

Your Explanation of Benefits explained

What's an Explanation of Benefits (EOB)?

A record of the medical services you received over a certain amount of time. A detail of items that your provider billed Priority Health, what was paid and your expected share of the cost. Your provider will bill you your share.

**Your EOB
isn't a bill.**

When will I receive an EOB?

Whenever you receive a medical service and a provider bills us for that service, we'll send you an EOB unless your share is \$0 or only your copayment amount. This is the claims process. You can see current and past claims online. Log in to your MyHealth account at priorityhealth.com.

What should I do with my EOB?

Keep a record of your EOBs and file all of your paper copies. We recommend going paperless to receive an email when a new claim statement is available in your MyHealth account. To do this, log in to your MyHealth account and choose **Costs**, then **Claims**. Under Claims details, select **I choose to go paperless**.

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|------------------|----------|---|--|---|---|--|--|--|
| JANE DOE | | PROVIDER: NAME OF PROVIDER HERE | | | | | B Priority Health paid on XX/XX/XXXX Claim# XXXXXXXXXXXX | |
| Statement date | A | Bill amount | | Discount | Priority Health paid | Other Insurance paid | Your share | |
| ID number | | <small>The bill we received from your health care provider.</small> | | <small>Discounts Priority Health negotiated on your behalf.</small> | <small>The amount Priority Health paid for your services.</small> | <small>If applicable, the amount your other insurance (Other Ins.) paid for your services.</small> | <small>Your combined copayment, deductible and/or coinsurance amount. You may have already paid all or part of this.</small> | |
| Customer service | | \$0.00 C | | \$0.00 D | \$0.00 E | \$0.00 F | \$0.00 G | |

PERSONAL INFORMATION

- A** Your name and ID (contract number on your membership card) and our customer service phone number.

YOUR CLAIM SUMMARY

- B** The date Priority Health paid for the medical services listed on the EOB. Your claim number is used as a tracking number and a reference number if you call customer service.
- C** **Bill amount.** Total amount your provider billed Priority Health for the services listed (without the discount).
- D** **Discount.** Amount discounted from the bill amount because you have a health plan with us.
- E** **Priority Health paid.** Total amount Priority Health has paid toward the amount your provider billed.
- F** **Other insurance paid.** If you have other coverage, this is the total amount other insurance paid toward what your provider billed.
- G** **Your share.** If your deductible hasn't been met, or a copay or coinsurance applies, this amount is your expected share of the cost. You can expect this bill from your provider.

CLAIM DETAILS:

| Date of service | Medical service | Bill amount | Discount | Priority Health paid | Other Ins. Paid | Your share | | | | Notes |
|-----------------|-----------------|-------------|----------|----------------------|-----------------|------------|-------------|-------|--------|-------|
| | | | | | | Deductible | Coinsurance | Copay | Other* | |
| | | | | | | H1 | H2 | H3 | H4 | |
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YOUR CLAIM DETAILS

H Your share. A breakdown of your share of the provider's bill.

H1. Deductible: Amount you pay yearly before your health plan pays for services. See plan documents for details.

H2. Coinsurance: After your deductible is met, coinsurance is your portion of the cost for medical services or prescriptions listed as benefits in your plan.

H3. Copayment: Also known as copay. The portion paid at the time you receive health care service or prescription is filled.

H4. Other*: Additional services or procedures not covered under your plan, charged by your provider.

Your deductible balances after this claim has been paid:

For the most up-to-date balances, log in to your MyPriority account at priorityhealth.com

| After this claim balances for Benefit Year: 2016 | Met | Total |
|--|---------|---------|
| FAMILY DEDUCTIBLE ALTERNATE/OUT OF NETWO | XXXX.XX | XXXX.XX |
| FAMILY HSA DEDUCTIBLE COMBINED MEDICAL/R | XXXX.XX | XXXX.XX |
| FAMILY OOP DOLLAR HSA MEDICAL/RX COMBINE | XXXX.XX | XXXX.XX |
| FAMILY OOP OUT OF NETWORK DOLLAR | XXXX.XX | XXXX.XX |
| INDIVIDUAL DEDUCTIBLE ALTERNATE/OUT OF N | XXXX.XX | XXXX.XX |
| INDIVIDUAL HSA DEDUCTIBLE COMBINED MEDIC | XXXX.XX | XXXX.XX |

DEDUCTIBLE BALANCES

I Met. How much of your total deductible has been met, including your share of the costs listed in this EOB.

J Total. What the total amounts of your contracted plan deductibles are.

Total

– Met

= The remaining amount you need to meet each deductible

We're eager to help. Contact the number on the back of your membership card.

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).