

Explanation Page: How to read the enclosed EOB

Claim #12345AB6789

Account Number: 123456789

Provider: Provider Name

Your total responsibility: \$929.48

Description of Services	Service Date(s)	Provider Charge	Allowed Amount	Copay Amount	Deductible Amount	Remaining Amount	Paid at %	Coinsurance Amount	Other Insurance	*Our Payment	Your Responsibility	**Remark Code(s)
85025 Complete blood cell count (red cells, white blood cell, platelets), automated test	07/09/14	258.40	0	0	0	0	0	0	0	0	0	234
J2060 Lorazepam injection	07/09/14	47.55	31.95	0	0	31.95	90	3.20	0	28.75	3.20	45
0251 Pharmacy: Generic	07/09/14	44.35	29.80	29.80	0	0	0	0	0	0	29.80	45
99284 Emergency department visit, problem of high severity	07/09/14	1047.70	704.05	0	287.90	416.15	90	41.62	0	374.53	329.52	45,104
80053 Blood test, comprehensive group of blood chemicals	07/09/14	477.60	0	0	0	0	0	0	0	0	0	16
84443 Blood test, thyroid stimulating hormone (TSH)	07/09/14	141.10	0	0	0	0	0	0	0	0	0	234
36415 Insertion of needle into vein for collection of blood sample	07/09/14	25.20	16.93	16.9								
93005 Routine electrocardiogram (EKG) with tracing using at least 12 leads	07/09/14	226.50	152.21									

How to Read an Explanation of Benefits (EOB) Form

After you receive medical services, you may receive an EOB as we process claims sent by you or your health care provider. The EOB is not a bill.

Your EOB is the key to understanding your health insurance coverage as you incur costs. The form tells you exactly how your benefits were applied. It covers the particulars related to the visit, including the service date, the provider's name, amount billed, amount covered, amount we paid and your financial responsibility. It also tells you how much has been credited toward your out-of-pocket maximum or deductible this contract period.

Why read an EOB?

The EOB can help you understand your health expenses by making you aware of what things cost. It also helps you see that you're being billed appropriately. When you understand your EOB, you can see exactly how much was charged, what portion was paid by this plan and how much is left for you to pay. So each time you receive an EOB, give it a good look, compare it to the provider's receipt or statement and see if anything seems wrong. If so, call the Customer Care Center number on the EOB. We're here to help.

We recommend you save all EOBs for at least two years.

Explanation of Benefits (EOB) terms explained.

The numbers below correspond to the circles above:

- 1. Description of Services:** The services you received during this visit.
- 2. Service Date(s):** Day(s) you received a service.
- 3. Provider Charge:** Amount billed for each service.
- 4. Allowed Amount:** Maximum amount on which payment is based for covered health care services.
- 5. Copay:** Fixed amount you pay for a covered health care service, subject to any out-of-pocket maximums.
- 6. Deductible:** Amount you owe for covered health care services in a contract period before this Plan begins to pay.
- 7. Remaining Amount:** Allowed Amount minus Copay and minus Deductible.
- 8. Paid at %:** Percentage of the Remaining Amount covered by this plan.
- 9. Coinsurance:** Portion of the Remaining Amount for which you are responsible.
- 10. Other Insurance:** Amount covered by another insurance policy.
- 11. Our Payment:** Allowed Amount minus Copay, minus Coinsurance, minus Deductible, and minus Other Insurance payment.
- 12. Your Responsibility:** Any Copay, Deductible, Coinsurance and non-covered amounts.
- 13. Remark Code(s):** Correspond to industry standard explanations of claims processing.