SmartEOB®

Your **personal** Explanation of Benefits summary

Humana®

THIS IS NOT A BILL

Firstname A Lastname

Birth year:	0000
Group name:	Group name
Group ID:	123456
Medical plan:	Medical plan
Dental plan:	Dental plan
State Medicaid ID:	State Medicaid ID

We want to verify you received the services listed on this explanation of benefits. If you did not receive these services, please contact a Humana Customer Care specialist at **866-274-5888 (TTY: 711)**.

Claims summary period

February 1, 2024 – February 29, 2024

Your total medical and prescription expenses

Total billed charges		**$700.00**
Plan discounts/exclusions		-$250.00
Benefit exclusions		**-$0.00**
Allowed amount		$250.00
Amount plan pays		-$550.00
▸ Medical costs	$500.00	
▸ Prescription costs	$200.00	
Total amount you may owe provider		**$0.00**
▸ Medical costs	$500.00	
▸ Prescription costs	$200.00	

Your total dental expenses

Total billed charges		**$200.00**
Plan discounts/exclusions		-$100.00
Benefit exclusions		**-$0.00**
Allowed amount		$100.00
[Amount plan pays]		-$100.00
[Total amount you may owe provider]		**$0.00**

Definitions

Plan discounts: Amount you saved because of Humana's negotiated rate with in-network providers.

Plan exclusions: Amounts the plan does not allow and that you are not responsible for. Please refer to the reason codes in your summary for more details.

Allowed amount: Maximum charge allowed for a covered medical service or supply.

Benefit exclusions: Specific conditions or services that your plan does not provide benefits for, which you may be responsible for paying to the doctor or hospital. Please refer to the reason codes in your summary for more details.

Total amount you may owe provider: The amount you may owe or may have already paid for all claims on this summary. *If you owe anything, your healthcare providers will send you a bill.

Humana®
123 ANY STREET
ANYWHERE, OK 12345-6789

DRAFT

[FIRSTNAME LASTNAME
123 ANY STREET
ANYWHERE, OK 12345-6789]

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Questions about your plan or this summary call Medical **866-274-5888 (TTY:711)** or visit **Humana.com**, Dental **866-274-5888** or visit **Humana.com**.

Prior year medical claims

This section lists changes to claims that occurred in a prior plan year. Processing healthcare claims involves collecting information from many sources and adjusting it to specific plan agreements. If you have a question about information listed in this section, you can call the Customer Care number listed at the bottom of the first page of this statement. If you suspect fraud, please contact a Humana Customer Care specialist at **866-274-5888 (TTY: 711)** Humana Healthy Horizons in Indiana® is a Medicaid Product of Arcadian Health Plan, Inc.

Definitions

Waiver/Patient Liability: The amount of Home and Community-Based Services (HCBS) or long-term care expenses you may be responsible for.

Amount you may owe provider: This is the amount you may owe or may have paid to your provider for a specific claim.

Your share: This is the amount you may owe or may have paid to your provider for a specific claim.

Reason code: Describes why a claim was paid a certain way. *Reason code descriptions are located at the bottom of each claims table.

Prior year medical claims

Claim # 111111111111111 | Processed on 12/20/23	Total charge	$100.00
Patient account # 123456	Plan discounts/exclusions	-$50.00
Smith MD 12/15/23 - 12/15/23	**Benefit exclusions**	**-$0.00**
Physical visit (12345), **In-network**	Allowed amount	$50.00
Reason code: 131/6H0	Amount plan pays	-$50.00
	[Waiver/Patient Liability]	**$0.00**
	Amount you may owe provider	**$0.00**
Claims summary total:	**Total amount you may owe provider**	**$0.00**

Reason code descriptions for prior year medical claims

131/6H0 This provider is a member of the Humana Network. Services are discounted according to the negotiated rate.

Prior year dental claims

This section lists changes to claims that occurred in a prior plan year. Processing dental claims involves collecting information from many sources and adjusting it to specific plan agreements. If you have a question about information listed in this section, you can call the Customer Service number listed at the bottom of the first page of this statement. If you suspect fraud, please contact a Humana Customer Care Specialist at **866-274-5888**. Humana Healthy Horizons in Indiana® is a Medicaid Product of Arcadian Health Plan, Inc.

Prior year dental claims

Claim # 999999999999999 | Processed on 12/20/23	Total charge	$100.00
Richards MD 12/15/23 - 12/15/23	Plan discounts/exclusions	-$50.00
Physical visit (12345), tooth number 25, **In-network**	**Benefit exclusions**	**-$0.00**
Reason code: 254	Allowed amount	$50.00
	Amount plan pays	-$50.00
	Amount you may owe	**$0.00**
	Amount you may owe provider	**$0.00**
Claims summary total:	**Total amount you may owe provider**	**$0.00**

Reason code descriptions for prior year dental claims

254 Claim received by the dental plan, but benefits not available under this plan. Submit these services to the patient's medical plan for further consideration.

Medical claims — February 1, 2024 – February 29, 2024

This section lists new medical claims that were processed this period or previously processed claims that were adjusted this period. If you believe a claim was processed incorrectly, or if you suspect fraud, please contact a Humana Customer Care specialist at **866-274-5888 (TTY: 711)**. Humana Healthy Horizons in Indiana® is a Medicaid Product of Arcadian Health Plan, Inc.

Medical claims

Claim # 111111111111111 | Processed on 2/21/24	Total charge	$100.00
Patient account # 123456	Plan discounts/exclusions	-$50.00
Smith MD 2/21/24 - 2/21/24	**Benefit exclusions**	**-$0.00**
Physical visit (12345), **In-network**	Allowed amount	$50.00
Reason code: 131/6H0	Amount plan pays	-$50.00
	[Waiver/Patient Liability]	**$0.00**
	Amount you may owe provider	**$0.00**
Claim # 222222222222222 | Processed on 2/21/24	Total charge	$100.00
Patient account # 123456	Plan discounts/exclusions	-$50.00
Jones MD 2/21/24 - 2/21/24	**Benefit exclusions**	**-$0.00**
ADJUSTED	Allowed amount	$50.00
Periodic Compreh Prevent (12345), **In-network**	Amount plan pays	-$50.00
Reason code: 131/6H0	**[Waiver/Patient Liability]**	**$0.00]**
	Amount you may owe provider	**$0.00**
Claim # 333333333333333 | Processed on 2/21/24	Total charge	$100.00
Patient account # 123456	Plan discounts/exclusions	-$50.00
Jones MD 2/21/24 - 2/21/24	**Benefit exclusions**	**-$0.00**
ADJUSTED	Allowed amount	$50.00
Periodic Compreh Prevent (12345), **In-network**	Amount plan pays	-$50.00
Reason code: 131/6H0	**[Waiver/Patient Liability]**	**$0.00**
	Amount you may owe provider	**$0.00**

You have other insurance that covered $[00.00] of this claim.

Claims summary total:	**Total amount you may owe provider**	**$0.00**

Reason code descriptions for medical claims
131/6H0 This provider is a member of the Humana Network. Services are discounted according to the negotiated rate.

Welcome to your SmartEOB! Your SmartEOB is your explanation of benefits that includes personalized health messaging. You can use your SmartEOB as a record of your healthcare and to talk to your doctor about your health screenings and medicines. To view your previous SmartEOBs, log in to MyHumana at Humana.com today. Then from the “Claims” drop down menu, choose “SmartSummary .”

Have you lost your member ID card and need to request a new one?
1. Sign in to MyHumana at **Humana.com**
2. Click on “View ID card” on the homepage and select “Medical”
3. Then select “View and print”, “Email an ID Card” or “Request an ID Card”

Prescription claims

February 1, 2024 – February 29, 2024

This list shows all of your submitted prescription claims and total costs your plan covered for this period. Adjusted claims may not be reflected in this list or may show an amount that is different than what was listed prior to the adjustment. The cost of the prescription displayed is the average retail price at the pharmacy at the time of purchase and does not take into account other reimbursements. Retail prices on prescription drugs can vary by pharmacy, quantity, strength and/or dosage of the drug.

Prescription claims		
Fill date: 2/21/24 XYZ Pharmacy	Prescription cost	$100.00
Claim # 111111111111	Amount plan pays	-$100.00
Out-of-network	**Your share**	**$0.00**
DRUG NAME 20 MG CAPSULE		
Fill date: 2/21/24 XYZ Pharmacy	Prescription cost	$100.00
Claim # 222222222222	Amount plan pays	-$100.00
Out-of-network	**Your share**	**$0.00**
DRUG NAME 20 MG CAPSULE		
Claims summary total:	**Your total share**	**$0.00**

Make sure you take notes about how to take your medicine. It's important to take your medicine the way your doctor tells you. You may need to take certain medicines with food, or take them in the morning. Make sure you follow your doctor's orders.

Dental claims

February 1, 2024 – February 29, 2024

This section lists new dental claims that were processed this period or previously processed claims that have been adjusted this period. If you believe a claim was processed incorrectly or if you suspect fraud, please contact a Humana Customer Care Specialist at **866-274-5888**. Humana Healthy Horizons in Indiana® is a Medicaid Product of Arcadian Health Plan, Inc.

Dental claims

Claim # 777777777777777 | Processed on 2/21/24	Total charge	$100.00
Richards MD 2/21/24 - 2/21/24	Plan discounts/exclusions	-$50.00
Physical visit (12345), tooth number 25, **In-network**	**Benefit exclusions**	**-$0.00**
	Allowed amount	$50.00
	Amount plan pays	-$50.00
	Amount you may owe	**$0.00**
	Amount you may owe provider	**$0.00**

[The rate has been pre-negotiated by contractual arrangement with this provider.]

Claim # 888888888888888 | Processed on 2/21/24	Total charge	$100.00
Dentist MD 2/21/24 - 2/21/24	Plan discounts/exclusions	-$50.00
Physical visit (12345), tooth surface, **In-network**	**Benefit exclusions**	**-$0.00**
Reason code: 254	Allowed amount	$50.00
	Amount plan pays	-$50.00
	Amount you may owe	**$0.00**
	Amount you may owe provider	**$0.00**
Claims summary total:	**Total amount you may owe provider:**	**$0.00**

Reason code descriptions for dental claims

254 Claim received by the dental plan, but benefits not available under this plan. Submit these services to the patient's medical plan for further consideration.

Message zone

Plan year to date summary

February 1, 2024 – February 29, 2024

Your total medical and prescription expenses



Total billed charges		**$700.00**
Plan discounts/exclusions		-$250.00
Benefit exclusions		**-$0.00**
Allowed amount		$250.00
Amount plan pays		-$550.00
▸ Medical costs	$500.00	
▸ Prescription costs	$200.00	
Total amount you may owe provider		**$0.00**
▸ Medical costs	$500.00	
▸ Prescription costs	$200.00	

Your total dental expenses



Total billed charges	**$200.00**
Plan discounts/exclusions	-$100.00
Benefit exclusions	**-$0.00**
Allowed amount	$100.00
[Amount plan pays]	-$100.00
Total amount you may owe provider	**$0.00**

Go Paperless with one click! Register for MyHumana at Humana.com and update your communication preferences to receive your SmartEOB and many other Humana communications online. Here's how:

1. Register for MyHumana at **Humana.com**.
2. Click "Account" at the top of the page to open the drop down menu.
3. Then select "Communication Preferences" from the menu options.
4. Under "Go paperless" change your preference to online.

Your privacy is important to us

At Humana, your personal, health and financial information is confidential. Humana protects your information and only uses or discloses your information in accordance with federal and state privacy laws and Humana's privacy policy. For additional information on Humana's privacy policy, please access Humana's Notice of Privacy Practices on the Web at **Humana.com/legal/privacy**.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **866-274-5888 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
  If you need help filing a grievance, call **866-274-5888** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, **Office for Civil Rights** electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/complaints/index.html**.

Auxiliary aids and services, free of charge, are available to you. **866-274-5888 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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Language assistance services, free of charge, are available to you.
866-274-5888 (TTY: 711)

English Call the number above to receive free language assistance services.

Español (Spanish) Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Deutsch (German) Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

繁體中文 (Chinese) 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Nederlands (Dutch) Bel het bovenstaande nummer om gratis taalkundige hulp te ontvangen.

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

हिंदी (Hindi) भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें ।.

日本語 (Japanese) 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Русский (Russian) Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Srpsko-hrvatski (Serbo-Croatian) Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

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