How to Read Your Explanation of Benefits (EOB)

TUFTS Health Plan

To help you understand how your health benefits work, Tufts Health Plan will send you an Explanation of Benefits (EOB). Your EOB is not a bill. It is a statement that shows what health services you received, what bills your health plan paid, and what you may still owe to a health care provider.

How to Read Your EOB

Your EOB has three sections.

1 | Summary of Submitted Charges

A summary of the bills your health care providers sent to Tufts Health Plan for health services provided to you and other family members on the plan.

2 | Plan Accumulations

This section shows the amount of money you have paid to date for health care services, the amount you are expected to pay for each member and family as a whole, and the amount remaining until you meet your annual limit.

3 | Claim Details

Specific information for each claim that is submitted to Tufts Health Plan. It includes the date the service was received, the procedures performed, the charges for that claim, and how Tufts Health Plan handled the claim.

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TUFTS Health Plan
No one does more to keep you healthy.

705 Mount Auburn Street
Watertown, MA 02472-1508

200806090123

Return Service Requested

10244 0.3516 AT 0.346   3-DIGIT 018

JOHN SAMPLE   40
123 MAIN STREET
ANYTOWN, MA 12345

This is your Explanation of Benefits (EOB)

This statement acts as a processed claims report and shows how we applied your coverage to claim(s) submitted to us.

* * * This is NOT a bill. * * *

Plan Type:	**Sample**
Group Name:	**SAMPLE**
Date Issued:	**03/01/2012**

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Register at www.tuftshealthplan.com and get the most value from your plan! View and print your EOBs, check your benefits and coverage amounts, review claims, change your PCP and more - quickly and easily in your secure online account!

Processed Claims Report

1

Summary of Submitted Charges:

Member Name	Charged	Allowed	Paid by Health Plan	Deductible	Copay	Coinsurance	Not Covered
JOHN SAMPLE	270.00	246.41	246.41	0.00	0.00	0.00	0.00

2

Plan Accumulations:

JOHN SAMPLE

Authorized Plan Accumulations	Accrued Medical	Remaining	Annual Limit
Individual Deductible	$0.00	$0.00	$0.00
Individual Out-of-Pocket	$0.00	$0.00	

FAMILY

Authorized Plan Accumulations	Accrued Medical	Remaining	Annual Limit
Family Deductible	$0.00	$0.00	$0.00
Family Out-of-Pocket	$0.00	$0.00	$0.00

3

Claim Details:

| Patient Name: | JOHN SAMPLE | Provider: | DOE, JANE, M.D. |
| Patient Number: | 123456789 01 | Claim Number: | 123456AW |

Date of Service	Procedure	Charged	Allowed	Paid by Health Plan	Deductible	Copay	Coinsurance	Not Covered	Notes
01/01/2012	ELECTROCARDIOGRAPHY	65.00	41.41	41.41	0.00	0.00	0.00	0.00	
01/01/2012	OFFICE OR OTHER	205.00	205.00	205.00	0.00	0.00	0.00	0.00	
	Claim Total:	**270.00**	**246.41**	**246.41**	**0.00**	**0.00**	**0.00**	**0.00**	

You owe **$0.00** to **DOE, JANE, M.D.** This value includes amounts you may have already paid at the time of service. **THIS IS NOT A BILL.**

Words You Need to Know

Charged

The amount your health care provider bills for the health care services provided to you.

Allowed

The amount Tufts Health Plan may pay your health care provider for the service you received. This may be less than the amount the provider charged.

Provider

The name of the health care professional who provided the health care services to you.

Claim

The bill your health care provider sent to Tufts Health Plan for the health care services provided to you.

Claim Number

The number Tufts Health Plan gives each bill a provider sends to Tufts Health Plan.

Copay

The dollar amount you pay for some services or supplies. For example, a typical copay is $20 for an office visit.

Coinsurance

When you and Tufts Health Plan each pay a part of the cost for health care services. In some cases this sharing of costs starts after you pay your deductible amount in full. This is usually a percentage of the cost of the service. Check your plan to see what applies to you.

Date of Service

The date health care services were provided.

Deductible

A cost-sharing feature of your plan where you pay for some health care services up to a certain amount. After you pay this amount in full, Tufts Health Plan begins payment.

Not Covered

The dollar amount for health care services that Tufts Health Plan does not cover. You may need to pay this amount to your provider.

Notes

If Tufts Health Plan does not pay a claim in full, we give you the reason on the last page of your EOB. Each reason has a two-digit code. This code is also in the Summary of Charges section of the EOB, following the claim for which it applies.

Out-of-Pocket

The amount you are responsible for paying each year for covered health services to meet your deductible and/or coinsurance amounts. Copayments may or may not count toward your deductible. Check your plan to see what applies to you.

Paid by Health Plan

The amount Tufts Health Plan has paid your health care provider.

Patient Name

The name of the person who received health care services.

Procedure

A brief description of the health care services provided on the date listed.

Request a Review

If Tufts Health Plan does not pay some or all of a claim, you have the right to ask why it was not paid and to ask us to change our decision. This is called an appeal. For details on the appeals process, see the last page of your EOB.

You Owe

The amount, if any, you may owe to your health care provider for each claim. You may have paid some of this amount to your provider at the time you received the services. Remember, this EOB is not a bill. If you owe your health care provider for services, your health care provider will bill you directly.

Go Green With Your EOBs

Instead of having your EOBs sent to you by U.S. mail, you can simply view them online. To view your EOBs online, log in to tuftshealthplan.com and change your EOB delivery method to "Paperless." You may view and print EOBs from your online account anytime.