

# Explanation of Benefits Tutorial

## Explanation of Benefits

### For John Smith

#### What is an Explanation of Benefits?

Your Explanation of Benefits (EOB) provides details on the health care services you received. It tells you which costs Chorus Community Health Plans paid and which costs (such as co-payments or deductibles) you pay. An EOB can also be called a Benefits Summary. Your health care provider may bill you directly for any amounts you owe.



12345678910111213

**Subscriber:** John Smith  
Name overflow

**Member ID:** 123456789-02

**Employer:** Your Employer  
Name overflow

**Date:** 01/10/14

**Note: All amounts displayed on this EOB are for illustration only.**

### Overview

Name of the policy holder

Employer providing coverage (if applicable)

Date the EOB was prepared

Member who received care

#### Definitions:

**Network Discount:** The amount you saved by using a Chorus network participating provider.

**Plan's Share:** The portion of the Amount Charged and paid to your provider by Chorus Community Health Plans after applicable deductibles, co-payments, and coinsurance. This amount does not include Spending Account payments.

#### Your Share

The amount you owe for a service, based on your coinsurance, deductible, or copayment. You may have already paid some of this at the time of service. Your provider will bill you for the balance.

How much do you owe? This is the amount you owe out of pocket on this claim. Your provider(s) may bill you this amount, less any payments you have already made for the services. Refer to subsequent pages for details on each claim.

## Your Weekly Benefit Report

### Medical and Hospital Claims Processed From 01/03/14 to 01/09/14

<b>Amount Charged</b>	\$1,719.00
<b>Network Discount</b>	\$1,487.76
<b>Plan's Share</b>	\$208.12
<b>Your Share</b>	\$23.12

#### Questions?

Get help in two easy ways:

1. Visit our website at [chorushealthplans.org](http://chorushealthplans.org)
2. Call the Chorus Community Health Plans Customer Service team at 1-844-201-4672 Monday through Friday, 8 a.m. to 6 p.m., and Saturday, 8 a.m. to 2 p.m. TTY users should call toll-free 1-844-531-4856.

#### What now?

This is an Explanation of Benefits and requires no action.

## Account information

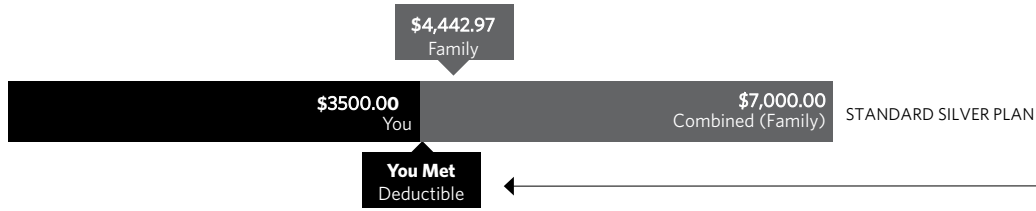
## Your 2014 Spending Summary

(Contains all claims processed as of 01/09/14, including claim(s) listed in this Explanation of Benefits.)

For John Smith

Your deductible and out-of-pocket (OOP) maximum reset each year. Your current plan year is listed here on your EOB.

## Annual Deductibles



This tells you if you have met your deductible.

## Out-of-Pocket Maximums



This tells you if you have met your out-of-pocket maximum.

# Recent Payment Details

Provider: Chorus Community Health Plans, Claim #: 123456789011

Service	Amounts Charged		Your Health Plan(s) Paid		Your Share		
	Amount Charged	Network Discount	Plan's Share	Other Insurance	Copayment	Deductible	Coinsurance
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	\$1,719.00	\$1,487.76	\$208.12	\$0.00	\$0.00	\$0.00	\$23.12
<b>Total</b>	\$1,719.00	\$1,487.76	\$208.12	\$0.00	\$0.00	\$0.00	\$23.12
<b>Total Charged After Discount:</b>		<b>\$231.24</b>	<b>Your Health Plan(s) Paid:</b>	<b>\$208.12</b>	<b>You Owe or May Have Paid:</b>		<b>\$23.12</b>

Date: 01/09/14

The "Date" is the date the patient went to the doctor or hospital.

A deductible has been applied to this service.

How much do you owe? This is the amount you owe out of pocket on this claim. Your provider(s) may bill you this amount, less any payments you have already made for the services.

