

GREENSBORO SERVICE CENTER  
PO BOX 740800  
ATLANTA, GA 30374-0800  
[www.myuhc.com](http://www.myuhc.com)



Address Change? Please contact your employer's benefit department.  
340HSEEDS1001006-04960-01  
DIPTARKA SAHA  
1318 E ALGONQUIN RD APT 3T  
SCHAUMBURG IL 60173-4036

<b>Member ID</b> 950683619
<b>Statement Period</b> 10/30/17 - 12/05/17

## THIS IS NOT A BILL

Customer Care 1-800-638-1014

### Stop The Flu Before It Stops You!

Protect against the flu! The best protection is getting a flu vaccine every year. The strains may differ from year to year, and last year's vaccine may not reliably protect you this year. The flu vaccine is formulated each year to keep up with the flu viruses as they change. Call your doctor today to schedule your flu vaccine or call the member phone number on your health plan ID card to find a provider near you.

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

Claims processed between 10/30/17 to 12/05/17	Pay your provider(s) when they bill you	Applied To Deductible
11/09/17 services for <b>DIPTARKA</b> provided by 'LABORATORY CORP OF Claim Number: 0684014910001 Provider Billed: <b>\$235.00</b> Payments and Discounts: <b>-\$167.48</b>	<b>\$67.52</b>	<b>\$67.52</b>
11/09/17 services for <b>DIPTARKA</b> provided by 'LABORATORY CORP OF Claim Number: 0684014910002 Provider Billed: <b>\$528.00</b> Payments and Discounts: <b>-\$492.45</b>	<b>\$35.55</b>	<b>\$26.48</b>
11/11/17 services for <b>DIPTARKA</b> provided by 'NORTHSHORE' Claim Number: 0683149163001 Provider Billed: <b>\$406.00</b> Payments and Discounts: <b>\$0.00</b>	<b>\$406.00</b>	<b>\$406.00</b>

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 10/30/17 to 12/05/17

	Pay your provider(s) when they bill you	Applied To Deductible
11/11/17 services for <b>DIPTARKA</b> provided by 'M LAZARUS' Claim Number: 0684905543901 Provider Billed: <b>\$36.00</b> Payments and Discounts: <b>-\$31.31</b>	<b>\$4.69</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$513.76</b>	<b>\$500.00</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).

**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 12/05/17 for Plan Year 01/01/17 - 12/31/17

In-Network				Out-of-Network			
Annual	Applied	Remaining		Annual	Applied	Remaining	
DIPTARKA				DIPTARKA			
\$500.00	\$500.00	\$0.00	SATISFIED	\$2,000.00	\$0.00	\$2,000.00	NONE USED

**Deductible:** The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin. Please refer to your plan documents for specific information regarding what services apply to the deductible.

Your Out of Pocket Maximums as of 12/05/17 for Plan Year 01/01/17 - 12/31/17

In-Network				Out-of-Network			
Annual	Applied	Remaining		Annual	Applied	Remaining	
DIPTARKA				DIPTARKA			
\$3,000.00	\$813.76	\$2,186.24		\$5,000.00	\$0.00	\$5,000.00	NONE USED

**Out of Pocket Maximum:** This is the amount you pay before your plan benefit starts paying 100% for eligible health care services. Please refer to your plan documents for more information.

Please see the next page for more information

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

Claims for **DIPTARKA** Processed between **10/30/17** to **12/05/17**

Provider Billed	Plan Discount	Allowed Amount	Health Plan Paid	Copay	Applied to Deductible
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### 10/25/17 services provided by 'S ULLMANN'

Claim Number: <b>0680107418801</b>	\$105.00	-\$28.98	\$76.02	-\$26.02	-\$50.00	...
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- THIS CLAIM WAS PROCESSED ON 10/30/17.
- 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 THIS CLAIM, PLEASE REFER TO THE EXPLANATION OF BENEFITS OR VISIT [WWW.MYUHC.COM](http://WWW.MYUHC.COM).

