



BAYLOR SCOTT & WHITE HEALTH PLAN
1206 WEST CAMPUS DR
TEMPLE TX 76502

Forwarding Service Requested



[DM-]

Explanation of Benefits

This is NOT a bill

QUESTIONS?

Customer Service: (844) 633-5325

Hours: 7 a.m. to 7 p.m., Monday through Friday

Website: BSWHealthPlan.com

J0F4 1
JOE SAMPLE
123 MAIN ST
CITY, TX 12345

Member ID: 000000000000

Group Number:

Group Name: ABC Company

Print Date: 12/16/2021

Hi Joe,

This document summarizes recent claims the Plan has processed for healthcare services. It confirms the amount charged by your provider(s) and the amount the Plan paid for those charges.

Individual Account Summary

Applied Amount	Total Amount
Individual Network Deductible \$141.74	\$1,250.00 (\$1,108.26 remaining)
Individual Pending Out-of-Pocket \$264.96	\$3,750.00 (\$3,485.04 remaining)

Family Account Summary

Applied Amount	Total Amount
Family Network Deductible \$141.74	\$2,500.00 (\$2,358.26 remaining)
Family Pending Out-of-Pocket \$264.96	\$7,500.00 (\$7,235.04 remaining)

Now...the Detailed Version

Here's a detailed breakdown or Explanation of Your Benefits for this service. In case there's any doubt - this is NOT a bill!

Subscriber:	JOE SAMPLE
Member ID:	000000000000
Group:	ABC Company
Group Number:	

Patient:	JOE SAMPLE
Claim Number:	00000000000000
Provider:	Baylor Scott and White Medical Center

In-Network

Date of Service	Description	Amount Billed	Allowed Amount	Non-Covered Amount	Other Coverage Payment	Plan Paid	Deductible	Coinsurance	Copay	Notes
10/15/2021	COMPREHEN METABOLIC PANEL	\$208.00	\$22.60	\$0.00	\$0.00	\$22.60	\$0.00	\$0.00	\$0.00	EXC7
10/15/2021	LIPID PANEL	\$189.81	\$28.65	\$0.00	\$0.00	\$28.65	\$0.00	\$0.00	\$0.00	EXC7
10/15/2021	ASSAY THYROID STIM HORMONE	\$187.05	\$35.95	\$0.00	\$0.00	\$35.95	\$0.00	\$0.00	\$0.00	EXC7
Total		\$584.86	\$87.20	\$0.00	\$0.00	\$87.20	\$0.00	\$0.00	\$0.00	

Notes:

EXC7 - C7 PAY / PAID ACCORDING TO PROVIDER AGREEMENT.

SAMPLE



[DM-]

Helpful Definitions

Allowed Amount – Amount considered for payment based on our provider contracts and your benefits.

Amount Billed – Amount your provider billed for services. Note: This amount does not reflect discounts the plan has negotiated with the provider or facility.

Amount Paid – Amount paid to you or your provider.

Coinsurance – Percentage of the "allowed amount" you are responsible for paying for services after your deductible is met. Providers may require payment when you receive services.

Copay – Amount you are responsible to pay for certain services, typically paid at the time of service.

Deductible – Amount you pay before the Plan begins to pay for covered services. Note: "Non-Covered" amounts do not count toward meeting the yearly deductible. Your provider may bill you for these charges.

Discount Amount – Amount you saved by using the plan's preferred providers.

Non-Covered Amount – Amount that is not covered by your benefit Plan and you are responsible for paying. Also, if you've used an out-of-network provider, "non-covered amount" includes any amount the out-of-network provider bills in excess of the plan-negotiated network rates.

Other Coverage Payment – Amount paid by your other insurance carrier.

Out-of-Pocket Maximum – The most you have to pay for in-network health services every year. Once you have paid this amount, the Health Plan typically pays 100% of your allowed health care charges, subject to any policy limitations.

Report Fraud

If you suspect fraud, contact the Baylor Scott & White Health Plan Compliance HelpLine at (888) 484-6977.

Language Assistance / Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (844) 633-5325 (TTY: 711).

Baylor Scott & White Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 633-5325 (TTY: 711).

Baylor Scott & White Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (844) 633-5325 (TTY: 711).

Baylor Scott & White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

**Baylor Scott & White Health Plan
Dispute Process & Participant Rights**

Baylor Scott & White Health Plan (the Plan) provides you the right to file a dispute when you are not satisfied with the original coverage decision. This is a summary of the dispute process and your legal rights. More information on the claims and appeals process can be found in the Plan's evidence of coverage. We will inform you of the status of your claim or dispute.

Filing a Dispute – If you do not agree with the processing of your claim, you have the right to file a dispute. The dispute will be reviewed by the Plan.

Disputes for this claim denial must be filed in writing and sent to the address below:

Baylor Scott & White Health Plan
ATTN: Customer Advocacy
1206 West Campus Drive, BLDG A-4
Temple, TX 76502

Alternatively, you may file a dispute by calling the Plan's Customer Advocacy Department at (844) 633-5325. TTY users should call 711. We will document that call and send out an acknowledgment letter requesting the written documentation of your dispute.

Disputes must be submitted within 180 calendar days from the date that you receive the original decision. After that, the original decision will be final.

You may supply additional information that you would like considered. In addition, you may request copies of documents relevant to your claim (free of charge) by contacting the Plan at (844) 633-5325. TTY users should call 711.

Review of a Dispute – The Plan will complete the dispute and notify you about the decision within 30 calendar days of the written request.

Notice of Determination of a Dispute – If your dispute is wholly or partially denied, you will be furnished with notice of the decision, which will include your right to file an appeal of that decision.

Further Dispute Rights – At any time, you may file a dispute with the Texas Department of Insurance if you disagree with our decision. They can be reached by telephone at (800) 252-3439 or in writing at:

Texas Department of Insurance
Consumer Protection Section (MC 111-1A)
PO Box 149091
Austin, TX 78714-9091

Resources to Help You – For questions about the dispute and appeals process, please call Customer Advocacy, or visit the Plan's website at BSWHealthPlan.com. If you have questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at (866) 444-EBSA (3272).

SPANISH (Español): Para obtener asistencia en Español, llame al (844) 633-5325.