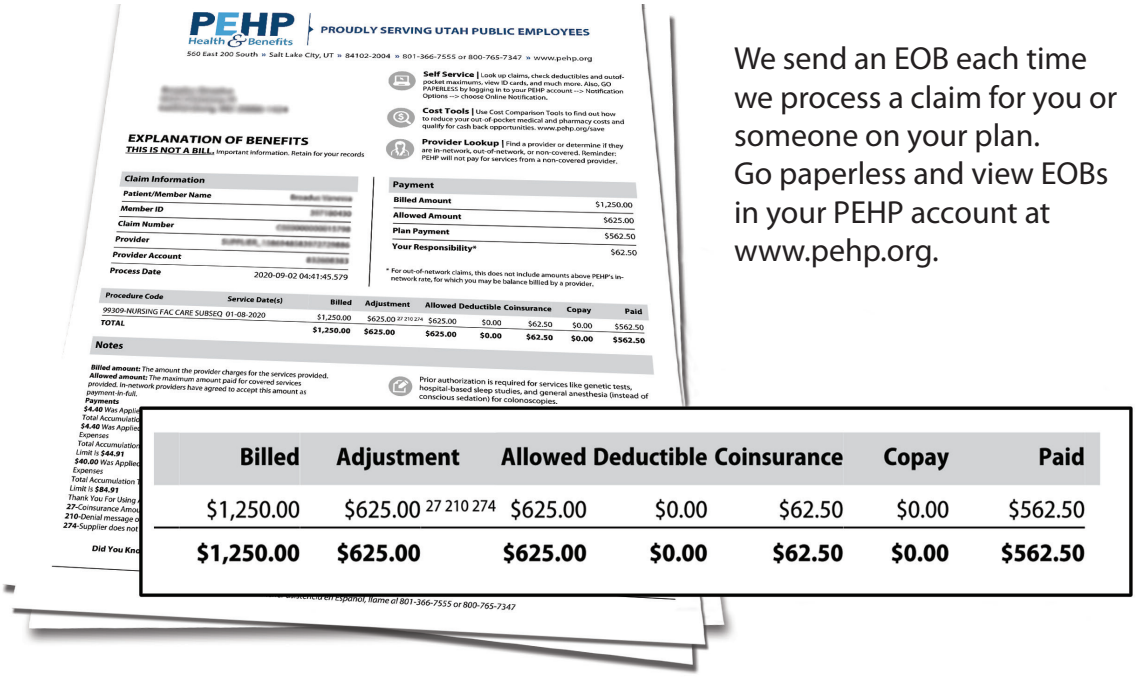
Understanding Your EOB (Explanation of Benefits)


PEHP Health & Benefits | PROUDLY SERVING UTAH PUBLIC EMPLOYEES

560 East 200 South » Salt Lake City, UT » 84102-2004 » 801-366-7555 or 800-765-7347 » www.pehp.org

EXPLANATION OF BENEFITS
THIS IS NOT A BILL. Important information. Retain for your records

Claim Information
Patient/Member Name
Member ID
Claim Number
Provider
Provider Account
Process Date 2020-09-02 04:41:45.579

Payment
Billed Amount $1,250.00
Allowed Amount $625.00
Plan Payment $562.50
Your Responsibility* $62.50

Procedure Code	Service Date(s)	Billed	Adjustment	Allowed	Deductible	Coinsurance	Copy	Paid
99309-NURSING FAC CARE SUBSEQ	01-08-2020	$1,250.00	$625.00 27 210 274	$625.00	$0.00	$62.50	$0.00	$562.50
TOTAL		$1,250.00	$625.00	$625.00	$0.00	$62.50	$0.00	$562.50

Notes

Billed	Adjustment	Allowed	Deductible	Coinsurance	Copay	Paid
$1,250.00	$625.00 27 210 274	$625.00	$0.00	$62.50	$0.00	$562.50
$1,250.00	**$625.00**	**$625.00**	**$0.00**	**$62.50**	**$0.00**	**$562.50**

We send an EOB each time we process a claim for you or someone on your plan. Go paperless and view EOBs in your PEHP account at www.pehp.org.

BILLED AMOUNT
The medical provider's (e.g., doctor, hospital, or clinic) bill for your service.

ALLOWED AMOUNT
The maximum fee allowable for a given procedure, test, device, or medication established by PEHP and accepted by In-Network Providers. Also referred to as "In-Network Rate."

AMOUNT ELIGIBLE
This is PEHP's In-Network Rate. This is the most we allow in-network providers to charge for this service. However, out-of-network providers may charge more than the In-Network Rate. Avoid paying more by using only providers in your network (go to www.pehp.org).

DEDUCTIBLE
The set amount you pay for eligible charges in a plan year before cost sharing takes place.

COINSURANCE
The percentage of the cost you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.

COPAY
The fixed dollar amount you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.

PLAN PAYMENT
The part of the bill PEHP paid.

CLAIM NUMBER
Keep this number as reference if you call PEHP about your claim.

YOUR RESPONSIBILITY
The amount of the bill the provider expects you to pay. This is between you and the provider.

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