



Part C Explanation of Benefits Guide For Medical and Hospital Care

Learn how to read and use your Part C explanation of benefits (EOB) with this guide. Review the sample Part C EOB on the following pages and check back to the numbered explanations listed below.

- 1 Member information**
Shows member who received care. All information in the EOB refers to this person.
- 2 Contact information**
Who to contact with questions about your EOB.
- 3 Totals for medical and hospital claims**
The two middle columns show the total amount your provider billed Sharp Health Plan and the total amount allowed by Sharp Health Plan. The two right columns show the cost-share amounts between your plan (Sharp Health Plan) and you.
- 4 Yearly limit**
Your yearly limit is the most you can pay for covered health care in a 12-month period. This is also called your maximum out-of-pocket or MOOP.
- 5 Provider and claim number**
Your provider that submitted a claim to (asked for payment from) Sharp Health Plan for medical and hospital services you received. Each claim is assigned a claim number.
- 6 Date of service**
Date of your medical or hospital service.
- 7 Amount the provider billed the plan**
How much your health care provider charged for your service.
- 8 Total cost (amount the plan approved)**
How much Sharp Health Plan approved to pay for a covered service with that provider.
- 9 Plan's share**
How much Sharp Health Plan paid the provider towards each service.
- 10 Your share**
How much you paid or need to pay.
- 11 Name of service**
Description of your medical or hospital service.
- 12 Billing code**
Code for your medical or hospital service.
- 13 Totals**
Total amounts for the services you received from this provider.



8520 Tech Way, Suite 201
San Diego, CA 92123-1450



Bill Williams
1234 Speedway Ave
San Diego, CA 92117-4526

Medical and Hospital Claims Processed from 11/16/2021 to 11/30/2021

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For Bill Williams
Member Number S12345678

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. We send a separate report on Part D prescription drugs.
- If you notice something suspicious that might be dishonest billing, you can report it by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. *Benefits, formulary, pharmacy network, provider network, premiums, copayments and coinsurance may change each year.*

Out-of-network/non-contracted providers are under no obligation to treat Sharp Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

H5386_2020PARTCEOB_C Accepted



8520 Tech Way, Suite 201
San Diego, CA 92123-1450

Sharp Direct Advantage (HMO)

Sharp Health Plan is an HMO with a Medicare contract. Enrollment with Sharp Health Plan depends on contract renewal.

www.sharpmedicareadvantage.com

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Sharp Direct Advantage Customer Care

If you have questions, call us: 1-855-562-8853

We are here from October 1 to March 31: 7 days per week 8:00 a.m. to 8:00 p.m., and from April 1 to September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m., and on weekends and holidays, your call will be handled by our voicemail system.

TTY/TDD only: 711

This information is available for free in other languages. Please contact Customer Care at the number above. Customer Care also has free language interpreter services available for non-English speakers.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-562-8853 (TTY/TDD 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame 1-855-562-8853 (TTY/TDD 711).

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**TOTALS
for medical and hospital claims**

Amount providers
have billed
the plan

Total cost (amount
the plan has
approved)

Plan's share

Your share

Totals for this month (for claims
processed from 11/16/2021 to
11/30/2021)

\$X,XXX.XX

\$XXX.XX

\$XXX.XX

\$XX.XX

Totals for 2021 (all claims processed
through 11/30/2021)

\$XX,XXX.XX

\$X,XXX.XX

\$X,XXX.XX

\$XXX.XX

4 YEARLY LIMIT – this limit gives you financial protection

This limit tells the most you will have to pay in “out-of-pocket” costs (copays and coinsurance for medical and hospital services covered by the plan).

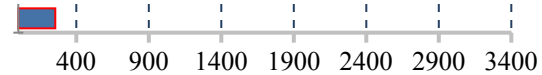
This yearly limit is called your “out-of-pocket maximum.” It puts a limit on how much you have to pay, but it does not put a limit on how much care you can get.

This means:

Once you have reached your limit in out-of-pocket costs, **you stop paying out of pocket for all services.**

You keep getting your covered medical and hospital services as usual, and **the plan will pay the full cost for the rest of the year.**

As of 11/30/2021, **you have had \$255.00 in out-of-pocket costs** that count toward your \$3,400.00 out-of-pocket maximum for covered services.



Details for claims processed from 11/16/2021 to 11/30/2021

Look over the information about your claims – does it seem correct?

- If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim.
- If you still have questions, call us at Customer Care (phone numbers are in a box on page 1).

You have the right to make an appeal or complaint

- Making an appeal is a formal way of asking us to *change our decision* about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call us at Customer Care (phone numbers are in a box on page 1).

Remember, this report is NOT A BILL:

- If you have not already paid the amount shown for "your share," *wait until you get a bill* from the provider.
- If you get a bill that is *higher* than the amount shown for "your share," call us at Customer Care (phone numbers are in a box on page 1).

5 Provider Name Sharp Memorial Hospital	6 Date of service	7 Amount the provider billed the plan	8 Total cost (amount the plan approved)	9 Plan's share	10 Your share
Claim Number: E202111112345678					
11 COMPREHEN METABOLIC PANEL 12 (Billing code 80053)	11/05/2021	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
URINALYSIS AUTO W/O SCOPE (Billing code 81003)	11/05/2021	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
ASSAY THYROID STIM HORMONE (Billing code 84443)	11/05/2021	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
COMPLETE CBC W/AUTO DIFF WBC (Billing code 85025)	11/05/2021	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
LIPID PANEL (Billing code 80061)	11/05/2021	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
13 TOTALS:		\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX