How to Read your Explanation of Benefits

You will receive an Explanation of Benefits (EOB) each time we process a medical claim. The EOB is definitely not a bill—it’s a document that lists the claims processed for health care services you’ve received, how much is covered by your health insurance and any balances you may be responsible for paying to your provider.

Information about your medical benefits can be found in your benefit summary and member contract/handbook.

1. **Member:** The name of the person the claims were processed under.
2. **This is not a bill** or a request for payment. You may receive a separate bill from your provider for any amount you may be responsible to pay.
3. **Processed Date Range:** Includes all claims processed within this timeframe.
4. **Cost Summary:** A high-level view of all claims processed within this timeframe, including what was charged, what’s been paid by your health insurance and the balance you may be responsible for paying.
5. **Your responsibility:** The amount you may be billed by your provider(s) for the claims listed in your EOB. Remember, this is not a bill. The EOB shows you a breakdown of what has and has not been covered by your plan.
6. **Maximums:** Any amounts applied to your deductible and/or out-of-pocket maximum (the amount you pay after meeting your deductible), and the amount remaining for the year.
### Detailed Explanation of Benefits

**Patient Name:** Jane Providence  
**Group Number:** 000000  
**ID Number:** 123456789-00

Here's a detailed breakdown of your services. Remember, this is not a bill. We are just letting you know what to expect when your provider(s) bill you.

#### Claim #1: 10000000000

<table>
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<tr>
<th>SERVICE DATE</th>
<th>SERVICE</th>
<th>CHARGED</th>
<th>ALLOWED</th>
<th>DISALLOWED</th>
<th>REMARKS</th>
<th>DEDUCTIBLE</th>
<th>COPAY/COINSURANCE</th>
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<td>08/17/19</td>
<td>Hospital Visit</td>
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<td>$80.00</td>
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<td>$20.00</td>
<td>$0.00</td>
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<td>$30.00</td>
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<td>OP Lab</td>
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**Amount Paid by Plan:** $70.00  
**Member Responsibility:** $55.00

#### Claim #2: 20000000000

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<td>XP2</td>
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</tr>
</tbody>
</table>

**Amount Paid by Plan:** $40.00  
**Member Responsibility:** $280.00

### Remark Explanations

XP2: Amount Not Covered Is Provider Write-Off For Eligible Services

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**Questions?** We're here to help. Call our Customer Service Team at (503) 574-7850 or 1-800-878-4445 (TTY: 711), or contact us at providencehealthplan.com.

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