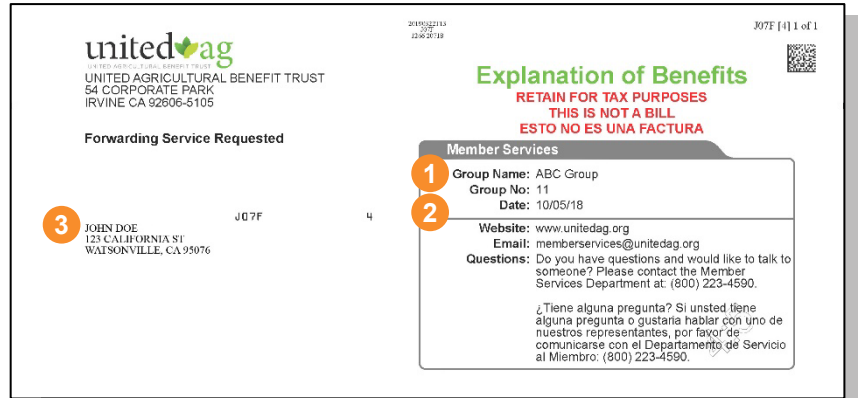




Your Explanation of Benefits (EOB) has details about your healthcare benefits. You'll get an EOB in the mail after you visit a doctor or seek medical treatment. Be sure to carefully read your EOBs, and always keep it for future reference. Here are a few tips to help you understand your EOB:

1. **Group Name:** Name of the subscribed members employer associated with UnitedAg.
2. **Group No:** Number of the subscribed members employer associated with UnitedAg.
3. **Patient Mailing Address:** The address the EoB was mailed to connected to the patient. (Patients over the age of 18 will receive their own EoB and mailed to their address on file)
4. **Service Period:** The date range of all the services detailed in the EoB.



4 For the Service Period: **09/12/18 thru 09/30/18**

Total Billed Amount	This is the total amount for bills received for the dates of service 09/12/2018 through 09/12/2018
\$144.00	
Total Amount Paid By Plan	This is the amount the plan paid for services billed. Please see the claim detail section below for more information.
\$0.00	
Your Financial Responsibility	This is the amount the provider(s) of service may bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. Amounts shown here do not reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.
\$144.00	

5. **Remark Code Description:** Detailed notes that help explain any adjustments associated with the claim.

5

Remark Code Description
1 Applied To Deductible

6. **Claim Summary:** Overview of the claims incurred within the service period.
7. **Patient Name:** Member who received benefit services under this explanation.
8. **Billed Amount:** The amount billed for services provided.
9. **Allowed Amount:** Total amount billed less Network Discount for each benefit service received under the Plan.
10. **Deductible Amount:** Amount paid to provider by UnitedAg on your behalf for services rendered.
11. **Co-pay Amount:** Amount applied to either the patient's co-pay and/or deductible.
12. **Plan Payment:** Total Payment Sent to Provider and/or Member by UnitedAg.
13. **Patient Responsibility:** Remaining balance owed/due to the provider after co-pay, total allowed, and network discount have been applied to the claim. Payable by the Member directly to the provider.

6

Claim #	Patient Name	Billed Amount	Discount/Ineligible	Allowed Amount	Deductible Amount	Co-Pay Amount	Pre-Paid Other Ins.	Plan Payment	Patient Responsibility
2018-271000056-0000	John Doe	\$144.00	\$0.00	\$144.00	\$144.00	\$0.00	\$0.00	\$0.00	\$144.00
Column Totals		\$144.00	\$0.00	\$144.00	\$144.00	\$0.00	\$0.00	\$0.00	\$144.00

Understanding Your Explanation of Benefits (EoB)

14	15 Claim: 2018-271000056-0000	16 Member ID: 1234F4321-00	18 Operator #: 48	23 Provider: Irvine Valley Provider (Test)								
	Patient: John Doe	17 Patient Account #: 123756		24 Provider #: 70-4569987								
19	20	21	22									
	Dates of Service	Procedure	Remark Code	Network	Billed Amount	Ineligible Amount	Allowed Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Paid At	Payment Amount
	09/12-09/30/2018	RADIOLOGY OP	1	1	\$144.00	\$0.00	\$144.00	\$144.00	\$0.00	\$0.00	100%	\$0.00
	Column Totals				\$144.00	\$0.00	\$144.00	\$144.00	\$0.00	\$0.00		\$0.00

