

# How to Interpret the Explanation of Benefits (EOB)

The **Explanation of Benefits (EOB)** statements you receive have been updated for easier reading and to provide more information about claims. An illustrative example of the EOB form has been provided on the reverse side of this sheet.

The letters **A** – **O** appearing on the statement is for reference clarification only and corresponds to further details, definitions and terminology explained below:

- A Check Distribution:** A listing of the parties who received payment for the indicated services. In addition to the insured, this will include any provider you have authorized to receive payment of your benefits.
- B Service Date(s)/Provider Service Code/Description:** Description and dates of service provided.
- C Amount Charged:** This is the fee charged by the provider for the treatment or service rendered.
- D Amount Allowed:** The charges to be considered after discounts and ineligible amounts have been applied.
- E Deductible:** This is the amount of covered charges that must be incurred by you before benefits will be paid. (Note: certain plans have a separate deductible for prescription drugs.)
- F Discount:** The insurer negotiates special rates with certain physicians, hospitals or other facilities. These rates may be applicable to Preferred Provider Organizations (PPO), Point-Of-Service/Primary plans (POS/Primary) and OpenAccess (POA) plans. This amount is never payable by the patient. It is a reduction in charges for which you should not be billed.

*(Note: If you are billed for the discount, contact the provider. If the discount amount is not removed from your bill, contact us.)*

- G Encounter Fee:** This is your charge for each regular (non-emergency) visit to a participating physician's office. This fee only applies if you have a Preferred Provider Organization (PPO), Point-Of-Service/Primary (POS/Primary) or an OpenAccess plan (POA). OpenAccess encounter fees apply only to (POA) participating physicians and NOT to (PPO) physicians.
- H Coinsurance:** Your plan does not always consider benefits at 100% of the amount covered. The coinsurance amount is the percentage of covered charges for which you are responsible.
- I Benefit:** The amount payable to a provider and/or to you after any encounter fee, deductible, or coinsurance percentage has been subtracted from the covered amount. Adjustments and deductions for other coverage, defined below, may need to be considered before payment is made.
- J Amount Ineligible:** Either the charge was previously considered or this amount is not covered by your plan. (If a dollar amount were shown here you would refer to "Codes" below for further explanation.)
- K Codes:** These codes correspond to additional information which is provided in the "Explanation of Codes" section (lower left).
- L Prescription Accumulated Deductible:** This is where your your EOB would show your prescription deductible amounts accumulated for the \*calendar year.
- M Benefit, Other Coverage, Adjustments, Amount of Payment:** This box lists the dollar amounts corresponding to—
  - Benefit:** The amount payable to a provider and/or to you after any encounter fee, deductible, or coinsurance percentage has been subtracted from the covered amount.
  - Other Coverage:** Any benefit paid by other health insurance, auto insurance, a self-funded plan, or government plan such as Medicare, for which your policy or certificate would be a secondary payor.
  - Adjustments:** This amount will indicate any reduction or increase in benefits payable.
  - Amount of Payment:** The total reimbursement for the indicated services.
- N Accumulated Deductible Amount:** This is where your EOB would show your deductible amounts accumulated for the \*calendar year.
- O Accumulated Coinsurance Amounts:** This is where your EOB would show your coinsurance amounts accumulated for the \*calendar year.

*\*(Note: The 2000 figures shown on the EOB refers to "calendar year" not \$ amount.)*

# EXPLANATION OF BENEFITS

1 000415-001-000415  
TRUSTMARK INSURANCE COMPANY

NAME/ID  
JANE DOE

COMPANY OR GROUP

PLAN NO.

DATE:

CLAIM FOR

CLAIM NO.

JANE DOE

CHECK DISTRIBUTION	
JOHN Q DOCTOR MD	28.70
JANE DOE <span style="float: right; border: 1px solid black; border-radius: 50%; padding: 2px;">A</span>	80.00
TOTAL	108.70

SERVICE DATE(S)/PROVIDER SERVICE CODE/DESC	CHARGED AMOUNT	ALLOWED AMOUNT	DEDUCT- IBLE	DISCOUNT	ENCOUNTER FEE	COINSUR- ANCE	BENEFIT	AMOUNT INELIGIBLE	CODES
	1	2=1-4-8	3	4	5	6	7=2-3-5-6	8	**
1/13-01/13/00: JOHN Q DOCTOR MD DIAGNOSTIC LAB FEES	43.00	38.70	0.00	4.30	10.00	0.00	28.70	0.00	N3
1/13-01/13/00: WALGREENS PRESCRIPTION DRUGS	100.00	100.00	100.00	0.00	0.00	0.00	0.00	0.00	PD3
1/14-01/14/00: WALGREENS PRESCRIPTION DRUGS	300.00	300.00	200.00	0.00	0.00	20.00	80.00	0.00	
<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">B</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">C</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">D</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">E</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">F</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">G</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">H</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">I</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">J</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px;">K</span>
EXPLANATION OF CODES	TOTALS	443.00	438.70	300.00	4.30	10.00	20.00	108.70	0.00

\*\* ITEMS 3, 5, 6 & 8 MAY BE BILLED TO PATIENT

L \$100.00 of 2000 PRESCRIPTION DEDUCTIBLE MET

N3 THIS PROVIDER HAS AGREED TO ACCEPT A LESSER FEE FOR THIS SERVICE. THE DIFFERENCE SHOULD NOT BE BILLED TO THE PATIENT.

M

BENEFIT:	108.70
OTHER COVERAGE:	0.00
ADJUSTMENTS:	0.00
AMOUNT OF PAYMENT:	108.70

PD3 THIS PLAN HAS A SEPARATE PRESCRIPTION DRUG DEDUCTIBLE OF \$100 IN ADDITION TO THE MEDICAL DEDUCTIBLE.

N

\$200.00 OF 2000 DEDUCTIBLE MET

O

\$20.00 OF 2000 COINSURANCE MET

## EXPLANATION OF BENEFITS THIS IS NOT A BILL