

# INSTRUCTIONS ON GETTING YOUR (EOB) EXPLANATION OF BENEFITS

Go to:

<https://www.myuhc.com>

1. You will need your United Health Care ID Card to register

2. Please remember username & password for future use

3. If you have already registered, please sign in.

After signing in please continue to the next page

The screenshot shows the myuhc.com website interface. At the top left is the myuhc.com logo, and at the top right is the UnitedHealthcare logo. Below the logos is a navigation bar with a search bar and a language selector set to "En Español". The main content area is divided into several sections:

- Site Login:** A form with fields for "Username" and "Password", a "Login" button, and a link for "Forgot your username or password?". Below this is a "Register Now" button with the text "You must be 13 or older to register". A red arrow points to the "Sign In" link above the form, and another red arrow points to the "Register Now" button.
- Image:** A photograph of a man and a young boy looking at a book together. To the right of the image is the text: "Get information you can trust. Anywhere, anytime. myuhc.com® is your 24/7, one-stop shop for health information, health plan tools, and helpful apps." Below this is a "Watch video" button.
- Information Center:** A section with a "News" column and a "Learn More About" column. The "News" column includes links for: "Register today for the 'Enjoy the holidays without gaining weight' seminar brought to you by UnitedHealthcare", "Search for NexusACO Providers", "Flu Shot Information", "UnitedHealthcare Implements Benefit Relief Measures to Assist Members, Clients and Providers Affected by Louisiana Floods", and "Required State Notices". The "Learn More About" column includes links for: "When international travel medical insurance makes sense", "UnitedHealth Premium® Designated Physicians", "Health Insurance for those not covered by employer", "Dental Plans for those not covered under an employer's plan", "Short Term Health Insurance", "Health Savings Account", "Flexible Spending Account", "Commuter Expense Reimbursement Account", and "Medical & Reimbursement Policies".
- Links and Tools:** A list of links including: "Find Physician, Laboratory or Facility", "Find a Dentist", "Pharmacy Information", "Find a Form", "Find a Mental Health & Substance Use Provider or Facility", "Estimate Health Plan Costs", "Alternative Health/Chiropractic", "Pharmacy Locator", and "Vision Provider".
- Common Questions:** A list of questions including: "What browsers are supported?", "How do I register?", and "What if I don't have my ID card?".
- Related Websites:** A list of links including: "uhclatino", "uhclatino mobile", "Source4Women", "Dominion Dental", and "Other Languages" (with options for 中文, 한국어, Tiếng Việt, and 日本語).

At the bottom of the page, there is a social media footer: "For news and information follow us:" followed by Facebook and Twitter icons.



- HOME
- FIND CARE & COSTS
- CLAIMS & ACCOUNTS
- COVERAGE & BENEFITS
- PHARMACIES & PRESCRIPTIONS
- HEALTH & WELLNESS

**AFTER SELECTING  
WHICH MEMBER  
YOU WANT**

Home view for **JANE**  
CHANGE MEMBER

MEDICAL & RX MEMBER ID: 801338390 VIEW & PRINT MEMBER ID CARDS

**PLEASE CLICK ON  
CLAIMS & ACCOUNTS  
ABOVE  
THEN CONTINUE TO  
NEXT PAGE**



FIND DOCTORS AND FACILITIES



\*FIND A PHARMACY



\*FIND A MENTAL HEALTH CARE PROVIDER

\*Selecting these links will route you to an external site.

COMMON SERVICES & COSTS VIEW ALL BENEFITS

PRIMARY CARE PROVIDER VISIT	SPECIALIST VISIT	URGENT CARE VISIT	EMERGENCY ROOM VISIT
You Pay: <b>\$20 Copay</b>	You Pay: <b>\$35 Copay</b>	You Pay: <b>\$50 Copay</b>	You Pay: <b>\$100 Copay</b>
FIND A DOCTOR	FIND A SPECIALIST	FIND A FACILITY	FIND AN EMERGENCY ROOM

VIEW COSTS, ACCOUNTS, & CLAIMS



**CLICK ON CLAIMS**

here are some claims that may need your attention

[VIEW ALL CLAIMS](#) [SUBMIT A CLAIM](#)

**THEN CONTINUE TO NEXT PAGE**

PROCESSED - 05/05/2018

[Watch a Video Explanation](#)

