FirstCare HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

FIRSTCARE
1901 W LOOP 289 STE 9
LUBBOCK TX 79407

Forwarding Service Requested

Explanation of Benefits
This is NOT a bill

QUESTIONS?

Customer service: (888) 249-7366
Hours: 8 a.m. to 5 p.m, Monday through Friday
Website: firstcare.com

JOHN SMITH
123 STREET
ANYWHERE TX 12345

Member ID: 12345678910
Group Number: 000000
Group Name: ABC Company
Print date: xx/xx/xxxx

Hi John,

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.

Cost breakdown

Amount billed:	**$2,000.00**
Plan discount:	**$0.00**
Plan paid:	**$1000.00**
Non-covered:	**$0.00**

What You May Owe

$100.00

This is the portion of the billed amount you may owe the provider(s) if the payment was not collected at the time of service. This amount may include your deductible, copay, coinsurance and/or non-covered amount.

Individual Account Summary

Applied Amount		Total Amount
	Individual Network Deductible	
$400.00		$500 ($100.00 remaining)
	Individual Pending Out-of-Pocket	
$400.00		$1,000.00 ($600.00 remaining)

Family Account Summary

Applied Amount		Total Amount
	Family Network Deductible	
$800.00		$2,000.00 ($1200.00 remaining)
	Family Pending Out-of-Pocket	
$800.00		$6,000.00 ($5,200.00 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:	**JOHN SMITH**
Member ID:	**12345678910**
Group:	**ABC Company**
Group Number:	**000000**

Patient: JOHN SMITH
Claim Number: 111111111111
Provider: PHYSICIAN MD

In-Network

Date of Service	Description	Amount Billed	Allowed Amount	Non-Covered Amount	Other Coverage Payment	Plan Paid	Deductible	Coinsurance	Copay	What You May Owe	Notes
06/11/2020	SERVICE	$2,000.00	$0.00	$0.00	$0.00	$1000.00	$0.00	$0.00	$100.00	$100.00	
Total		$2,000.00	$0.00	$0.00	$0.00	$1000.00	$0.00	$0.00	$100.00	$100.00	

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 FirstCare Health Plans Compliance HelpLine at (866) 399-8161.

Language Assistance / Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (888) 249-7366 (TTY: 711).

FirstCare Health Plans 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 (888) 249-7366 (TTY: 711).

FirstCare Health Plans 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 (888) 249-7366 (TTY: 711).

FirstCare Health Plans 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.

FirstCare
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

FirstCare Health Plans
Dispute Process & Participant Rights

FirstCare Health Plans (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 summary plan description. The Plan's claims administrator 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:

FirstCare Health Plans
ATTN: Customer Advocacy
1901 W. Loop 289 Suite 9
Lubbock, TX 79407

Alternatively, you may file a dispute by calling the Plan's Customer Advocacy Department at (888) 249-7366. TTY/TTD 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 (888) 249-7366. TTY/TTD 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.

Resources to Help You – For questions about the dispute and appeals process, please call Customer Advocacy, or visit the Plan's website at **firstcare.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 (888) 249-7366.