

# About Your EOB

## What is an EOB?

An Explanation of Benefits (EOB):

- Is not a bill
- Shows how HPI processed a medical claim and applied your health benefits
- May be received in the mail if you have financial responsibility for claim charges
- Can also be accessed online through your My Plan account.

### SAMPLE EOB

**hpi** | Health Plans, Inc.

Your Employer Name  
PO Box 5199  
Westborough, MA 01581

**Forwarding Service Requested**

MARY A. DOE  
123 MAIN STREET  
UNIT 21  
ANYTOWN, MA 01000

**Explanation of Benefits**

**PLEASE KEEP A COPY FOR YOUR RECORDS**

**THIS IS NOT A BILL**

**Customer Service**

For more information, visit [healthplansinc.com](http://healthplansinc.com) or call Customer Service at XXX-XXX-XXXX

Group Name: YOUR EMPLOYER PLAN NAME  
Group Code: XXX-Z01  
Process Date: 02/27/2016  
Patient: JOHN W. DOE

Patient: JOHN W. DOE      Provider: ABC MRI DIAGNOSTICS, LLC  
Claim #: 216268W8200      Member: MARY A. DOE

Treatment Dates	Procedure Code	Charge Amount	Not Covered	Reason Code	Allowable Amount	*Deductible Amount	*Co-pay Amount	Paid At	Payment Amount
02/03-02/03/2016	70543	\$1700.00	\$0.00	HP	\$1472.85	\$558.15	\$0.00	90%	\$823.23
<b>Column Totals</b>		<b>\$1700.00</b>	<b>\$0.00</b>		<b>\$1472.85</b>	<b>\$558.15</b>	<b>\$0.00</b>		<b>\$823.23</b>
<b>*Patient's Responsibility</b>		<b>\$649.62</b>							
							<b>Other Insurance Credits or Adjustments</b>		<b>\$0.00</b>
							<b>*Coinsurance Total</b>		<b>\$91.47</b>
							<b>Total Payment Amount</b>		<b>\$823.23</b>

**Reason Code/Description**

HP YOUR NETWORK DISCOUNT APPLIED

**2016 Year-to-Date Plan Accumulators**

Accumulator Description	Satisfied to Date	Maximum
JOHN W. DOE Individual In-Network Deductible	\$750.00	\$750.00
JOHN W. DOE Individual In-Network Out of Pocket	\$841.47	\$2250.00
JOHN W. DOE Individual Out-of-Network Deductible	\$0.00	\$1250.00
JOHN W. DOE Individual Out-of-Network Out of Pocket	\$0.00	\$3000.00
Family In-Network Deductible	\$1500.00	\$1500.00
Family In-Network Out of Pocket	\$1972.05	\$4500.00
Family Out-of-Network Deductible	\$0.00	\$2500.00
Family Out-of-Network Out of Pocket	\$0.00	\$6000.00

**Messages**

You are entitled to appeal any denial or partial denial of a claim. See the back of this page for information about your appeal rights.  
SPANISH (Español): Para obtener asistencia en Español, llame al 866-615-8366.

**Comments**

PER NETWORK AGREEMENT, THERE IS NO MEMBER RESPONSIBILITY FOR PRICING DISCOUNTS.



Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

