SAMPLE EXPLANATION OF BENEFITS

JOHN DOE
1234 Main Street
Your Town, USA 56789

ISSUE DATE: MM / DD / YY
EMPLOYEE: JOHN DOE
GROUP: ABC COMPANY
GROUP ID: 123
CLAIM: 123-123-123-123456-00
INCURRED: MM / DD / YY
PATIENT: JOHN DOE

HealthComp®
Third Party Administrators

TREATMENT DATES	SERV CODE	CHARGE AMOUNT	NOT COVERED	REASON CODE	PPO/EPO DISCOUNT	COVERED AMOUNT	DEDUCTIBLE AMOUNT	CO-PAY AMOUNT	PCT	PAYMENT AMOUNT
MM/DD/YY MM/DD/YY	410	60.00	.00	C7, 02	18.23	21 .77	.00	20.00	100	21.77
A	B	C	D	E	F	G	H	I	J	K
		60.00	.00		18.23	21.77	.00	20.00		21.77

H-1	YOU HAVE SATISFIED	$ 0.00	OF YOUR STANDARD DEDUCTIBLE
H-2	YOU HAVE SATISFIED	$ 0.00	OF YOUR STANDARD FAMILY DEDUCTIBLE
H-3	YOU HAVE SATISFIED	$ 0.00	OF YOUR PPO DEDUCTIBLE
H-4	YOU HAVE SATISFIED	$ 0.00	OF YOUR PPO FAMILY DEDUCTIBLE

L	OTHER INSURANCE CREDITS	.00
M	TOTAL PAYMENT AMOUNT	21.77
N	PATIENT RESPONSIBILITY	20.00

PAYMENT DISTRIBUTION

CODE	PAYEE	AMOUNT	CHECK NUMBER	ACCOUNT NUMBER
A)	PROVIDER	$ 21.77	1234	5678
EMP)	JOHN DOE			

A-1

SERVICE CODE	REASON CODE
410 PHYSICIAN - OFFICE VISIT	02 COPAYMENT WAS TAKEN ON THIS SERVICE C7 NETWORK DISCOUNT.
B-1	E-1

MESSAGES

THIS IS A NETWORK PROVIDER; PATIENT IS NOT LIABLE FOR DISCOUNT.

THIS IS YOUR ONLY COPY. PLEASE RETAIN FOR YOUR RECORDS.

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Explanation of Benefits (EOB)

A This section corresponds to the date(s) of treatment.

A-1 This section identifies the name of the payee along with the payment amount and check number of each payment made on the explanation of benefits.

B This section contains HealthComp's code for the type of service rendered.

B-1 This section contains a description of the code in section "B".

C This section contains the charges submitted on a claim (please verify that this amount corresponds with the amount billed to you by the provider of service).

D This section contains the charges that are "not covered" such as "over usual and customary fees" and other services listed in the section of your Summary Plan Description Book entitled "Exclusions and Limitations".

E This section identifies HealthComp's "Reason Code" for charges that are not covered or require further explanation.

E-1 This section contains a description for the reason code in section "E".

F This section shows the amount of the "PPO/EPO Discount".

G This section shows the "Allowable Charges" under your Plan.

H This section shows the charges applied to satisfy the Plan Year Deductible.

H-1 This section contains up-to-date information about your out-of-network plan year deductible, if applicable.

H-2 This section contains up-to-date information about your family out-of-network plan year deductible, if applicable.

H-3 This section contains up-to-date information about your in-network plan year deductible, if applicable.

H-4 This section contains up-to-date information about your family in-network plan year deductible, if applicable.

I This section contains any applicable co-payment(s).

J This section shows the percentage payable for the applicable charges submitted.

K This section shows the amount of the payment of each service.

L This section shows paid by primary insurance for coordination of benefits, if applicable.

M This section shows the total payment made for this Explanation of Benefits.

N This section shows the amount to be paid by the participant to the provider(s).