Understanding Your Explanation of Benefits

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See back page for Sample EOB

For each claim submitted on your behalf, you will receive an Explanation of Benefits (EOB). At CoreSource, we realize that this information may be confusing, so we have provided this brochure to help make it clearer.

Each of the numbered explanations listed below corresponds to one of the numbers shown on the sample form on the reverse side.

- Employee Name Name of covered employee
- 2 **Patient Name** Name of person who received the service
- Group Number Number assigned to the employer by CoreSource
- Group Name Name of employer
- Patient Account Number -Account number assigned by the provider that rendered service
- Provider of Service Name of facility or professional provider that rendered the service
- Provider TIN Tax identification number assigned by the state
- 8 Claim # This number identifies the claim in our system
- Oheck # Check number of check that was issued
- Issued Date Date the check was issued
- **PPO** Identifies the PPO Network that the provider belongs to
- Payment Made To To whom the check was issued
- Explanation of Benefits (EOB) -An overview of how the charges were considered in processing this claim
- Service Date The date the provider indicated the services billed for were received or rendered

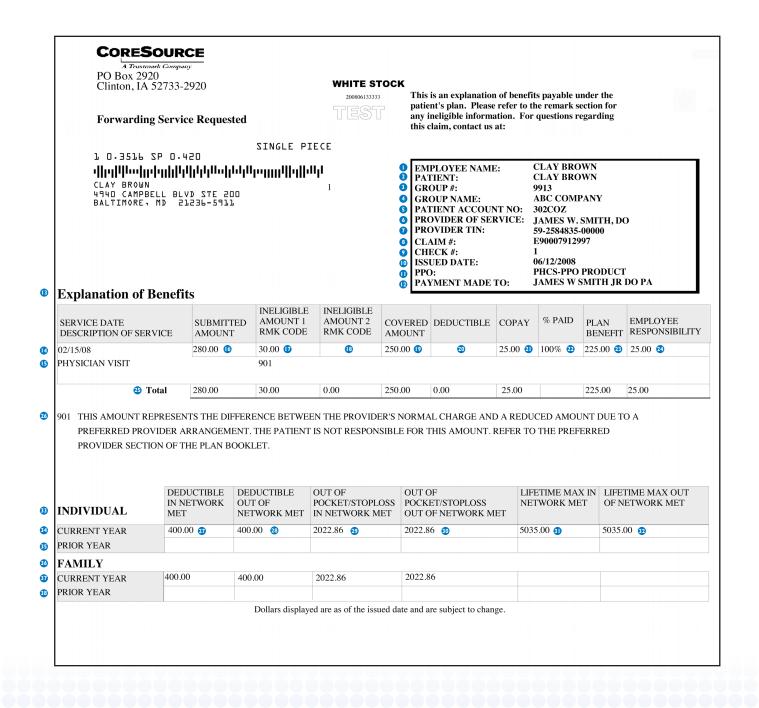


- Description of Service A brief description of the services for which the provider billed
- 6 Submitted Amount Amount of charges submitted for payment
- Ineligible Amount/Remark I-Amount of submitted charges not covered by the plan (if any) and remark code (see #26)
- Ineligible Amount/Remark 2 -Amount of submitted charges not covered by the plan (if any) and remark code (see #26)
- Covered Amount Amount of submitted charges covered by the plan
- Deductible The amount of the covered charge that the patient is responsible for before benefits can be provided
- CoPay A set amount that the provider can collect from you at the time of service
- 22 % Paid Percentage of covered expense paid by the plan, after any applicable deductible
- Plan Benefit Total amount of benefits payable by the plan for the submitted charge
- Employee Responsibility -Amount of covered expense that is the employee's responsibility to pay
- Total Total amount in each column for this EOB
- Remark Code Remark code used for the amount of submitted charges not covered by the plan (if any) and corresponding description for code

- Deductible In Network Dollars met, if any, for in network services
- 28 Deductible Out of Network -Dollars met, if any, for out of network services
- Out of Pocket/Stoploss In Network - Dollars met, if any, for in network services
- Out of Pocket/Stoploss Out of Network - Dollars met, if any, for out of network services
- Lifetime Max In Network In network dollars met toward your lifetime major medical maximum
- Lifetime Max Out of Network -Out of network dollars met toward your lifetime major medical maximum
- Individual The dependent the claim is for
- Current Year Current benefit year dollars met that have been applied
- Prior Year Prior benefit year dollars met
- Family Dollars applied toward the employee and covered dependents
- Current Year Current benefit year dollars met that have been applied toward the family
- Prior Year Prior benefit year dollars met that have been applied toward the family

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The items appearing on the Explanation of Benefits (EOB) sample are for reference clarification only and correspond to further details, definitions and terminology.





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