### 10/27/17 services provided by 'J ROSIN'

Claim Number: <b>0680427639501</b>	\$300.00	-\$72.62	\$227.38	-\$177.38	-\$50.00	...
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- THIS CLAIM WAS PROCESSED ON 10/31/17.
- 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 THIS CLAIM, PLEASE REFER TO THE EXPLANATION OF BENEFITS OR VISIT [WWW.MYUHC.COM](http://WWW.MYUHC.COM).

### 11/02/17 services provided by 'J AKHTAR'

Claim Number: <b>0681441083701</b>	\$200.00	-\$106.63	\$93.37	-\$43.37	-\$50.00	...
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- THIS CLAIM WAS PROCESSED ON 11/06/17.
- 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 THIS CLAIM, PLEASE REFER TO THE EXPLANATION OF BENEFITS OR VISIT [WWW.MYUHC.COM](http://WWW.MYUHC.COM).

### 11/07/17 services provided by 'J AKHTAR'

Claim Number: <b>0682341507401</b>	\$200.00	-\$106.63	\$93.37	-\$43.37	-\$50.00	...
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- THIS CLAIM WAS PROCESSED ON 11/10/17.
- 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 THIS CLAIM, PLEASE REFER TO THE EXPLANATION OF BENEFITS OR VISIT [WWW.MYUHC.COM](http://WWW.MYUHC.COM).

### 11/14/17 services provided by 'J AKHTAR'

Claim Number: <b>0683724053101</b>	\$200.00	-\$106.63	\$93.37	-\$43.37	-\$50.00	...
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- THIS CLAIM WAS PROCESSED ON 11/17/17.
- 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 THIS CLAIM, PLEASE REFER TO THE EXPLANATION OF BENEFITS OR VISIT [WWW.MYUHC.COM](http://WWW.MYUHC.COM).

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**Medical claims where payments are not needed from you:** continued

Claims for **DIPTARKA** Processed between **10/30/17** to **12/05/17**

Provider Billed	Plan Discount	Allowed Amount	Health Plan Paid	Copay	Applied to Deductible
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**11/29/17 services provided by 'J AKHTAR'**

Claim Number: **0686090005801**

\$200.00	-\$106.63	\$93.37	-\$43.37	-\$50.00	...
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- THIS CLAIM WAS PROCESSED ON 12/03/17.
- 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 THIS CLAIM, PLEASE REFER TO THE EXPLANATION OF BENEFITS OR VISIT [WWW.MYUHC.COM](http://WWW.MYUHC.COM).

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

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

Total Applied to Deductible in this statement: **\$500.00**

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 DIPTARKA

Member ID: **950683619**

Date of Service: <b>11/09/17</b>	Claim #: <b>0684014910001</b>	Group Name: <b>COGNIZANT BENEFIT DESK</b>
Provider: <b>LABORATORY CORP OF</b>	Process Date: <b>11/26/17</b>	Group #: <b>0708963</b>

Service Type	Provider Billed	Plan Discount	Allowed Amount	Health Plan Paid	Total You Owe
<b>A</b>	\$31.00	-\$25.57	\$5.43	...	\$5.43
<b>A</b>	\$204.00	-\$141.91	\$62.09	...	\$62.09
<b>Total</b>	\$235.00	-\$167.48	\$67.52	\$0.00	\$67.52

**A=LABORATORY SERVICES**

**\$67.52 was applied to the Deductible**

**Total You Owe Provider: \$67.52**

- 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>11/09/17</b>	Claim #: <b>0684014910002</b>	Group Name: <b>COGNIZANT BENEFIT DESK</b>
Provider: <b>LABORATORY CORP OF</b>	Process Date: <b>11/26/17</b>	Group #: <b>0708963</b>

