

How to read an EOB

To help you understand how your medical benefits are applied, Tufts Health Plan sometimes sends an Explanation of Benefits (EOB) to members. Your EOB is not a bill, but rather a tool that outlines what was submitted to the health plan and what may be owed to a health care provider.

GO PAPERLESS with EOBs and save a tree!

- Registered online account members: Just log in and change your EOB delivery method to "PAPERLESS" instead of U.S. mail
- Not already registered for access to your online account? Do so now!
- When an EOB is posted only to your online account, we'll send you an e-mail notifying you it's ready for viewing
- You can view and print EOBs from your online account anytime

A SUMMARY OF SUBMITTED CHARGES SECTION: A summary of the claim(s) processed by Tufts Health Plan as charged to us by your provider(s) for medical services rendered to you and/or your minor dependents for specified date(s) of service.

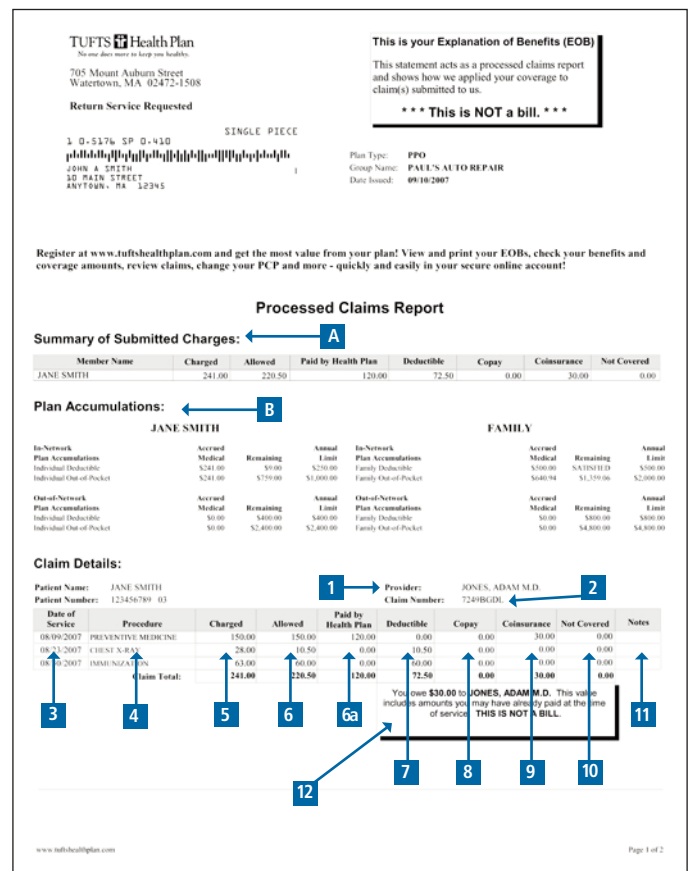
B PLAN ACCUMULATIONS SECTION: An itemized summary, by individual and family (if applicable), for the dollar amount accrued towards any annual limits which requires payment by you.

OUT OF POCKET: The amount of money you must pay during a plan year for covered services that are subject to your deductible and coinsurance until the predetermined annual limit is met. Sometimes copayments also count toward your out of pocket maximum. Check your benefit document to see if this applies to you.

- 1 PROVIDER:** The name of the health care professional who is indicated on the medical claim as having provided the service to the member.
- 2 CLAIM NUMBER:** The Tufts Health Plan generated identification number assigned to the claim submitted by your health care provider.
- 3 DATE OF SERVICE:** The date services were provided to the member.
- 4 PROCEDURE:** A brief description of services provided to the member on the date listed.
- 5 CHARGED:** What the health care provider charged for the services listed.
- 6 ALLOWED:** The dollar amount Tufts Health plan determines should be paid to the provider, which may be less than the charged amount. Depending on the member's plan design and accumulator status, both the health plan and the member may contribute towards paying the allowed amount.
- 6a PAID BY HEALTH PLAN:** The dollar amount Tufts Health Plan paid to the health care provider towards meeting the allowed charges.
- 7 DEDUCTIBLE:** A cost-sharing feature of your plan where you pay for some healthcare services up to a specified amount before Tufts Health Plan begins payment. (May not apply to your plan.)
- 8 COPAY:** The flat dollar amount you pay for some services or supplies.
- 9 COINSURANCE:** A cost-sharing feature of your plan where you and Tufts Health Plan each pay a percentage of the cost for the covered services, in many cases after payment of a deductible. (May not apply to your plan.)
- 10 NOT COVERED:** The dollar amount for services that are not covered by the plan. The member may be responsible for payment.
- 11 NOTES:** A two-digit code, referenced on the last page of the EOB, that explains how the claim was processed if other than paid.

12 YOU OWE: The amount, if any, you may owe to your provider for this claim. It includes any outstanding deductible, co-insurance, and copay amounts and any non-covered services. You may have paid some of this amount to your provider at the time the services were provided. And, there may be times when you don't owe anything. Remember, this EOB is not a bill. Your provider will bill you directly.

If your claim has been denied in whole or in part, you have the right to request a review (appeal) of this denial. For more explanation on this process, see the last page of your EOB.



TUFTS Health Plan
Now that's more to keep you healthy.
 705 Mount Auburn Street
 Watertown, MA 02472-1508

Return Service Requested
 SINGLE PIECE
 3 0-5176 SP 0-410
 JOHN A SMITH
 30 MAIN STREET
 AUSTON, PA 12245

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: FFO
 Group Name: PAUL'S AUTO REPAIR
 Date Issued: 09/18/2007

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

Summary of Submitted Charges: ← **A**

Member Name	Charged	Allowed	Paid by Health Plan	Deductible	Copay	Coinsurance	Not Covered
JANE SMITH	241.00	220.50	120.00	72.50	0.00	30.00	0.00

Plan Accumulations: ← **B**

JANE SMITH				FAMILY			
In-Network	Accrued Medical	Remaining	Annual Limit	In-Network	Accrued Medical	Remaining	Annual Limit
Plan Accumulations	\$241.00	\$9.00	\$2,700.00	Plan Accumulations	\$500.00	\$ATNSI110	\$500.00
Individual Deductible	\$241.00	\$779.00	\$1,000.00	Family Deductible	\$600.00	\$1,100.00	\$2,000.00
Individual Out-of-Pocket				Family Out-of-Pocket			

Claim Details:

Patient Name: JANE SMITH
 Patient Number: 123456789 03
 Provider: JONES, ADAM M.D.
 Claim Number: 7249BGDI

Date of Service	Procedure	Charged	Allowed	Paid by Health Plan	Deductible	Copay	Coinsurance	Not Covered	Notes
08/09/2007	PREVENTIVE MEDICINE	150.00	150.00	120.00	0.00	0.00	30.00	0.00	
08/13/2007	CHIEF X-RAY	28.00	10.50	0.00	10.50	0.00	0.00	0.00	
08/13/2007	IMMUNIZATION	63.00	60.00	0.00	0.00	0.00	30.00	0.00	
	Claim Total:	241.00	220.50	120.00	72.50	0.00	30.00	0.00	

You owe \$30.00 to JONES, ADAM M.D. This value includes amounts you may have already paid at the time of service. THIS IS NOT A BILL.

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