<b>Amount Billed</b>	<b>Plan Paid</b>	<b>You May Owe</b>
\$264.00	\$0.00	<b>\$196.09</b>

Mark as Paid

[VIEW EXPLANATION OF BENEFITS](#) [PAY NOW](#)

PROCESSED - 04/10/2018

[Watch a Video Explanation](#)

<b>Amount Billed</b>	<b>Plan Paid</b>	<b>You May Owe</b>
\$118.00	\$50.06	<b>\$35.00</b>

Mark as Paid

[VIEW EXPLANATION OF BENEFITS](#) [PAY NOW](#)

HOME	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES
SUMMARY	PLAN BALANCES	CLAIMS	FORMS	STATEMENTS	DOCUMENTS

✓ **Displaying claims 86 of 86**

From 02/28/2017 To 08/28/2018 | FREQUENTLY ASKED QUESTIONS

SORT BY: PROCESSED DATE - NEWEST TO OLDEST

**Refine Results**

BY COVERAGE TYPE

- Medical
- Pharmacy

BY MEMBER

- JANE DOE
- JOE DOE
- JAN DOE

BY DATE RANGE

FROM 02/28/2017 TO 08/28/2018

REFINE

- You May Owe
- Not Marked As Paid

JANE DOE

Date of Service - 08/15/2018

PROCESSED - 08/15/2018



**The Medicine Shoppe**

[View Pharmacy Claim](#)

Amount Billed	Plan Paid	You Paid	You May Owe
\$13.71	\$3.71	\$10.00	\$0.00

JANE DOE

Date of Service - 08/15/2018

PROCESSED - 08/15/2018



**The Medicine Shoppe**

[View Pharmacy Claim](#)

Amount Billed	Plan Paid	You Paid	You May Owe
\$13.42	\$0.00	\$13.42	\$0.00

**1. FILTER WHICH CLAIMS YOU WANT TO VIEW BY FILTERING COVERAGE TYPE, BY MEMBER, AND DATE RANGE.**



Displaying claims 11 of 86

From 02/28/2018 To 08/28/2018 | FREQUENTLY ASKED QUESTIONS

SORT BY: PROCESSED DATE - NEWEST TO OLDEST

**CLICK ON VIEW EXPLANATION OF BENEFITS**

**YOUR EOB SHOULD OPEN IN A NEW BROWSER**

Jane Doe	Date of Service - 07/31/2018	PROCESSED - 08/05/2018	
 Dr. Smith	View Medical Claim		
<b>i</b> Amount Billed	<b>i</b> Plan Paid	<b>i</b> You Paid	<b>i</b> You May Owe
\$207.00	\$62.31	\$0.00	\$0.00
<a href="#">VIEW EXPLANATION OF BENEFITS</a>			
Jane Doe	Date of Service - 07/20/2018	PROCESSED - 07/24/2018	
 Dr. Smith	View Medical Claim		
<b>i</b> Amount Billed	<b>i</b> Plan Paid	<b>i</b> You Paid	<b>i</b> You May Owe
\$175.00	\$137.58	\$0.00	\$0.00
<a href="#">VIEW EXPLANATION OF BENEFITS</a>			

S VI-10477\*01\*085977-MO-17058-09424-AFUS 32SYMS



United HealthCare Services, Inc.  
RICHARDSON/SPRGFLD SRVC CNTR  
PO BOX 740800  
ATLANTA, GA 30374-0800

Have more questions about your claim?  
Visit [www.myuhc.com](http://www.myuhc.com)  
for all your claim and benefit information.

February 27, 2017

JANE DOE  
123 ABC St  
Conway, AR 72034

**Member/Patient Information**

Member/Patient:   
Member ID:   
Relationship: EE  
Group Name: UNIVERSITY OF  
CENTRAL ARKANSAS  
Group #: 0708904

**PRINT THIS PAGE**

**Explanation of Benefits Statement**

This is not a bill. Do not pay. This is to notify you that we processed your claim.

**Claims Summary**

Detailed claim information is located on the following page(s).

