

Medical and Hospital Claims Processed from March, 2018

For JANE DOE
919 HIDDEN RIDGE
IRVING, TX 75038

Member Number: M000000000

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 out of pocket (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.)



Health Plan Generations (HMO) Health Plan Generations is a health maintenance organization (HMO) with a Medicare contract. Enrollment in Health Plan Generations depends on contract renewal.

<http://www.CHRISTUSHealthplan.org>

Health Plan Generations (HMO) Member Services

If you have questions, call us: **1-844-282-3026**

TTY/TTD only: **711**

We are here during the following hours:

Oct. 1st - Mar. 31st, 8.00 a.m to 8.00 p.m., 7 days a week

Apr. 1st - Sep. 30th, 8.00 a.m to 8.00 p.m., Monday - Friday

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

Servicios para Miembros tiene servicios de intérprete gratuitos para personas que no hablan inglés.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact CHRISTUS Health Plan. Benefits, formulary, pharmacy network, provider network, premium, copayments, and co-insurance may change each year.

Totals for Medical and Hospital claims

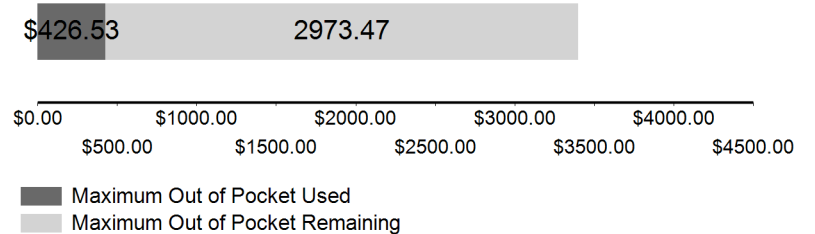
	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
Totals for this month (for claims processed from 03/01/2018 to 03/31/2018)	\$12412.00	\$1489.35	\$1026.74	\$426.53
Totals for Year 2018 (all claims processed through 03/31/2018)	\$12412.00	\$1489.35	\$1026.74	\$426.53

YEARLY LIMIT – this limit gives you financial protection

This limit tells the most you will have to pay in “out-of-pocket” costs 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. Your out of pocket spending for services that are not Medicare does not count toward your out-of-pocket maximum. This means:

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

As of 03/31/2018, **you have had \$426.53 in out of pocket costs** that counted towards your \$3400.00 out of pocket maximum for covered services.



Details for claims processed in March 2018

**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 Member Services (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 Member Services (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 Member Services (phone numbers are in a box on page 1).

*If you have Medicaid QMB coverage or other comprehensive secondary coverage, your deductible, cost sharing and coinsurance may be covered. Be sure to provide your doctor with your other coverage information at your appointments.

Provider: MOTHER FRANCES HOSPITAL - TYLER
 Claim Number: 1333333
 Network: In-Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	0510: CLINIC	1/11/18	\$155.00	\$99.16	\$99.16	\$0.00
			\$155.00	\$99.16	\$99.16	\$0.00

Provider: Dan R MD
 Claim Number: 1234567
 Network: In-Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	99214: OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	1/11/18	\$206.00	\$110.20	\$110.20	\$0.00
			\$206.00	\$110.20	\$110.20	\$0.00

Provider: MOTHER FRANCES HOSPITAL - TYLER
 Claim Number: 1000001
 Network: In-Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	0611: MRI-BRAIN 0921:	1/23/18	\$4110.00	\$202.62	\$0.00	\$202.62
2	PERI VASCUL LAB	1/23/18	\$5484.00	\$202.62	\$130.24	\$72.38
			\$9594.00	\$405.24	\$130.24	\$275.00

Provider: CARDIONET
Claim Number: 2000001
Network: Out of Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	93226: ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS O	1/26/18	\$420.00	\$36.08	\$0.00	\$0.00
			\$420.00	\$36.08	\$0.00	\$0.00

Line 1: No precertification or authorization was approved for this service.

Things you need to know about your denied claim:

NOTE: We have denied all or part of this claim. If you received this service from a CHRISTUS Health Plan Generations (HMO) provider OR based on a referral from a CHRISTUS Health Plan Generations (HMO) provider, you are not responsible for paying the billed amount for this service.

If you have questions or need help with your Explanation of Benefits denial, please contact:

- o Our Member Services (phone numbers are in a box on page 1)
- o 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Provider: DOUG G MD
Claim Number: 300900
Network: In-Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	99213: OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	1/31/18	\$168.00	\$74.57	\$74.57	\$0.00
			\$168.00	\$74.57	\$74.57	\$0.00

Provider: JOHN SMITH MD
Claim Number: 150000
Network: In-Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	93227: EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CO	1/26/18	\$155.00	\$26.53	\$0.00	\$26.53
			\$155.00	\$26.53	\$0.00	\$26.53

Provider: MOTHER FRANCES HOSPITAL - TYLER
 Claim Number: 100005
 Network: In-Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	0300: LABORATORY OR (LAB)	1/31/18	\$23.00	\$0.00	\$0.00	\$0.00
2	0300: LABORATORY OR (LAB)	1/31/18	\$43.00	\$0.00	\$0.00	\$0.00
3	0510: CLINIC	1/31/18	\$118.00	\$99.16	\$99.16	\$0.00
			\$184.00	\$99.16	\$99.16	\$0.00

Provider: MOTHER FRANCES HOSPITAL - TYLER
 Claim Number: 1000008
 Network: In-Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	0510: CLINIC	2/28/18	\$155.00	\$99.16	\$99.16	\$0.00
			\$155.00	\$99.16	\$99.16	\$0.00

Provider: DAHLIA D MD
 Claim Number: 1000034
 Network: In-Network

Line#	Procedure Description	Service Date	Amount Providers have billed the plan	Total Cost (amount the plan has approved)	Plans's Share	*Your Share
1	99205: OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	3/6/18	\$405.00	\$201.99	\$201.99	\$0.00
			\$405.00	\$201.99	\$201.99	\$0.00

You have the right to appeal our decision

You have the right to ask Health Plan Generations HMO to review our decision by asking us for an appeal.

Appeal: Ask CHRISTUS Health Plan Generations HMO for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

We'll give you a written decision on an appeal within **60 Days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we are taking extra time and will explain why more time is needed.

Step 1: You, your representative, or your doctor or provider must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

Step 2: Mail, fax, or deliver your appeal to:

**Health Plan Generations (HMO)
Attn: Member Advocate
P.O. Box 169009
Irving, Texas 75016
1-866-416-2840 (toll free fax)**

If you want someone else to act for you

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 844-282-0380 to learn how to name your representative. TTY users call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us.

Get help & more information

- **Health Plan Generations HMO**
Toll Free: 1-844-282-3026
TTY users call: 711
- **1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048**
- **Medicare Rights Center: 1-888-HMO-9050**
- **Elder Care Locator: 1-800-677-1116**