

How to read an Explanation of Benefits (EOB)

The information on the Explanation of Benefits (EOB) helps you understand how your benefits were applied to that particular claim. It includes the service date, provider's name, amount billed, amount covered, amount paid by us (your health care plan) and any coinsurance or deductible you're responsible for paying the provider. It also tells you how much has accumulated toward your deductible and out of pocket maximum.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|--------------------------------|---------------|---------|--------------------|--|-------------------|------------------------|---------------------------|------------|--------------|
| Service Date | Type of Service | Amount Billed | Allowed | Amount Not Covered | Deductible | Copay/Coinsurance | What my DHMP Plan Paid | What Other Insurance Paid | What I Owe | Reason Codes |
| 01/01/2016 | THERAP EUTIC PROPHY LACTIC/ DX | \$39.02 | \$29.86 | \$9.16 | \$0.00 | \$5.97 | \$23.89 | \$0.00 | \$5.97 | DDCI MSG |
| Total | | \$39.02 | \$29.86 | \$9.16 | \$0.00 | \$5.97 | \$23.89 | \$0.00 | \$5.97 | |
| Reason Code - Description | | | | | | | | | | |
| DDCI - \$0.00 has been applied to the plan deductible. After deductible is met, standard coinsurance applies. | | | | | | | | | | |
| MSG - Reversed by Claim # is THIS IS AN ADJUSTMENT TO A PREVIOUS CLAIM Adjustment Claim # is | | | | | | | | | | |
| Individual | | | | | Family | | | | | |
| You've now paid a total of \$500.00 toward your individual | | | | | You've now paid a total of \$832.73 toward your family | | | | | |

Each time you receive an EOB, review it closely and compare it to the receipt or statement from the provider. If you have any questions or concerns, call Health Plan Services.

- Service Date:** the date(s) you saw your provider (month/day/year to month/day/year).
- Type of Service:** what services you received from the provider.
- Amount Billed:** the total amount billed by the provider.
- Allowed:** maximum amount allowed using DHMP contracted rates.
- Amount not Covered:** 'amount billed' minus 'allowed' amount.
- Deductible:** amount you owe for covered services before your health insurance plan begins to pay.
- Copay/Coinsurance:** your share of the costs of a covered service, set as a fixed amount (copay) or a % (coinsurance).
- What my DHMP Plan Paid:** portion of the billed amount that was paid by your health insurance plan.
- What Other Insurance Paid:** portion of the billed amount that was paid by other health insurance you may have.
- What I Owe:** portion of the billed amount that is your responsibility. This amount may include items you have already paid.
- Reason Codes:** explains how the item is paid.

NOTE: THE EOB IS NOT A BILL. You receive an EOB each time DHMP processes or adjusts a claim sent by you or your health care provider.