



Understanding how your claims work

When you visit one of the doctors in your network, they request payment. If you have a copay, they collect it at the time of service, then they submit a claim to the insurance company.

Your health plan will review your insurance plan, also known as your benefit plan, to determine if the service is covered. If it is, the claim will be approved based on the terms of your benefit contract. If it is not covered as part of your benefit plan, you are responsible for paying for the service.

To review the charges for the service(s) received, view your explanation of benefits (EOB) for each claim online at myhighmark.com or call Member Service at the number on the back of your insurance card if you have any questions.



PROCESSING

means we're figuring out who owes what.



WE'LL PAY OUR PART

means the claim is approved, and we agree to pay our portion of the claim based on your health plan.



NOT COVERED

means that the service is not covered by your benefit plan, and you will have to pay for it.



ADJUSTED

means something has changed and we have to take another look at the claim.

Still have questions? You can easily access your plan information and more by visiting MyHighmark.com or calling the Member Service number on the back of your insurance card.





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