

UNDERSTANDING YOUR Explanation of Benefits Statement

Below is a sample Explanation of Benefits (EOB) Statement. This is the information you will receive after your benefits claim has been processed. In order to understand this, match the field number on the EOB to the corresponding number shown in the narrative on the back of this page. The EOB is not a bill. Your provider may bill you separately.

pa Planned Administrators Inc
P.O. Box 6927
Columbia SC 29260

Forwarding Service Requested

SAMPLE SAMPLE
123 ANY STREET
ANYTOWN US 1234

JDFD

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Explanation of Benefits

RETAIN FOR TAX PURPOSES
1 THIS IS NOT A BILL

Customer Service

For questions, please visit www.paisc.com or call 1-800-768-4375

Enrollee: SAMPLE SAMPLE
Member ID: 99999999
Group: SAMPLE MEMBERS INS TRUST
Group #: 999
Location: 0719-SAMPLE ASSOCIATION
Date: 07/31/2020

For the Period: 06/17/2020 thru 06/20/2020

Dear Sample Sample,

This Explanation of Benefits (EOB) statement explains how we processed your claim(s). It is not a bill. Your health-care professional may bill you directly for any amount you owe. Please read this EOB carefully and make sure the amounts match any bills you receive.

Total Amount Charged

579.00

This amount is the total for bills received for the dates of service 06/17/2020 through 06/20/2020.

Total Amount my Plan Paid

0.00

This amount is what the plan paid for services billed. Please see the claim detail below for more information.

You May Owe

193.50

This amount is what the provider of services may bill you after your health plan benefits have been paid, representing any deductible, co-payment, or coinsurance (%) responsibility or any service not covered under the health benefit plan. Please see the breakdown of your total financial responsibility for each member below.

Claim #: 9999999901
Patient: SAMPLE SAMPLE

Provider: SAMPLE M.D.P.A., SAMPLE
Patient #: 001-9999999B999 **PPO Network:** Preferred Blue

2	3	4	5	6	7	8	9	10	11	12	13	14	
Dates of Service	Service Code	Total Charges	Ineligible	Reason Code	Provider Discount	Covered Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Balance	Paid At	Payment Amount	
06/17-06/17/2020	92	\$540.00	\$0.00	D1	\$368.00	\$172.00	\$172.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	
Column Totals		\$540.00	\$0.00		\$368.00	\$172.00	\$172.00	\$0.00	\$0.00	\$0.00		\$0.00	
Amount You May Owe or Have Paid Provider:					\$172.00			16 Other Insurance Credits or Adjustments			\$0.00		
15											17 Total Net Payment		\$0.00

Claim #: 9999999902
Patient: JANE SAMPLE

Provider: SAMPLE M.D.P.A., SAMPLE
Patient #: 001-9999999G999 **PPO Network:** Preferred Blue

Dates of Service	Service Code	Total Charges	Ineligible	Reason Code	Provider Discount	Covered Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Balance	Paid At	Payment Amount	
06/20/2020	67	\$39.00	\$0.00	D1	\$17.50	\$21.50	\$21.50	\$0.00	\$0.00	\$0.00	100%	\$0.00	
Column Totals		\$39.00	\$0.00		\$17.50	\$21.50	\$21.50	\$0.00	\$0.00	\$0.00		\$0.00	
Amount You May Owe or Have Paid Provider:					\$21.50			Other Insurance Credits or Adjustments			\$0.00		
											Total Net Payment		\$0.00

Reason Code Description	18
D1 PPO DISCOUNT-NOT PATIENT LIABILITY - THIS AMOUNT IS THE DIFFERENCE BETWEEN THE TOTAL CHARGE AND THE PPO NETWORK FEE SCHEDULE AMOUNT ALLOWED FOR THIS PROCEDURE. THIS IS NOT PATIENT LIABILITY.	

