Be sure to know the laws in the state you're driving in. Some states do not allow talking on a cell phone while driving or only allow cell phone conversations when using a hands-free device.

## 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](http://dol.gov) for more information and additional notices about the deadline extensions and how they may apply to you.**

You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.

### 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) or [www.askebsa.dol.gov](http://www.askebsa.dol.gov). 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](mailto:heau@oag.state.md.us)

If your claim is subject to the No Surprises Act, additional information about your rights will be available at the end of this

Please see the next page for more information

Page 6 of 8

Customer Care 1-888-792-1545

statement.

If you believe you've been wrongly billed by your provider, you may contact:

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](mailto:heau@oag.state.md.us)

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

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 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](mailto: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 libreng 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 yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nitł'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiłnih.

Please see the next page for more information

Page 7 of 8

Customer Care 1-888-792-1545

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**Get the answers you need**

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