

Understanding your Explanation of Benefits

Health care can be confusing—your Explanation of Benefits (EOB) doesn't have to be. With an EOB from MedCost Benefit Services, you get simplified language and a design that makes it easy to understand the costs associated with your visit to the doctor, hospital or dentist.



What is an Explanation of Benefits?

An Explanation of Benefits, often referred to as an EOB, is a written statement issued by your claims administrator for any health care services that you have received. **The EOB is not a bill**; it is an explanation of what was covered by your health benefits plan. (See sample EOB on the back.) An EOB will be made available to you for online viewing after a claim from a health care provider has been submitted on your behalf and processed. If you request paper EOBs, a summary statement will be mailed to you monthly.

Your EOB from MedCost Benefit Services identifies the total amount charged by the provider for the service(s) you received; the maximum amount that your health plan will pay (allow) for the service; the amount paid to the provider by your benefits plan; and the amount you may be responsible for paying to the provider (labeled as Your Financial Responsibility or Patient Responsibility), if any. Your EOB also includes reason codes to clearly explain any adjustments or non-covered charges, or to request more information.

Go paperless with Electronic Explanation of Benefits (e-EOB) statements.

By registering for a secure member account on MedCost.com, you automatically will be signed up to receive EOB statements electronically. An e-mail notification will be sent to you whenever activity has created an EOB and can be viewed online. Or, if you prefer to receive paper EOBs, you can choose to have an EOB summary statement mailed to you monthly. (You may change your EOB delivery preference at any time.)

A secure member account gives you access to more than just e-EOBs.

In addition to viewing your EOB statements online, a secure member account allows you to access other information such as eligibility history and status, claims history, the Summary Plan Description for your health plan, and deductible and out-of-pocket maximum accumulators. You also can view and/or e-mail a digital version of your ID card, so the information on your card is always available—even if you don't have the actual card with you.

To register for a secure online account, select login under the member portal at www.MedCost.com and follow the instructions to set up your account. If you have questions, please call our Customer Service Contact Center at the number shown on your ID card.

Reminder: If you have dependents over the age of 18, they must provide consent before you can access their Protected Health Information (PHI) online. To submit an electronic request for consent, login to your account and select "Account Authorization." You also may grant access for dependents to view your information.



www.MedCost.com

EXPLANATION OF BENEFITS

An Explanation of Benefits (EOB) from MedCost Benefit Services will be issued for any health care service(s) you receive.

MEDCOST BENEFIT SERVICES
PO BOX 25987
WINSTON SALEM NC 27114-5987



Quickly locate contact information if you have questions.

Forwarding Service Requested

Contact Us

Call 1-8XX-XXX-XXXX
Visit us online at www.medcost.com
Download My MedCost mobile app

J108 1
COMMON, JOE R.
231 MAIN STREET
ANYTOWN USA 12345

Member Info

Group: ABC Group
Group #: 6858
Employee: COMMON, JOE

Recent Claim Activity

Don't worry, **this is not a bill.**

The information below is a summary of your health care claims, including any out-of-pocket expenses or non-covered amounts that you may owe the provider(s). Please review the detailed claim breakdown carefully. Some claims may require more information from you or your provider before they can be processed. You also should compare this summary to any health care bills you receive.

Know what amount you may be billed from the provider for the service(s) you received.

Amount Billed	\$2,498.30	This is the amount billed by the provider for the health care service.
Amount Allowed	\$1,873.73	This is the amount that the plan based its benefits upon. The amount billed is reduced by an adjustment. See claim breakdown for more information.
Amount Paid By Plan	\$0.00	This is the amount the plan paid for services billed.
Your Financial Responsibility	\$1,873.73	This is the amount you may be billed after your health plan benefits were paid and any in-network adjustments were made.

YOUR HEALTH CARE BENEFITS AT A GLANCE

	Amount Met	Amount Remaining
Medical - Individual In Network Deductible	\$0.00	\$1,500.00
Medical - Individual Out of Network Deductible	\$0.00	\$3,000.00
Medical - Individual In Network Out of Pocket	\$60.95	\$4,939.05
Medical - Individual Out of Network Out of Pocket	\$60.95	\$9,939.05
Medical - Family In Network Deductible	\$0.00	\$4,500.00
Medical - Family Out of Network Deductible	\$0.00	\$9,000.00
Medical - Family Out of Network Out of Pocket	\$60.95	\$25,339.05

See how close you are to meeting your plan deductible and out-of-pocket maximum.

Your Detailed Claim Breakdown

Claim #: 010000000000		Patient Name: COMMON, JOE R.				Provider: DOCTOR SAMPLE				
Dates of Service	Type of Service	Total Charge	In-Network Adjustment	Non Covered	Deductible	Co-Pay	Coinsurance	Paid At	Reason Code	Plan Payment Amount
09/12/16 - 09/12/16	HOSPITAL SERVICES	\$57.30	\$14.32	\$42.98	\$0.00	\$0.00	\$0.00	0%	YK1, MS1, AK1	\$0.00
09/12/16 - 09/12/16	HOSPITAL SERVICES	\$310.00	\$77.50	\$232.50	\$0.00	\$0.00	\$0.00	0%	MS1, AK1, YK1	\$0.00
09/12/16 - 09/12/16	HOSPITAL SERVICES	\$1,243.00	\$310.75	\$932.25	\$0.00	\$0.00	\$0.00	0%	MS1, AK1, YK1	\$0.00
09/12/16 - 09/12/16	HOSPITAL SERVICES	\$500.00	\$125.00	\$375.00	\$0.00	\$0.00	\$0.00	0%	MS1, AK1, YK1	\$0.00
09/12/16 - 09/12/16	HOSPITAL SERVICES	\$227.80	\$56.95	\$170.85	\$0.00	\$0.00	\$0.00	0%	MS1, AK1, YK1	\$0.00
09/12/16 - 09/12/16	HOSPITAL SERVICES	\$30.20	\$7.55	\$22.65	\$0.00	\$0.00	\$0.00	0%	MS1, AK1, YK1	\$0.00
09/12/16 - 09/12/16	HOSPITAL SERVICES	\$130.00	\$32.50	\$97.50	\$0.00	\$0.00	\$0.00	0%	MS1, AK1, YK1	\$0.00
Totals		\$2,498.30	\$624.57	\$1,873.73	\$0.00	\$0.00	\$0.00			
									Provider Paid Amount	\$0.00
									Employee Paid Amount	\$0.00
									Total Payment	\$0.00
									Patient Responsibility	\$1,873.73

Easily find information specific to the claim, including requests where you may need to take action.

Reason Code Description

Code	Description
YK1	DENIED FOR DATE, PLACE & DETAILS OF INJURY
MS1	PPD ADJUSTMENT, PATIENT NOT RESPONSIBLE
AK1	PLEASE SUBMIT ADDITIONAL MEDICAL INFORMATION