Patient Responsibility to Provider... **\$144.00**

- 14. Claim Detail:** Detailed information regarding the claims incurred within the service period and with the claims listed in the Claim Summary (#6).
- 15. Claim #:** Unique number assigned to your claim by UnitedAg. You will need to refer to the claim number when calling UnitedAg with questions about the claim.
- 16. Member ID:** The member's (subscriber) unique UnitedAg Identification number.
- 17. Patient Account #:** Provider assigned patient account number.
- 18. Operator #:** UnitedAg examiner who processed the claim.
- 19. Dates of Service:** Dates when patient was treated.
- 20. Procedure:** Service type received from the provider.
- 21. Remark Code:** When present, this code is connected to notes (see item 5) that provide general information about the claim.
- 22. Network:** The network tied to the benefits used to process the claim.
- 23. Provider:** Doctor, location or physician who rendered your benefit services. This may also be the billing facility which produced the billed charges identified on the EoB.
- 24. Provider #:** The assigned provider number.

25 Appeal Rights

APPEAL RIGHTS
 This Explanation of Benefits may serve as notice of an adverse benefit determination - If your health benefit plan declined to provide benefits, in whole or in part, for the requested treatment or service described and if you think this determination was made in error, you or your representative have the right to appeal the decision within 180 days of the date you received the notice of denial or limitation. If you need help understanding this determination, simply call United Agricultural Benefit Trust at (800) 223-4590.
File an Appeal: Your appeal rights are explained in your Summary Plan Description. You or your representative may submit your appeal in writing, including copies of supporting documentation you wish to include to: Benefits Administrator, United Agricultural Benefit Trust, 54 Corporate Park, Irvine, CA 92606.5105 or benefitsadministrator@unitedag.org
Urgent Claim: If your situation meets the definition of urgent under the law, your review will generally be conducted within 24 for authorizations; 15 days for other authorizations; and 30 days for claims.
Appeal to Trustees: If you disagree with the decision of the initial benefit review, you have the right to appeal to your Plan's Board of Trustees within 180 days of receipt of the results of the Benefits Administrator's response. You can include documentation to support your appeal, including but not limited to additional evidence and witnesses. You may also be represented by legal counsel. The Board of Trustees will respond to your appeal within 72 hours for authorizations involving urgent care; 15 days for other authorizations and 30 days for paid health claims. The Board of Trustees has full discretionary authority to interpret the Plan and will conduct a full and fair evaluation of the appeal and shall base its decision on the information available at the time of consideration.
External Appeal: (not available for Grandfathered Plans). If you disagree with the decision of the Board of Trustees, you may have the right to send your appeal for external review within 120 days after the date of receipt of the Trustee's notice through United Agricultural Benefit Trust with a clear indication that you are requesting external review, if available under the law.
Requesting copies of information relevant to a claim: You may request copies of information related to your claim free of charge. If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting UABT at the address listed above.
Other resources to help you: Since your plan is governed by ERISA, the U.S. Department of Labor is responsible for oversight of your benefit plan. For questions about your rights, this notice, or for assistance, you can contact the Department of Labor, Employee Benefits Security Administration, Los Angeles Regional Office, 1055 East Colorado Blvd., Suite 200, Pasadena, CA 91101, (626) 229-1000 or the Division of Technical Assistance and Inquiries, Employee Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington D.C. 20210. Additionally, for assistance, you can contact the California Department of Insurance, 300 Capitol Mall, Suite 1600, Sacramento, CA 95814, (800) 927-4357.

25. Patient Appeal Rights:

Information that outlines the patient's rights to appeal any benefits determination and the process to do so.

26. Accumulators:

Information that outlines the individual in-network deductible and out of pocket allowed and remaining for the plan year.

Description	Accumulators	
	Plan Max Amount	Amount Remaining
Individual In-Network Deductible	\$0.00	\$6,291.16
Individual In-Network Out Of Pocket	\$0.00	\$6,291.16

27. Network Language:

Information on the network the claim was paid under.

27 Network Information

These claims are being paid pursuant to your contract with Blue Shield of California. Blue Shield of California, an independent member of the Blue Shield Association, provides network access only, and no network access is available from Blue Cross Blue Shield plans outside of Blue Shield of California's service area. Blue Shield of California provides no claims payment services and does not assume financial risk or obligation with respect to claims.

If you have questions about your Explanation of Benefits, please call Member Services at 800.223.4590 or email memberservices@unitedag.org.

