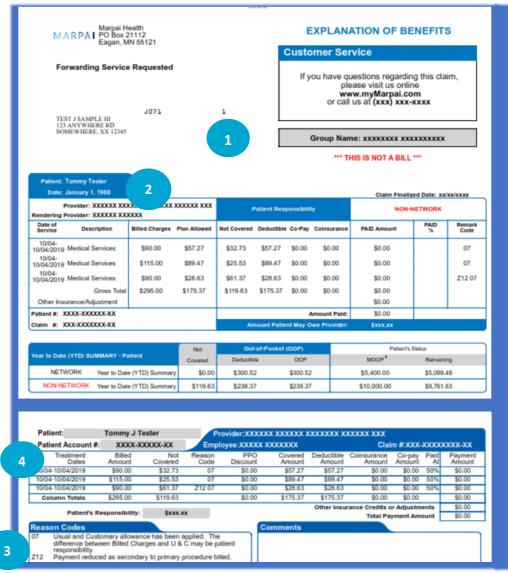


PERMA FAIR

Understanding Your Explanation of Benefits (EOB)

An EOB is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It's not a bill.

Pay special attention to the following areas of your EOB:



- 1. Basic information about the claim, employer and patient.
- 2. An overview of services rendered, dates of services, charges submitted and how plan benefits were applied.
- 3. Explanation of the codes used when applying benefits. This box may include comments regarding your claim. Read this section to see if you need to take any action.
- 4. Lists the ineligible/not covered charges, any amounts applied to deductible, coinsurance and co-pay. The "patient responsibility" is the amount you owe. Compare this amount to any bill you get from your provider. If they don't match, call us at the number on your Benefits ID card.

Need Help? Contact us at the number on your Benefits ID card!