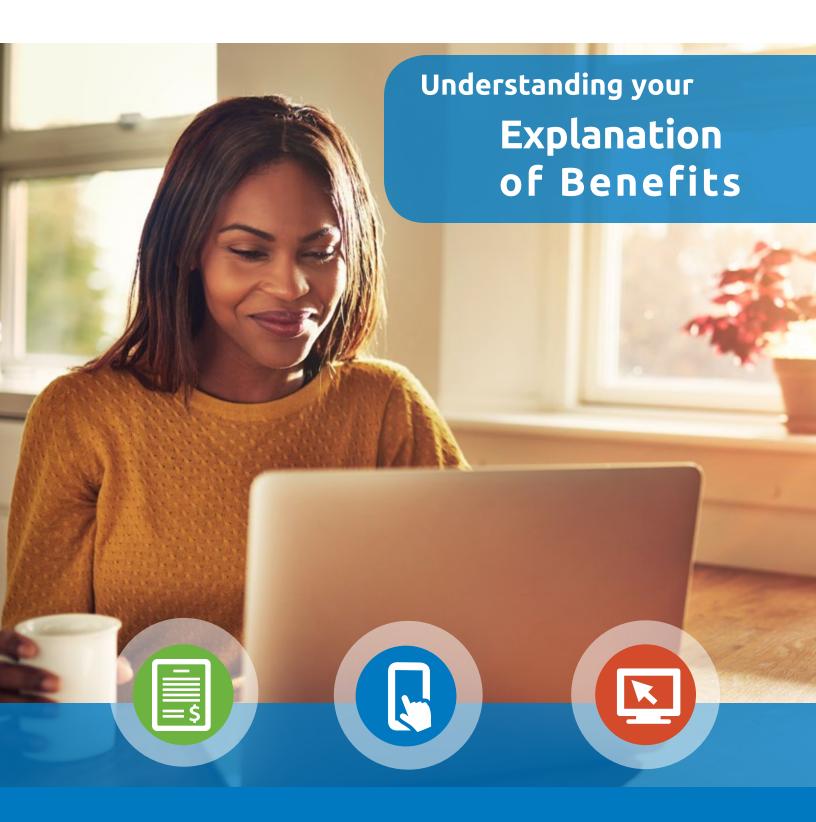


PERSONAL. FLEXIBLE. TRUSTED.®



Understanding your

Explanation of Benefits

Your explanation of benefits (EOB) shows your medical claims and payments made by your health benefit plan. You'll receive an EOB after you see your doctor or have a test done.

This guide will help you understand your EOB and all the information on it. Each numbered definition below corresponds to one of the numbers on the sample EOB on the following pages.

- **1 Group Number** Number assigned to your employer
- Print Date Date the check was issued
- 3 Patient Name Name of person who received the service
- Type of Service Description of the visit (e.g., physician visit)
- 5 Claim Number Identifies the claim in our system
- Oescription of Service A brief description of the services billed
- Service Date The date your provider indicated the services were received or rendered
- Billed Charges Services that have been billed to the your health plan
- Discount Amount The amount that has been reduced from the provider

- Other Adjustments Negotiated or ineligible amounts that are not your responsibility
- Other Plan Payment A payment made by another health plan due to coordination of benefits
- Ineligible Amount of submitted charges not covered by the plan
- **Copay** A predetermined charge that the provider can collect from you at the time of service
- 14 Deductible The amount of the covered charge that you are responsible for paying before your health plan starts sharing costs
- **Co-Insurance** A percentage of the covered expenses you are responsible for paying
- Plan Benefit Total amount your plan will pay for the submitted charge(s)
- Plan Paid At Percentage of the covered expense paid by your plan, after any applicable deductible

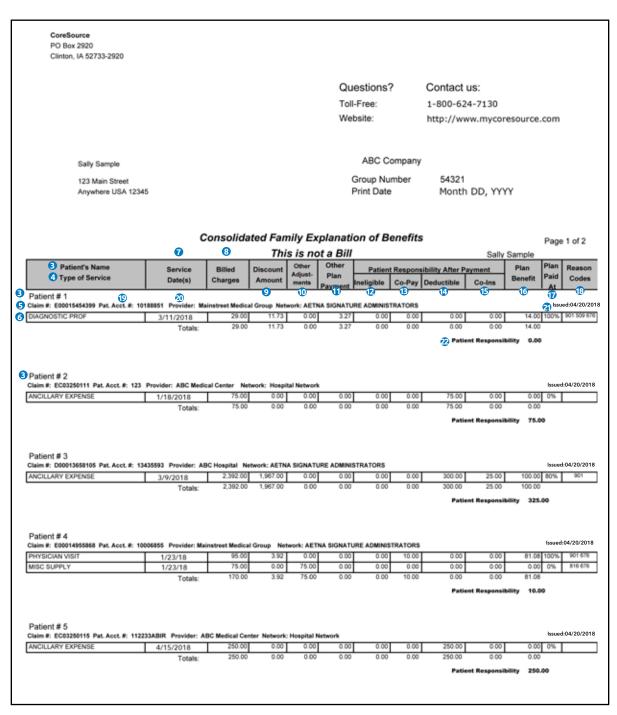
- Reason Codes Used to explain why a portion of submitted charges is not covered by the plan. A number, or reason code, shown on the EOB corresponds with an explanation. (See page 2 of sample.)
- Patient Account Number Account number assigned by the facility or provider
- Provider Name of facility or provider
- Issued Date the claim was released and sent to processing to send payment or an EOB statement
- Patient Responsibility The total you are responsible for paying
- Family Dollars applied toward the employee and covered dependents
- Current Year Benefit payments made during this year

Depending on how the claim was paid, these columns may appear differently. The claim will be paid with in-network, out-of-network or PPO rates. These columns will include payments toward your deductible, out-of-pocket costs and lifetime medical maximum allowance.

Sample

Explanation of Benefits

The items appearing on the explanation of benefits (EOB) sample are for reference only.



Sample

Explanation of Benefits



page 2 of EOB

Expect more. Benefit more.



