Service Code	19
92 HOSP. OUTPATIENT MEDICAL	
67 OUTPATIENT RAD/PATH	

Accumulators:

Claim Year:	Description:	Amount to Satisfy:	Amount Met:	Amount Remaining:
2020	Individual Deductible MED-PPO-DED	\$5000.00	\$172.00	\$4828.00
2020	Family Deductible MED-PPO-DED	\$10000.00	\$193.50	\$9806.50

Messages

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QUESTIONS? Many questions can be answered by logging on to PAI's Benefits Portal at www.paisc.com, where you can securely access claims information, review your plan and manage your information. Or if you prefer, you can call PAI at (800) 768-4375, where our friendly and knowledgeable customer service advocates are available to assist you Monday through Friday from 8:30 a.m. to 5:00 p.m. EST. For Assistance:
SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-768-4375.
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-768-4375.
CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码1-800-768-4375.
NAVAJO (Dine): Dine'kehgo shika at'ohwol ninisingo, kwijijigo holne' 1-800-768-4375.

Understanding Your EOB

A Guide to Understanding Your Explanation of Benefits



An Explanation of Benefits (EOB) Statement is a notification form provided to members when a health care benefits claim is processed by PAI. The EOB displays the expenses submitted by the provider and shows how the claim was processed.

The numbers 1-21 appearing on the statement example are for reference purposes only and correspond to further details, definitions and terminology.

- 1. Customer Service:** This section provides PAI's website and customer service telephone number, as well as general information identifying the enrolled member and the employer group. Refer to the Messages section (#21) for additional details on customer service assistance information.
 - 2. Dates of Service:** The date(s) the patient received services.
 - 3. Service Code:** This code represents the type of service(s) billed on the claim. Refer to the Service Code Description section (#19) for additional details.
 - 4. Total Charges:** The amount(s) the provider charged for the service.
 - 5. Ineligible:** The portion of charges ineligible under your health plan.
 - 6. Reason Code:** This code represents the reason for the ineligible amount(s). Refer to the Reason Code Description section (#18) for additional details.
 - 7. Provider Discount:** If a preferred provider is used, this amount represents the negotiated discount for the service. (Preferred providers must write off this amount.)
 - 8. Covered Amount:** Amount covered by your plan after subtracting any ineligible amounts or provider discounts.
 - 9. Deductible Amount:** The amount, if any, that you are responsible for paying to the health care provider before we start paying contract benefits. You do not send this amount to us. We subtract this amount from the covered charges on the claim(s) you and health care professionals send to us.
 - 10. Co-Pay Amount:** The set fee you pay each time you receive a certain service.
 - 11. Co-Insurance:** The percentage of the Allowed Amount you pay as your share of charges. If your plan pays 80 percent of eligible charges, then 20 percent of eligible charges would be your Co-Insurance amount.
 - 12. Balance:** Remainder of the charges after the Deductible, Co-Pay and/or Co-Insurance have been subtracted from the Allowed Amount.
 - 13. Paid At:** The percentage of the balance paid by your plan for each service.
 - 14. Payment Amount:** The amount to be paid by your plan for each service, based on your coverage.
 - 15. Amount You May Owe or Have Paid Provider:** The amount, if any, you owe the provider for this claim.
 - 16. Other Insurance Credits or Adjustments:** Amounts on this line represent any other insurance or adjustments to be applied.
 - 17. Total Net Payment:** The actual amount paid by your plan after taking into consideration Other Insurance Credits or Adjustments.
 - 18. Reason Code Description:** This section describes the Reason Code(s) referenced in section #6.
 - 19. Service Code:** This section describes the Service Code(s) referenced in section #3.
 - 20. Accumulators:** This section shows the total amount you have accumulated toward your deductible(s) and/or out-of-pocket maximum(s) during this benefit period.
 - 21. Messages:** This section provides additional detail for customer service assistance.
- Note:** Additional pages following the EOB include definitions to help you better understand your benefits, provide important information about your appeal rights, and the process for filing an appeal if you disagree with how your claim was paid.