



ABOUT YOUR EOB

An Explanation of Benefits (EOB) is a statement that shows how HPI processed a medical claim and applied your health benefits; it is not a bill. A sample EOB is pictured below. You may receive an EOB in the mail if you have financial responsibility for claim charges. You can also access EOBs online through your *My Plan* account.

explanation of benefits

Your Employer Name
PO Box 5199
Westborough, MA 01581

Forwarding Service Requested

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Explanation of Benefits

PLEASE KEEP A COPY FOR YOUR RECORDS

THIS IS NOT A BILL

Customer Service

For more information, visit healthplansinc.com or call Customer Service at XXX-XXX-XXXX

Group Name: YOUR EMPLOYER PLAN NAME
Group Code: XXX-Z01
Process Date: 02/27/2016
Patient: JOHN W. DOE

MARY A. DOE
123 MAIN STREET
UNIT 21
ANYTOWN, MA 01000

Easy to locate Customer Service phone number

Patient: JOHN W. DOE
Claim #: 216268W8200

Provider: ABC MRI DIAGNOSTICS, LLC
Member: MARY A. DOE

Treatment Dates	Procedure Code	Charge Amount	Not Covered	Reason Code	Allowable Amount	*Deductible Amount	*Co-pay Amount	Paid At	Payment Amount
02/03-02/03/2016	70543	\$1700.00	\$0.00	HP	\$1472.85	\$558.15	\$0.00	90%	\$823.23
Column Totals		\$1700.00	\$0.00		\$1472.85	\$558.15	\$0.00		\$823.23
*Patient's Responsibility		\$649.62							
Other Insurance Credits or Adjustments									\$0.00
*Coinsurance Total									\$91.47
Total Payment Amount									\$823.23

The patient's responsibility is clearly labeled

Separate co-pay and deductible amounts

Reason Code/Description

HP YOUR NETWORK DISCOUNT APPLIED

Reason codes explain how a charge was processed

2016 Year-to-Date Plan Accumulators

Accumulator Description	Satisfied to Date	Maximum
JOHN W. DOE Individual In-Network Deductible	\$750.00	\$750.00
JOHN W. DOE Individual In-Network Out of Pocket	\$841.47	\$2250.00
JOHN W. DOE Individual Out-of-Network Deductible	\$0.00	\$1250.00
JOHN W. DOE Individual Out-of-Network Out of Pocket	\$0.00	\$3000.00
Family In-Network Deductible	\$1500.00	\$1500.00
Family In-Network Out of Pocket	\$1972.05	\$4500.00
Family Out-of-Network Deductible	\$0.00	\$2500.00
Family Out-of-Network Out of Pocket	\$0.00	\$6000.00

Amounts applied toward your deductible and out-of-pocket maximum are shown here

Messages

You are entitled to appeal any denial or partial denial of a claim. See the back of this page for information about your appeal rights.
SPANISH (Español): Para obtener asistencia en Español, llame al 866-615-8366.

Comments

PER NETWORK AGREEMENT, THERE IS NO MEMBER RESPONSIBILITY FOR PRICING DISCOUNTS.



Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.