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 following narrative.

**HOW TO READ YOUR Explanation of Benefits Statement**

For questions, please call

<table>
<thead>
<tr>
<th>Dates of Service</th>
<th>Service Code</th>
<th>Charged Amount</th>
<th>Not Covered</th>
<th>Reason Code</th>
<th>Provider Discount</th>
<th>Allowable Amount</th>
<th>Deductible Amount</th>
<th>Co-Pay Amount</th>
<th>Co-Insurance</th>
<th>Paid At</th>
<th>Provider Withheld</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Benefit Year-To-Date Information**

- Offs of the year
- Individual Deductible Has Been Met
- Offs of the year
- Individual Out of Pocket Has Been Met
- Offs of the year
- Family Deductible Has Been Met
- Offs of the year
- Family Out of Pocket Has Been Met

**Service Code**

- 8 PHYSICIAN OFFICE VISIT
- 42 LAB AND XRAY (DXL)

**Messages**

*** *** THIS IS NOT A BILL. Questions? Please call out Customer Service Department at the number shown above. Provider Discount IS NOT patient responsibility. You may check claim status, verify eligibility, and deductible limits by accessing our online service HealthWeb. Just visit our website www.paisc.com.

**Important Information about Your Appeal Rights**

**Fraud**
If you suspect that the services were not performed or that other fraud may have occurred, please contact us at the customer service phone number located on the first page of this notice to report suspected fraud.

**Helpful Definitions**
(Please check your schedule of benefits in your benefits booklet for details).

- Coinsurance - The percentage of the allowed amount you pay as your share of the bill. If your plan pays 80%, then 20% is your coinsurance.
- Copayment - A set fee you pay each time you receive a certain service.
- Deductible - The amount, if any, that you are responsible for paying before the plan starts paying contract benefits. We subtract the amount from covered expenses on the claims you and healthcare providers send to us.

**Explanation of Benefits (EOB)**
A statement provided to you by your health benefit plan explaining your health services considered for coverage by the health benefit plan. The EOB provides you with a code and brief description of services performed, dates of the service, place of care and the provider of your care. In addition, the EOB references what your doctor or provider charges, what the health benefit plan allows for the services (the amount charged by your doctor, provider or hospital minus any reduction applied by the health benefit plan) and the amount the patient is responsible for. There is also a notice which includes a brief explanation that your claims may be denied and guidelines for requesting an appeal.
How to Read Your Explanation of Benefits Statement

1. **Enrollee**: Employee enrolled in company sponsored benefit plan.
2. **Patient**: The name of the person who received a service. This could be you, your spouse or a dependent child who has coverage under your health plan.
3. **ID #**: The covered policyholder’s number. Please have this number handy when you call customer service.
4. **Group**: The covered employer group’s name.
5. **Group #**: The covered employer group’s number. Please have this number handy when you call customer service.
6. **Location**: The covered employer group’s location.
7. **Claim #**: The number we assigned to your claim so we can track it.
8. **Patient #**: The number we assigned by your provider so they can track you and your claims.
9. **Date**: The date your EOB was generated.
10. **Amount Not Covered**: This amount may include, but is not limited to, provider discounts, penalties for not obtaining precertification, contract exclusions and duplicate services.
11. **Co-Pay Amount**: The set fee you pay each time you receive a certain service. Some plans do not have copayments.
12. **Deductible**: The amount, if any, that you are responsible for paying before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on the claims you and health care professionals send to us.
13. **Co-Insurance**: The percentage of the allowed amount you pay as your share of the bill. If your plan pays 80 percent, then 20 percent would be your coinsurance.
14. **Amount You Owe To Provider**: The amount, if any, you need to pay the provider(s) for this claim.
15. **For questions, please call**: If you have a question about your coverage or the information on your EOB, here’s how to contact us.
16. **Explanation of Benefits for Services Provided By**: The health care professional or facility that provided services to the patient.
17. **Date of Service**: When the patient received services.
18. **Service Code**: A code that represents the physician/hospital codes used on the claim and found within your detailed EOB. For a description of this code, reference alternate Service Code description field on your EOB.
19. **Charged Amount**: The amount the provider(s) charged for the service.
20. **Not Covered**: This amount may include, but is not limited to, provider discounts, penalties for not obtaining precertification, contract exclusions and duplicate services.
21. **Reasons Code**: Any non-covered amounts are assigned an eligibility code. The code(s) are explained in detail within the “Reason Code Description” field of your EOB.
22. **Provider Discount**: If a preferred provider is used, this represents the negotiated discount for the service. (Preferred providers must write-off this amount.)
23. **Allowable Amount**: This represents the amount allowable after the appropriate discounts, if applicable, have been taken. Contract benefits are applied against this amount.
24. **Deductible Amount**: The amount, if any, that you are responsible for paying before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on the claims you and health care professionals send to us.
25. **Co-Pay Amount**: The set fee you pay each time you receive a certain service. Some plans do not have copayments.
26. **Co-Insurance**: The percentage of the allowed amount you pay as your share of the bill. If your plan pays 80 percent, then 20 percent would be your coinsurance.
27. **Paid At**: The percentage of the allowed amount your plan pays.
28. **Provider Withhold**: Amount withheld from the provider’s payment which should not be billed to the patient.
29. **Payment Amount**: The amount we paid, based on your coverage.
30. **Totals**: The amounts we paid for each covered item for the entire claim, based on your coverage.
31. **Other Credits or Adjustments**: Less other amounts.
32. **Total Net Payment**: The difference between the total payment amount and any credits or adjustments.
33. **Benefit Year-To-Date Information**: This area explains how much you have paid toward your deductible, if applicable. It shows how much of this claim went toward your out-of-pocket expenses and how much you’ve paid toward your out-of-pocket maximum so far this benefit period. It also shows how much we’ve paid in benefits for the patient during this benefit period.
34. **Payment To**: This field will provide you with the provider entity who receives payment for this service. If the claim is paid to you, your name will appear in this field.
35. **Check No. & Amount**: Displays to whom benefits are payable and corresponding check information.
36. **Service Code**: A brief description of the service code referenced within the detailed table on the EOB.
37. **Reason Code Description**: This section explains any reason code referenced within the detailed table on the EOB.
38. **Messages**: This field provides important information, comments and messages regarding the health care professional network associated with your health benefit plan.
39. **Important Information About Your Appeal Rights and Helpful Definitions**: This section provides information on how to file an appeal if you disagree with our decision and includes some definitions to help you better understand your EOB.