

# HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)



## What is an Explanation of Benefits (EOB)?

An EOB is a notification from Coventry Health Care explaining how your medical claim(s) are processed (including a payment adjustment or denial).

## Is an Explanation of Benefits (EOB) a bill?

No, the health plans of Coventry Health Care do not bill members for medical services. Rather, the health plans process and pay the claims submitted from your provider, facility or hospital.

*If you have questions, call the customer service number printed on your ID card.*

**1 Address** – address to which the EOB was mailed.

**2 Payments made on behalf of** – The Coventry subsidiary paying your medical claim. If your employer is a self-funded group, their name will appear here.

**Insured** – The person who holds the policy with the insurer.

**Patient** – The person who received medical services.

**Group Name** – The policy holder's employer group.

**ID Number** – The patient's identification number assigned by your health plan.

**Date** – the date(s) of your medical service(s).

**3 Important messages from your health plan.** If there is no message this area will be blank.

**4 Claim Number** – Document control number generated by Coventry Health Care. Please reference this number when calling a member service representative to discuss the claim.

**Paid to Provider, Paid to Member & Paid to Other** – Entities to which the Coventry Health Care plan paid dollars.

**Total Plan Paid** – Total benefit paid by the Coventry Health Care plan for services rendered.

**Member Responsibility** – The amount the member may be responsible to pay the provider. **This amount is not payable to the Coventry Health Care plan.** If payment was made at the time of service, this may not be applicable. Please contact your provider for clarification.

**5 Provider** – The name and billing address of the health care provider that rendered your medical service. This could be an individual practice or facility.

**Patient Account #** – The patient's identification number assigned by your health care provider.

**6 Date** – The date(s) of your medical service(s).

**Procedure Code/Description** – The health care industry code and description of services performed and billed by your health care provider.

**Billed Amount** – The total dollar amount billed to your Health Plan by your health care provider for the services they rendered.

**Contractual Adjustment** – Reductions in payment due to contracts with your health care provider, coordination of benefits or non-covered services that may/may not be your responsibility.

**Approved Amount** – The amount Coventry agrees to pay the provider for services rendered.

**Other Carrier Allowed (Coordination of Benefits)** – This field is not used by all health plans; if present, it is the dollar amount your other health care insurance plan considered for payment.

**Copay** – Dollar amount member is responsible to pay.

**Coins.** – Member's shared expenses for eligible charges on a percentage basis. The member is responsible to pay this to the health care provider.

**Deduct.** – Amount of eligible charges which the member must pay before benefits are payable. The member is responsible to pay this to the health care provider.

**Other** – Descriptions of these codes are displayed in the "Other Remarks" section below this section.

**Other Carrier Paid (Coordination of Benefits)** – This field is not used by all health plans; if present, it is the dollar amount paid by your other health care insurance plan.

**Plan Paid** – The amount paid by your plan.

**Cont. Rmk/Other Rmk** – A Coventry Health Care code that defines the reason dollars were not paid by your health plan.

**7 Brief explanation of Cont. Rmk and/or Other Rmk codes,** plus any optional detail text for the "Remarks" code.

**8 Other information** and/or alerts from the plan.

**9 Member Medical Benefit Usage** – If your plan has deductibles and/or out-of-pocket maximums, the usage table will display. This table is explained more fully on the next page.

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Page 1 of 1

COVENTRY HEALTH CARE, INC.  
Administered by Coventry Health Care, Inc.  
6705 ROCKLEDGE DRIVE, SUITE 900  
BETHESDA, MD 20817-1850

197000000000

Electronic Service Requested

WHITE STOCK  
3011301000  
TEST

**THIS IS NOT A BILL**  
**EXPLANATION OF BENEFITS**

Our organization processes the claims submitted from your health care provider(s). You have received this Explanation of Benefits (EOB) as our notification to you explaining how your claim(s), including payments or denials, are being processed.

**2 Payments made on behalf of:**  
**Coventry Health Plan**  
Insured: Member, John D  
Patient: Member, Jane D  
Group Name: XYZ Group  
ID Number: 99XXXXXX02  
Date: 10/19/2011

**1** 1 0-0304  
Member: Jane D  
123 ANYWHERE ST.  
ANYWHERE, MO 64014

**3** Your Health is Important. Preventive care services include flu and pneumonia vaccines, mammograms, colorectal screenings and spirometry (if you have COPD). Talk with your doctor to schedule needed services.

