Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It is not a bill.

Pay special attention to the following important areas of your EOB:

IMAGINE360 1550 LIBERTY RIDGE DRIVE WAYNE, PA 19087

PLAN PART (972) 238-7900 (800) 827-7223 PROVIDERS (972) 744-2486 (866)206-3224 7:00AM-9:00PM CST MON-THURS 7:00AM-7:00PM CST FRIDAY

Temp-Return Service Requested

000720-001081-000001-001081 2009660 3472CK02_1 JOE SMITH 1234 W ANY STREET ANY TOWN, US 12345-6789 ABC Company

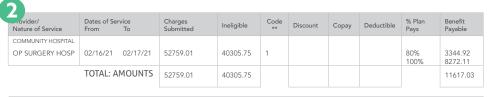
EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Group#: H8707123456789 Date: 05/13/2021 Employee: JOE SMITH

Patient: MARY SMITH
Document #: 16123456789

Patient ID: NAHA1234 EOB#: 2012345-939



The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.

EXPLANATION OF CODE

882-882-THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLYTO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

SUMMARY OF SUBMITTED CHARGES

TOTAL SUBMITTED CHARGES

TOTAL BENEFITS PAID

TOTAL DISCOUNT

OTHER INSURANCE CARRIER PAYMENT

PATIENT RESPONSIBILITY
INELIGIBLE CHARGES
PATIENT'S DEDUCTIBLE

PATIENT'S DEDUCTIBLE
PATIENT'S CO-PAY
PATIENT'S COINSURANCE
TOTAL DUE TO PROVIDER

40305.75

836.23

836.23

YEAR TO DATE ACCUMULATORS

THE PATIENT'S 2021 MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00 THE 2021 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

PAYEE NAME: AMOUNT: COMMUNITY HOSPITAL \$11617.03

- Basic information about the claim, including the patient ID and the EOB number.
- This section provides an overview of the services rendered, dates of services, the charges submitted, and how the plan benefits were applied.
- 3. Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Please read this section to see if you need to take any action.
- 4. This section lists the ineligible charges, any amounts applied to the deductible, as well as the copay and coinsurance amounts. The total due to provider is the amount you owe.

Compare this amount to any bill you get from your provider. If they do not match, call the number on your Benefits ID card.

If you are ever billed for more than your out-of-pocket responsibility that is listed on your EOB, or have a question about a bill, call us right away at the number on your Benefits ID card.

We're here for you with expert service and support.

Call the number on your Benefits ID card. Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST

