Subject: Your Guide to Reading Imagine 360 Explanation of Benefits and Balance Billing

Dear Oaks Health Plan Members,

To help you navigate your healthcare expenses, we've put together a quick guide on reading your Explanation of Benefits (EOB) through Imagine 360. Please note the EOB included is a sample EOB as it does not reflect Oaks Health Plans.

Here's what you need to know:

What's an EOB? Whenever you visit a doctor or use a service covered by our health plan, you'll get an EOB. It's crucial to understand the EOB and how to compare it to your bills.

What is a Balance Bill? A balance bill happens when you get charged for the difference between what your insurance pays for a medical service and what the provider charges beyond the terms of your health insurance plan. If this occurs call Imagine 360 immediately.

What Happens if I Ignore a Balance Bill? The provider's billing department will persistently contact you about the outstanding balance. If you do not contact Imagine 360 you risk the bill moving to an internal collections' unit, followed by a third-party collector and ultimately unpaid medical bills can have a negative impact on your credit report or in extreme cases providers may pursue legal action.

Who Can I Call for Help with My Balance Bill? Call the phone number on the back of your Imagine 360 ID card and let them know you have a balance bill. Imagine 360 will take it from there and work with the provider to resolve the balance bill. It is important to continue sending any balance bills received in the mail to Imagine 360 throughout this process.

Your Learning Resources: Attached, you'll find a flyer that breaks down everything about your EOB. Additional resources including short videos are available at www.oakshealthieryou.org. Go to the Resources section and take a few minutes to watch, and you'll be an EOB and expert in no time!

Important Benefit Coverage Definitions:

- **Deductible:** A medical plan deductible is the amount of money you must pay for your medical expenses before your insurance starts helping with the costs.
- **Co-Insurance:** After you've paid your deductible, coinsurance is the percentage of the medical costs that you and your insurance each pay.
- **Copay:** A copay is a fixed amount you pay for certain medical services or medications covered by your insurance plan. It's like a set fee you pay each time you visit the doctor, get a prescription, or use certain healthcare services.
- **Out-of-Pocket Maximum:** When you reach your out-of-pocket maximum, it's like a finish line for your medical expenses. It's the most you'll have to pay for covered services in a year. Once you hit this limit, your insurance should cover 100% of the costs for covered services for the rest of the year, and you won't have to pay anything more out of your pocket.

Have Questions? If anything's unclear, reach out to Imagine 360 using the number on your ID card. Alternatively, contact your Innovative Benefit Guardian for assistance.

Understanding Your Explanation of Benefits

Oaks INTEGRATED CARE

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It is not a bill.

Pay special attention to the following important areas of your EOB:

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imagine360

Imagine360
12770 Merit Dr Ste 200
Dallas TX 75251-1233
Forwarding Service Requested

000720-001081-000001-001081 2009660 3472CK02_1

JOE SMITH
1234 W ANY STREET
ANY TOWN, US 12345-6789

OAKS INTEGRATED CARE

RETAIN FOR TAX PURPOSES

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Contact us:
Providers: 800.716.2852
imagine360.com
Members: 800.716.2852

(1)

Group #:	H880398
Date:	01/17/2024
Employee:	JOE SMITH
Patient:	MARY SMITH
Member ID:	123456789
Document #:	16123456789
Patient ID:	NAHA1234
EOB#:	2012345-939

(2)

Provider/ Nature of Service	Dates of Service From	To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	Benefit Payable
COMMUNITY HOSPITAL OP SURGERY HOSP	02/16/21	02/17/21	$52759.01	$40305.75	1				80% 100%	$3344.92 $8272.11
AMOUNTS			$52759.01	$40305.75						$11617.03

The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.

EXPLANATION OF CODE

(3)

1- 882-882-THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

SUMMARY OF SUBMITTED CHARGES		**PATIENT RESPONSIBILITY**	**(4)**
TOTAL SUBMITTED CHARGES	$52759.01	INELIGIBLE CHARGES	$40305.75
TOTAL BENEFITS PAID	$11617.03	PATIENT'S DEDUCTIBLE	
TOTAL DISCOUNT		PATIENT'S CO-PAY	
OTHER INSURANCE CARRIER PAYMENT		PATIENT'S COINSURANCE	$836.23
		TOTAL DUE TO PROVIDER BY MEMBER	**$836.23**

YEAR TO DATE ACCUMULATORS

THE PATIENT'S 2021 MEDICAL DEDUCTIBLE SATISFIED IS $1,000.00

THE 2021 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS $1,000.00

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1. Basic information about the claim, including the patient ID and the EOB number.

2. This section provides an overview of the services rendered, dates of services, the charges submitted, and how the plan benefits were applied.

3. Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Please read this section to see if you need to take any action.

4. This section lists the ineligible charges, any amounts applied to the deductible, as well as the copay and coinsurance amounts. The total due to provider is the amount you owe.

Compare this amount to any bill you get from your provider. If they do not match, call the number on your Benefits ID card.

If you are ever billed for more than the total due to provider by member listed in Section 4 that is listed on your EOB, or have a question about a bill, call Imagine360 right away at the number on your Benefits ID card.

We're here for you with expert service and support.

Use the contact information on your **Benefits ID card** to get in touch with a member experience representative.

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