**\*\*Payments made at the time services were rendered are not reflected on this statement.\*\***

Claim Number:	8XXXXXX22	Provider:	CURE U FAMILY CARE PC
Paid to Provider:	\$0.00	Provider Billing Address:	1 MEDICAL DR SOMEWHERE, MO 64014-
Paid to Member:	\$0.00		
Paid to Other:	\$0.00		
Total Plan Paid:	\$0.00		

**4** Member Responsibility: \$204.00

**5** Patient Account #: 272727  
\*\*Provider billing address may differ from physical office location\*\*

Service Date From - To Proc Code / Description	Billed Amount	Contractual Adjustment	Approved Amount	Member's Responsibility to Provider			Plan Paid	Cont./ Rmk	Other Rmk
				Copay	Coins	Deduct.			
10/13/11-10/13/11 99213 /OFFICE VISIT - F/U	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$204.00	\$0.00	0213 1595
<b>TOTALS:</b>	<b>\$204.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$204.00</b>	<b>\$0.00</b>	
Coordination of Benefits:		Other Carrier Allowed: \$0.00					Other Carrier Paid: \$0.00		

**6** **Contractual Remarks:**  
0213 - CHARGE EXCEEDS THE CONTRACTUAL ALLOWANCE PER THE CONTRACT

**7** **Other Remarks:**  
1595 - PATIENT HAS REFUSED TO ASSIGN BENEFITS

**8** **Grievance Review Process:**  
PLEASE CONTACT A CUSTOMER SERVICE REPRESENTATIVE AT 1-866-611-7337 WITH ANY QUESTIONS OR CONCERNS.  
To ensure that your health plan was properly billed, please review the services listed on your explanation of benefits. If you believe any of the services were incorrectly billed, contact a customer service representative using the toll free number listed on your insurance card.  
For diagnosis and treatment codes, the meanings of such codes, and questions regarding this notice, please call the number listed on your card.  
If you have a HRA/HSA/FSA with Coventry Consumer Choice (C3), or you have a medical plan with the Coventry Fund, you may be eligible for additional reimbursement on this claim. Check your fund or account on My Online Services at the website listed on your medical ID card for options.

The amounts below include claims processed as of 10/19/2011.  
The information does not reflect any claims received or adjusted after the above mentioned date.

Member Medical Benefit Usage for Dates of Service January 01, 2011 - December 31, 2011  
This may include deductible carry over dollars.

Type	Year-To-Date Satisfied	Deductible Dollars		Year-To-Date Satisfied	Out of Pocket Dollars	
		Maximum \$	Remaining \$		Maximum \$	Remaining \$
OVERALL-Family	\$ 96.19	\$ 6,500.00	\$ 6,403.81	\$ 96.19	\$ 6,500.00	\$ 6,403.81

# HOW TO READ YOUR MEMBER BENEFIT USAGE

## A Benefits Header

- This introductory language precedes the Benefits Accumulation Summary.
- This date reflects when your claims were processed.

## B Benefit Period Header

- This identifies the calendar year in which benefits are calculated.

## C Benefit Accumulation Summary

- The information displayed in the columns below is based upon your benefit plan.

**A** The amounts below include claims processed as of 10/19/11. The information does not reflect any claims received or adjusted after the above mentioned date.

**B** Member Medical Benefit Usage for Dates of Service  
**January 1, 2011 – December 31, 2011.**

This may include deductible carry over dollars.

Type	Deductible Dollars			Out-of-Pocket Dollars		
	Year-to-Date Satisfied	Maximum \$	Remaining \$	Year-to-Date Satisfied	Maximum \$	Remaining \$
OVERALL - Family	\$96.19	\$6,500.00	\$6,403.81	\$96.19	\$6,500.00	\$6,403.81
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

**1 Type**—displays the benefit coverage level where dollars have been used or are tracked. If you have different spending limits for different types of benefits, such as in-network or out-of-network, they will be listed as different types. For example, they may be listed as individual or family.

**2 Year-to-Date Satisfied**—total amount spent or credited towards the maximum amount you are required to pay before additional benefits are available.

**3 Maximum \$**—total amount you must spend in the benefit year before your additional insurance benefits are available.

**4 Remaining \$**—total amount you have left to pay on your deductible before the maximum limit is met and your other insurance benefits apply (Maximum minus Year-to-Date Satisfied).

**5 Year-to-Date Satisfied**—total amount spent or credited towards the maximum amount you are required to pay in the benefit year.

**6 Maximum \$**—total amount you may be responsible for in a benefit year based on your benefit plan design.

**7 Remaining \$**—total amount you have left to pay before the maximum limit is met (Maximum minus Year-to-Date Satisfied).

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