



Instructions on How to Read your EOB

Please take a moment to review the information listed below which outlines the structures and sections of the EOB. Please contact the Customer Service number on the back of your Plan ID card if you have any questions.

SAMPLE

Explanation of Benefits
This is NOT a bill

UFCW Unions and Employers Midwest Health Benefit
 18861 90th Avenue, Suite A
 Mokena, IL 60448-8178

Forwarding Service Requested

Example Patient
 123 Main Street
 Example Address, USA

JOHN
 DOE MD

Additional information or questions concerning this claim should be directed to
Sample Address
Phone Number Website

Claim Number: 123456789
Fund: ABCD
Statement Date: 20140101
Employee Name: EXAMPLE PATIENT
Employee SS#: XXX-XX-1234
Patient's Name: EXAMPLE PATIENT
Account#: 081960094-00
Provider: SAMPLE PROVIDER, M

Line	Description of Services	Service Dates	Expenses Submitted	Eligible Amount	Deductible	Co-Pay	Other Carrier Payment	Plan Benefit	Patient's Responsibility	Exclude Codes
001	Major Medical Misc	04/20/08 - 04/20/08	300.00	107.32	15.00	0.00	0.00	92.32	0.00	017
TOTALS			300.00	107.32	15.00	0.00	0.00	92.32	0.00	

Total Plan Benefit: 92.32
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 92.32

Payment To	Amount	Check #	Paid
SAMPLE PROVIDER, MD	92.32	00050000	

Accumulators Statement for the Benefit Year
 DEDUCTIBLE YTD \$ 200.00 2013
 CO-INSURANCE YTD \$ 99.12 2013

Line#	Code	Description
> 001	017	Exclude Code Description

Insured, patient and claim information grouped together. Claim number for ease of reference.

Claim Summary box detail payments made, adjustments and other insurance payments

Concise, easy to understand deductible and out-of-pocket accumulators.