Dollar Amount	Description
	<b>Amount Billed</b>
\$1,747.80	This is the total amount that your provider billed for the services that were provided to you.
	<b>Plan Discounts</b>
\$659.45	Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.
	<b>Your Plan Paid</b>
\$860.51	This is the portion of the amount billed that was paid by your plan.
	<b>Total amount you owe the provider(s)</b>
\$227.84	The portion of the Amount Billed you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care. This amount may include your

- Export PDF
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- Edit PDF
- Comment
- Combine Files
- Organize Pages
- Fill & Sign
- Send for Signature
- Send & Track
- More Tools

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[Learn More](#)

STD-EOB  
 000001212983169

Use this EOB statement as a reference or retain as needed

Page 6 of 7

S VWF-08909\*04\*099805-MO-17073-09433-AFUS W932SYMS



United HealthCare Services, Inc.  
 RICHARDSON/SPRGFLD SRVC CNTR  
 PO BOX 740800  
 ATLANTA, GA 30374-0800  
 Phone: 1-866-270-5311

March 2017

Have more questions about your claim?  
 Visit [www.myuhc.com](http://www.myuhc.com)  
 for all your claim and benefit information.

### Account Summary

#### Summary of Deductible and Out of Pocket Plan Year: 2017

JANE	Annual Amount	(-)Applied to Date	(=)Remaining Balance
<b>Relationship: SP</b>			
<b>IN NET MEDICAL/RX COMBINED</b>			
Out of Pocket	\$6,550.00	\$3,708.01	\$2,841.99
<b>OUT OF NETWORK</b>			
Out of Pocket	\$8,000.00	\$0.00	\$8,000.00

FAMILY	Annual Amount	(-)Applied to Date	(=)Remaining Balance
<b>IN NET MEDICAL/RX COMBINED</b>			
Deductible	\$4,000.00	\$4,000.00	Met
Out of Pocket	\$8,000.00	\$4,428.04	\$3,571.96
<b>OUT OF NETWORK</b>			
Deductible	\$8,000.00	\$0.00	\$8,000.00
Out of Pocket	\$16,000.00	\$0.00	\$16,000.00

#### Definitions of Key Terms

**Applied to Date:** The total amount of money applied to your deductible or out of pocket as of **Coinsurance:** The money you pay for health services after you have satisfied the deductible.

**ACCOUNT SUMMARY**

THIS IS YOUR EXPLANATION OF BENEFITS (EOB)

THIS PAGE WILL SHOW HOW MUCH HAS BEEN APPLIED TO YOUR IN-NETWORK DEDUCTIBLE

**INDIVIDUAL: JANE MET THE \$2,000 INDIVIDUAL DEDUCTIBLE TO GET \$500 REIMBURSED FROM GAP.**

**FAMILY: JANE & HER FAMILY MET THE \$4,000 DEDUCTIBLE TO THEY ARE ELIGIBLE FOR \$1,000 REIMBURSEMENT FROM GAP.**

**PRINT THIS PAGE**

**ONLY PRINT TWO PAGES**

**OF YOUR EOB**

**THE**

**CLAIMS SUMMARY**

**AND**

**ACCOUNT SUMMARY**

**AND ATTACH TO THE**

**BACK OF THIS**

**CLAIM FORM**

**CONTINUE TO NEXT PAGE**



**Gap Claim Form**

PLEASE RETURN TO HUMAN RESOURCES  
BY MARCH 31<sup>ST</sup> DEADLINE

UCA Human Resources  
[HumanResources@uca.edu](mailto:HumanResources@uca.edu)  
501-450-3181

Staff\_\_\_ Faculty\_\_\_

**EMPLOYEE INFORMATION**

Employee Name (First, MI, Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employee I.D. \_\_\_\_\_

**PATIENT INFORMATION**

Self  Spouse  Child

Patients Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Date of Service \_\_\_\_\_

Is this claim the result of a work related illness or injury? Yes  No   
If yes, please file with workers' compensation carrier first.

Attach the Explanation of Benefits (EOB) from the insurance carrier.

I certify that all information provided is correct and the claim(s) submitted are for myself or members of my family who are eligible. I authorize release of all information contained on this claim to my plan sponsor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WEBSITE FOR GAP CLAIM FORM:**

<http://uca.edu/hr/files/2016/03/gapclaimform.pdf>

**VERY IMPORTANT**

**After Human Resources processes your Gap Claim, we pass it on to Accounts Payable to pay you**

**CONTINUE TO NEXT PAGE**



