

How to Read Your Explanation of Benefits (EOB)



Your EOB is a statement that shows what health services you received, what bills your health plan paid, and what you may still owe to a health care provider.

Your EOB has three sections.

- 1 | Summary of Charges:**
A summary of the bills your health care providers sent to Tufts Health Plan for health services provided to you and other family members on the plan.
- 2 | Plan Accumulations:**
This section shows you:
 - The amount of money you have paid to date for health care services
 - The amount you are expected to pay for each member and family as a whole
 - The amount remaining until you meet your annual limit
- 3 | Claim Detail:**
Specific information for each claim that is submitted to Tufts Health Plan. It includes:
 - The date the service was received
 - The procedures performed
 - The charges for that claim
 - How Tufts Health Plan handled the claim

Processed Claims Report

1 | Summary of Submitted Charges:

Member Name	Charged	Allowed	Paid by Health Plan	Deductible	Copay	Coinsurance	Not Covered
JOHN SAMPLE	270.00	246.41	185.00	41.41	20.00	0.00	0.00

2 | Plan Accumulations:

JOHN SAMPLE				FAMILY			
Authorized Plan Accumulations	Accrued Medical	Remaining	Annual Limit	Authorized Plan Accumulations	Accrued Medical	Remaining	Annual Limit
Individual Deductible	\$206.75	\$293.25	\$500	Family Deductible	\$351.18	\$648.82	\$1000
Individual Out-of-Pocket	\$206.75	\$793.25	\$1000	Family Out-of-Pocket	\$351.18	\$7648.82	\$8000

3 | Claim Details:

Patient Name: JOHN SAMPLE **Provider:** DOE, JANE, M.D.
Patient Number: 123456789 01 **Claim Number:** 123456AW

Date of Service	Procedure	Charged	Allowed	Paid by Health Plan	Deductible	Copay	Coinsurance	Not Covered	Notes
01/01/2008	ELECTROCARDIOGRAPHY	65.00	41.41	0.00	41.41	0.00	0.00	0.00	
01/01/2008	OFFICE OR OTHER	205.00	205.00	185.00	0.00	20.00	0.00	0.00	
Claim Total:		270.00	246.41	185.00	41.41	20.00	0.00	0.00	

You owe **\$61.41** to **DOE, JANE, M.D.** This value includes amounts you may have already paid at the time of service. **THIS IS NOT A BILL.**

Words You Need to Know

Charged: The amount your health care provider bills for the health care services provided to you.

Allowed: The amount Tufts Health Plan may pay your health care provider for the service you received. This may be less than the amount the provider charged.

Provider: The name of the health care professional who provided the health care services to you.

Claim: The bill your health care provider sent to Tufts Health Plan for the health care services provided to you.

Claim Number: The number Tufts Health Plan gives each bill a provider sends to Tufts Health Plan.

Copay: The dollar amount you pay for some services or supplies. For example, a typical copay is \$20 for an office visit.

Coinsurance: When you and Tufts Health Plan each pay a part of the cost for health care services. In some cases this sharing of costs starts after you pay your deductible amount in full. This is usually a percentage of the cost of the service. Check your plan to see what applies to you.

Date of Service: The date health care services were provided.

Deductible: A cost-sharing feature of your plan where you pay for some health care services up to a certain amount. After you pay this amount in full, Tufts Health Plan begins payment.

Not Covered: The dollar amount for health care services that Tufts Health Plan does not cover. You may need to pay this amount to your provider.

Notes: If Tufts Health Plan does not pay a claim in full, we give you the reason on the last page of your EOB. Each reason has a two-digit code. This code is also in the Summary of Charges section of the EOB, following the claim for which it applies.

Out-of-Pocket: The amount you are responsible for paying each year for covered health services to meet your deductible and/or coinsurance amounts. Copayments may or may not count toward your deductible. Check your plan to see what applies to you.

Paid by Health Plan: The amount Tufts Health Plan has paid your health care provider.

Patient Name: The name of the person who received health care services.

Procedure: A brief description of the health care services provided on the date listed.

Request a Review: If Tufts Health Plan does not pay some or all of a claim, you have the right to ask why it was not paid and to ask us to see if we will change our decision. This is called an appeal. For details on the appeals process, see the last page of your EOB.

You Owe: The amount, if any, you may owe to your health care provider for each claim. You may have paid some of this amount to your provider at the time you received the services. Remember, this EOB is not a bill. If you owe your health care provider for services, your health care provider will bill you directly.