


Your Explanation of Benefits


An Explanation of Benefits (EOB) is a statement that shows how HPI processed a medical claim and applied your health benefits; it is not a bill. A sample EOB is pictured below. You may receive an EOB in the mail if you have financial responsibility for claim charges. You can also access EOBs online through your *My Plan* account.



Your Employer Name
PO Box 5199
Westborough, MA 01581

Forwarding Service Requested

MARY A. DOE
123 MAIN STREET
UNIT 21
ANYTOWN, MA 01000



Explanation of Benefits

PLEASE KEEP A COPY FOR YOUR RECORDS
THIS IS NOT A BILL

Customer Service

For more information, visit healthplansinc.com or call Customer Service at XXX-XXX-XXXX

Group Name: YOUR EMPLOYER PLAN NAME
Group Code: XXX-Z01
Process Date: 02/27/2016
Patient: JOHN W. DOE

Easy to locate Customer Service phone number

Patient: JOHN W. DOE Provider: ABC MRI DIAGNOSTICS, LLC
Claim #: 216268W8200 Member: MARY A. DOE

Treatment Dates	Procedure Code	Charge Amount	Not Covered	Reason Code	Allowable Amount	*Deductible Amount	*Co-pay Amount	Paid At	Payment Amount	
02/03-02/03/2016	70543	\$1700.00	\$0.00	HP	\$1472.85	\$558.15	\$0.00	90%	\$823.23	
Column Totals		\$1700.00	\$0.00		\$1472.85	\$558.15	\$0.00		\$823.23	
*Patient's Responsibility		\$649.62								
									Other Insurance Credits or Adjustments	\$0.00
									*Coinsurance Total	\$91.47
									Total Payment Amount	\$823.23

The patient's responsibility is clearly labeled

Separate co-pay and deductible amounts

Reason Code/Description

HP YOUR NETWORK DISCOUNT APPLIED

Reason codes explain how a charge was processed

2016 Year-to-Date Plan Accumulators

Accumulator Description	Satisfied to Date	Maximum
JOHN W. DOE Individual In-Network Deductible	\$750.00	\$750.00
JOHN W. DOE Individual In-Network Out of Pocket	\$841.47	\$2250.00
JOHN W. DOE Individual Out-of-Network Deductible	\$0.00	\$1250.00
JOHN W. DOE Individual Out-of-Network Out of Pocket	\$0.00	\$3000.00
Family In-Network Deductible	\$1500.00	\$1500.00
Family In-Network Out of Pocket	\$1972.05	\$4500.00
Family Out-of-Network Deductible	\$0.00	\$2500.00
Family Out-of-Network Out of Pocket	\$0.00	\$6000.00

Amounts applied toward your deductible and out-of-pocket maximum are shown here

Messages

You are entitled to appeal any denial or partial denial of a claim. See the back of this page for information about your appeal rights.
SPANISH (Español): Para obtener asistencia en Español, llame al 866-615-8366.

Comments

PER NETWORK AGREEMENT, THERE IS NO MEMBER RESPONSIBILITY FOR PRICING DISCOUNTS.