



Your health. Your life. Your future.

7231 Parkway Drive, Suite 100
Hanover, MD, 21076

Your Explanation of Benefits

Customer Service Information:

Phone: varies
 Fax: 410-424-4602
 Website: www.ehp.org

For more information on your coverage, log into your HealthLINK@Hopkins account at www.ehp.org.

THIS IS NOT A BILL

1 Member Name: John Smith

2 Member ID: 000111000111*01

3 Provider Name: Jane Medical

4 Provider ID: 12345

5 Date of Service	6 Billed Amount	7 Allowed Amount	8 Above Maximum	9 Not Covered	10 Deductible	11 Copay/ Insurance	12 Other Ins. Paid	13 Member Liability	14 Discount	15 Paid Amount	16 Remarks
010211	20.00	4.43	15.57	0.00	0.00	0.00	0.00	0.00	0.00	4.43	ARA
010211	18.00	7.27	10.73	7.27	0.00	0.00	0.00	0.00	0.00	0.00	NC40
010211	199.00	128.79	70.21	0.00	0.00	0.00	0.00	0.00	0.00	128.79	ARA
TOTALS	237.00	140.49	96.51	7.27	0.00	0.00	0.00	0.00	0.00	133.22	

17 Provider May Bill You: \$0.00

18 Remark Code:

Description:**19**

ARA
NC40

THIS AMOUNT REFLECTS THE ALLOWED AMOUNT FOR THIS SERVICE AND MAY DIFFER FROM BILLED AMOUNT THIS PROCEDURE IS PART OF A GLOBAL FEE. THIS IS NOT A MEMBER LIABILITY.



Turn this guide over to read a description of the fields labeled on this sample Explanation of Benefits.

UNDERSTANDING YOUR EHP

Explanation of Benefits (EOB)

The Explanation of Benefits (EOB) tells members exactly which services their provider(s) have billed, what has been paid and at what rate, what has been denied and why, and what payment, if any, is the member's responsibility. The numbered list below references sections of the sample EOB found on the reverse side. Member EOBs are mailed out twice a month. If you have any questions regarding your personal EOBs, please contact EHP Customer Service at 1-800-261-2393.

ITEM	DESCRIPTION
1 Member Name	Person who received the service(s). It is important to check and make sure that it is the correct member of the family.
2 Member ID Number	System-assigned identifier. This number appears on the EHP membership card.
3 Provider Name	Name of the doctor, physician group, or facility that rendered the service.
4 Provider ID Number	System-assigned identifier. Each provider has their own ID number; this identifies who rendered the service.
5 Date of Service	The date that the patient received the service(s).
6 Billed Amount	This is the amount the doctor or facility charged for the service(s) that the patient received.
7 Allowed Amount	This is the maximum amount EHP will allow for the service(s) the patient received. Any copay and/or coinsurance amounts that the patient is responsible for paying are deducted from the allowed charge.
8 Above Maximum	The difference between the amount that the physician charged (Billed Amount) and the amount that EHP allows for the service (Allowed Amount).
9 Not Covered	The amount that will not be considered for payment.
10 Deductible	The amount that the patient must pay within the plan year, before EHP begins to pay benefits. The patient's Schedule of Benefits or Summary Plan Description (SPD) will advise if he/she has a deductible.
11 Copay/Coinsurance	Copay - A flat fee the patient must pay at the time of service. Usually applicable to an office visit or pharmacy. Coinsurance - Percentage of medical costs that the patient shares with EHP. The patient's Schedule of Benefits or SPD will advise if he/she has a copay or coinsurance.
12 Other Ins. Paid	The amount that the primary insurance paid, if the patient has primary insurance coverage with another health plan.
13 Member Liability	The amount that the patient is responsible for paying to the provider of service, when the provider of service is a network provider. *PLEASE NOTE: If the patient receives services from a non-network provider, the Member Liability may exceed what is listed on the EOB, up to the Billed Amount (charge) of the non-network provider.
14 Discount	Applies to hospital claims that have been paid within 30 days of receipt by EHP.
15 Paid Amount	The amount that EHP has paid to the provider for the services that the patient received.
16 Remarks	The Code(s) for each service received (see 18-Remark Code and 19-Description).
17 Provider May Bill Amount	The amount that the patient is responsible for paying to the provider of service, when the provider of service is a network provider.
18 Remark Code	System-assigned identifier. Abbreviation of the message description.
19 Description	Explains the remark code.