Service Type	Provider Billed	Plan Discount	Allowed Amount	Health Plan Paid	Total You Owe
<b>A</b>	\$98.00	-\$87.81	\$10.19	...	\$10.19
<b>A</b>	\$227.00	-\$183.73	\$43.27	-\$21.58	\$21.69
<b>A</b>	\$39.00	-\$36.03	\$2.97	-\$2.38	\$0.59
<b>A</b>	\$98.00	-\$88.52	\$9.48	-\$7.58	\$1.90
<b>A</b>	\$25.00	-\$24.99	\$0.01	-\$0.01	\$0.00
<b>A</b>	\$41.00	-\$35.09	\$5.91	-\$4.73	\$1.18
<b>Total</b>	\$528.00	-\$456.17	\$71.83	-\$36.28	\$35.55

**A=LABORATORY SERVICES**

**\$26.48 was applied to the Deductible**

**Total You Owe Provider: \$35.55**

- THE PLAN DISCOUNT SHOWN IS YOUR SAVINGS FOR USING A NETWORK PROVIDER. YOU HAVE NOT MET YOUR DEDUCTIBLE AND OWE THE AMOUNT SHOWN.
- 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.
- WE RECEIVED ONE OR MORE PROCEDURE CODES FOR THE SERVICES PROVIDED. WE USED A SINGLE PROCEDURE CODE THAT MORE APPROPRIATELY REPRESENTS THESE SERVICES. YOUR PLAN BENEFITS WERE APPLIED USING THIS SINGLE PROCEDURE CODE.

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 DIPTARKA

Member ID: **950683619**

Date of Service: <b>11/11/17</b>	Claim #: <b>0683149163001</b>	Group Name: <b>COGNIZANT BENEFIT DESK</b>
Provider: <b>'NORTHSHORE'</b>	Process Date: <b>11/15/17</b>	Group #: <b>0708963</b>

Service Type	Provider Billed	Plan Discount	Allowed Amount	Health Plan Paid	Total You Owe
<b>A</b>	\$406.00	...	\$406.00	...	\$406.00
<b>Total</b>	\$406.00	\$0.00	\$406.00	\$0.00	\$406.00

**A=RADIOLOGY SERVICES**

**\$406.00 was applied to the Deductible**

**Total You Owe Provider: \$406.00**

- 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>11/11/17</b>	Claim #: <b>0684905543901</b>	Group Name: <b>COGNIZANT BENEFIT DESK</b>
Provider: <b>'M LAZARUS'</b>	Process Date: <b>11/27/17</b>	Group #: <b>0708963</b>

Service Type	Provider Billed	Plan Discount	Allowed Amount	Health Plan Paid	Total You Owe
<b>A</b>	\$36.00	-\$12.57	\$23.43	-\$18.74	\$4.69
<b>Total</b>	\$36.00	-\$12.57	\$23.43	-\$18.74	\$4.69

**A=RADIOLOGY SERVICES**

**Total You Owe Provider: \$4.69**

- 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

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Customer Care 1-800-638-1014

## 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.

#### The Dynamic Duo

Vitamin D and calcium do more than give you strong bones and teeth. Several recent studies show that when taken together, vitamin D and calcium ward off premenstrual syndrome. It can also reduce the risk of colon polyps by up to 36 percent, and reduce the risk of hip fractures by 26 percent. On its own, vitamin D may reduce the risk of several cancers and calcium may help lower blood pressure. Add a glass of milk or orange juice to your diet to power up with this dynamic duo!

#### 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

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). 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:

Illinois Department of Insurance  
122 S. Michigan Ave, 19th Floor  
Chicago, IL 60603  
Phone: 312-814-2420, or

Illinois Department of Insurance  
320 W. Washington St  
Springfield, IL 62767  
Phone: 217-782-4515

Toll-free telephone: 1-866-445-5364

Web site: <http://www.insurance.illinois.gov>

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

Please see the next page for more information

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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 1-800-638-1014.

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 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 jíik'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nitł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'í 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.

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## Get the answers you need

Sign up or log in to your personalized website at [www.myuhc.com](http://www.myuhc.com), or call Customer Care at 1-800-638-1014, Monday through Friday.

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