

HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)



COVENTRY CONSUMER CHOICE™

COVENTRY CONSUMER CHOICE™ (C3)

ACS Mailbox PO Box 1234
Any City, USA 12345-9999

Member Name
123 Any Street
Any City, USA 12345-9999

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

This Explanation of Benefits (EOB) lists the services and other items that have been submitted to us for reimbursement from your health care account(s). Please review this EOB carefully and keep it with your records. Your health care account balance(s), an explanation of how to read this EOB, and benefit information can be viewed by visiting My Online Services or calling customer service at the number noted on your medical ID card.

Date: 12/8/2010
Group Number: 1234560001
EFT Number: 0000040573

CONSUMER-DIRECTED HEALTHCARE ACCOUNT SUMMARY

Member:	John Doe	1	Provider Name:	Pharmacy
ID Number:	80000000001	2	Amount Submitted to C3 for Reimbursement:	\$70.00
Patient:	John Doe	3	Amount Reimbursed to Provider:	\$0.00
Claim Number:	12345678910	4	Remaining Member Responsibility:	\$0.00
		5	Amount of Overpayment Recovered:	\$10.00***
		6	Amount of Payment:	\$60.00

Service Date From - To Proc Code / Description	Amount Submitted to C3 for Reimbursement	Medical Deductible	Medical Copay	Medical Coins	Other Amount	8	9	10	11	12
						C3 Upfront Deductible	C3 Member Liability	Amount Paid from C3 Account	C3 Account Type	C3 Message Code(s)
9/2/2010-9/2/2010 Prescription	\$70.00	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	HRA	112
Totals:	\$70.00	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$70.00***	FSA	236,501

13***\$10.00 was withheld from this payment to offset an overpayment on claim 987654321, service date 8/22/2010.

14 Messages

112	Denied charge is not a covered benefit for HRA account according to plan design.
236	Amount paid out of FSA account according to plan design.
501	The payment on this claim is being reduced to offset an existing overpayment on another claim.

Your coordinating medical EOB will be sent separately and may be received prior to or after the receipt of this C3 EOB.

Due to adjustments and/or overpayments the amount of payment may differ from the amount submitted for reimbursement.

GO GREEN — Go paperless and receive your money quicker in two simple steps and receive your EOB's electronically.
Step 1: Log onto the Web address on your medical ID card. **Step 2:** Complete and submit a direct deposit form to receive your reimbursement electronically. To receive electronic EOBs go to "Communication Preferences" under "Manage My HRA/FSA or Coventry Fund" and select "Electronic."

- 1 Provider Name:** The Physician or facility that provided medical services.
- 2 Amount Submitted to C3 for Reimbursement:** Amount of member responsibility submitted to C3 for reimbursement from the HRA or FSA account.
- 3 Amount Reimbursed to Provider:** The amount reimbursed from the member's HRA or FSA account to the provider of the medical services.
- 4 Remaining Member Responsibility:** The amount the member may be responsible to pay the provider. Contact your provider for clarification of any amount that may be owed to them.
- 5 Amount of Overpayment Recovered:** The amount withheld from the current payment to offset an amount overpaid or adjustment from another HRA or FSA claim payment.
- 6 Amount of Payment:** The amount of payment sent to the member from their HRA or FSA account.
- 7 Medical Deductible, Medical Copay, Medical Coins, and Other Amount:** This section of the EOB provides details on how the amount submitted to C3 for reimbursement is being applied for this claim.
- 8 C3 Upfront Deductible:** The amount of the claim that applied to the HRA upfront deductible.
- 9 C3 Member Liability:** The amount the member may be responsible to pay the provider. Contact your provider for clarification of any amount that may be owed to them.
- 10 Amount Paid from C3 Account:** The total amount reimbursed from the member's HRA or FSA account.
- 11 C3 Account Type:** The type of account, HRA or FSA, the reimbursement was paid from.
- 12 Messages Code:** A numeric code used to communicate additional information regarding the processing of your claim.
- 13 Overpayment/Adjustment Message:** This gives detail on the overpayment and/or adjustments made to the original claim, including the original claim number and service date.
- 14 Message Explanation:** This is a description of the Message code(s) listed above. This will indicate if the HRA or FSA account was used for a specific claim and additional information regarding the processing of your claim.
- 15 Benefit Account Summary:** This section indicates how much of the HRA or FSA account has been used by each individual, the amount applied to an upfront deductible or cap (if applicable), and the remaining account balances.

Member C3 Benefit Usage for Dates of Service **January 1, 2010 - December 31, 2010** **15**

HRA Benefit Utilization Summary			
	Upfront Deductible	Upfront Deductible Met	Remaining Upfront Deductible Balance
HRA Upfront Deductible	\$500.00	\$500.00	\$0.00
HRA Goal Amount		HRA Funds Used	
HRA Employer Funding	\$1,000.00	\$200.00	\$800.00

Individual HRA Cap Summary		
	Individual Cap*	Family Total
HRA Upfront Deductible	\$500.00	\$1,000.00
HRA Employer Funding	\$500.00	\$1,000.00

* Individual Cap is a limit that is placed on the upfront deductible amount or employer funding amount that each individual will be required to meet or be allowed to spend within the benefit year.

Individual Utilization Summary	HRA		HC-FSA
	Individual Upfront Deductible Met to Date	Individual Employer Funding Utilized	Amount Utilized
Patient Name			
John Doe	\$0.00	\$0.00	\$200.00
Jane Doe	\$500.00	\$200.00	\$500.00

Other C3 Account Services				
Type of Account	Allocated Amount/Goal Amount	Contributions/Rollover Funds (if applicable)	Claim Utilization-To-Date	Available Balance
HC-FSA	\$800.00	\$769.25	\$700.00	\$100.00
HRA Rollover	\$0.00	\$0.00	\$0.00	\$0.00

The above dollar amounts reflect our records as of December 8, 2010.
Please note these amounts may not reflect claims received but not yet processed.
If you have been previously set up with direct deposit, you will need to verify with your bank that the funds have been deposited into your account.
For more detailed information please call customer service or visit My Online Services as noted on your medical ID card.

Common Message Explanations

Charge Denied, Not a covered Expense According to Plan Design:

This message appears if the expense that was submitted for reimbursement is not covered by the HRA or FSA plan design. For example, the HRA may only cover deductible expenses, but the submitted expense is for a copayment.

Amount Denied, Applied to member's Upfront Deductible:

This message appears if a submitted expense is not eligible to be reimbursed until the upfront deductible is met. The amount of the expense is applied toward the upfront deductible.

Charge Denied, Ineligible/ Missing Substantiation:

This message appears when a manually submitted claim is missing receipts or other documentation for the requested reimbursement and cannot be reimbursed without proper documentation.

HRA Deductible Not Fully Met:

This message appears if there is still a portion of the upfront deductible amount that must be met before the benefit plan will begin to reimburse for services.

If you have any additional questions regarding your EOB, please call the customer service number noted on your medical ID card.