

How to Read Your Explanation of Benefits (E.O.B.)

EXPLANATION OF BENEFITS

Allegiance Benefit Plan Management, Inc.
P.O. Box 3018
Missoula, MT 59806

Page: 1
Date: 01/10/2003
EOB No: 0301101234

Employee's name and address → FREDDY FRENCHTOWN
345 SIX STICKS LN.
RHYMING, IN 87654

Participants I.D. number → 555-55-1234

Name of provider → John D. Doe MD

Who the payment was made to. → SAMPLE GROUP

Patients name → _____

Claim number → _____

The following information is an explanation of the benefit determinations for claims which have completed processing.

*** THIS IS NOT A BILL ***

Claim: 200301080123 Patient: Freddy Frenchtown Birthdate: 08/01/1952 Provider: John D. Doe MD

Dates of service	Procedure Code	Description	Charge	Ineligible	Code	Deductible	Co Pay	% Paid	Paid	Paid To	You May Owe
12/15/02 - 12/15/02	OFFIC/OUTPT VISIT E&M EST SE		100.00	45.00	1	55.00	.00		.00		20.00
12/15/02 - 12/15/02	LABORATORY TESTS		75.00	28.02	1	46.98	.00		.00		.00
12/15/02 - 12/15/02	MRI ANGIO HEAD &/OR NECK W/W		1500.00	75.00	2	127.68	.00		400.00	DOCTOR	.00
12/16/02 - 12/16/02	NECK SPINAL FUSIONAL		5000.00	1100.00	2		.00		1200.00	DOCTOR	.00
12/16/02 - 12/16/02	ARTHRODESS POST APP		4000.00	3800.00	1		.00		1300.00	DOCTOR	.00
				2700.00	2				.00		.00
					4				.00		.00
CLAIM TOTALS			10675.00	9350.00		229.66	.00		2900.00		20.00

These are ineligible charges and/or Coordination of Benefits (C.O.B.) amounts. →

Total charges submitted → 10675.00

Explanation of code number used in connection with each ineligible amount on claim.

Code	Remarks
1	INTERMOUNTAIN DIRECT NEGOTIATED DISCOUNT. PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.
2	Benefits were coordinated with your primary health care plan.
3	Your family deductible has been met for this calendar year.
4	Your individual out of pocket amount has been met for this calendar year.

DEDUCTIBLE / OUT OF POCKET SUMMARY

Name	Birthdate	Description	07/01/02-09/30/03
FREDDY F	08/01/1952	MAJOR MEDICAL DED	75.00
		PPO DEDUCTIBLE	279.66
		MAJOR MEDICAL OOP	175.00
		PPO OUT OF POCKET	1500.00

Non PPO Deductible accumulation → 75.00

PPO deductible accumulation → 279.66

Non PPO out-of-pocket → 175.00

PPO out-of-pocket → 1500.00

Claim status information may be obtained 24 hours a day by accessing our Interactive Voice Response (IVR) system at (800)877-1122 or (406)523-3199. For answers to other questions please contact our Customer Service Department at (800)877-1122.

Please use the reference code to look up the ineligible reason code listed on the box on the last page of this E.O.B.

This is our calculation of what you may owe the provider of service

Amount your group plan paid.

This is a specific benefit deductible, for example, if your plan has a \$10.00 co-pay for office visits.

This amount was applied to your annual deductible. The employee is responsible for paying this amount.

* The C.O.B. provisions are applied as outlined in your Summary Plan Description. Amounts not paid by your primary carrier may or may not be paid in full by this plan.