

Understanding Your Explanation of Benefits (EOB)

You will receive an Explanation of Benefits (EOB) each time a claim is submitted to WEB-TPA by you or your health care provider. The EOB will explain how your claim was processed; i.e. how charges were allocated based on the criteria outlined in your health plan. The EOB is designed to help you determine your health care costs. Please refer to page 2 for a Sample EOB. Each section of the EOB is numbered and a description is provided below.

Section 1

WEB-TPA is responsible for administering your plan and processing your claims. The EOB is sent to you via the mail from WEB-TPA. In addition, 3 years of EOB history is available to you through their website at www.webtpa.com.

Section 2

The employer's name, the employer's group number, date the EOB was printed, the employee's name, the member's name (patient's name), and the member's id number (patient's id number).

Section 3

The employee's name and address or member's name and address.

Section 4

The number of services provided to the member by a provider.

Section 5

The name of the procedure or service, and the name of the provider; this section may also include the procedure codes.

Section 6

The number assigned to your claim by the claims system and the date of service.

Section 7

The total amount the provider charged for the service you received - before your benefits were applied.

Section 8

The discount that was applied to the provider's charges if the provider is in-network (the current network is PHCS).

Section 9 – Employee May Be Responsible

The amounts not covered by your Insurance Plan. Depending on the circumstances of this charge, you may be responsible for this amount. Please refer to the remarks section.

Section 10 – Employee's Responsibility

The copay that is applied to this service – not all services require copays. Copays are applied towards your maximum out-of-pocket expenses for the Plan Year.

Section 11 – Employee's Responsibility

The deductible that is applied to this service – not all services require deductibles. For in-network services that require a deductible be met, the deductible for each member is \$800 under Plan A and \$1,400 under Plan B. The family deductible is \$1,600 under Plan A and \$2,800 deductible under Plan B. Deductibles are applied towards your maximum out-of-pocket expenses for the Plan Year.

Section 12 – Employee's Responsibility

The coinsurance that is applied to this service – not all services require coinsurance. For in-network services that require coinsurance, the member is responsible for 20% (under Plan A) or 30% (under Plan B) of the costs once the copay and/or deductible are met. Coinsurance is applied towards your maximum out-of-pocket expenses for the Plan Year.

Section 13

The amount that is withheld from the total amount paid to the provider according to their contract.

Section 14

The amount covered under the employee or member's other insurance coverage if they have other coverage.

Section 15 – City's Responsibility

The amount the City of Euless will pay to the provider for the services rendered.

Section 16

Remarks that help explain the charges and how they were paid.

Section 17 – Employee's Responsibility

Summarizes the amount the employee or member should pay to the provider for the services rendered.

Note: The information contained in this sample EOB is based on **Medical Plan A** for the 15-16 Plan Year.

1 WEB-TPA
 P.O. BOX 1808
 GRAPEVINE, TX 76099-1808

Electronic Service Requested

2 CITY OF EULESS INSURANCE ACCOUNT - ACTIVE

EXPLANATION OF BENEFITS:
 CUSTOMER SERVICE: 888-902-2432

CITY OF EULESS

GROUP # 2004EUL
 DATE 10/01/2015
 EMPLOYEE EMPLOYEE NAME
 MEMBER MEMBER NAME
 MEMBER ID 123456789

3 JOHN DOE
 1234 EULESS STREET
 EULESS, TX 76039

PAGE 1 of 1

4	5	6	7	8	9	10	11	12	13	14	15
LINE	PROVIDER / DESCRIPTION OF SERVICE	CLAIM NUMBER / DATE OF SERVICE FROM TO	CHARGES SUBMITTED	DISCOUNT	NON-COVERED OR PENDING	COPAY	DEDUCT APPLIED	COINS	W/H	OTHER COVERAGE	TOTAL BENEFIT PAYABLE
	EXAMPLE #1										
	DR. W	09122002DCU0123									
1	OFFICE VISIT	09/03/2008 09/03/2008	200.00	70.00	.00	25.00	.00	.00	.00	.00	105.00
2	X-RAY EXAM IN THE OFFICE	09/03/2008 09/03/2008	500.00	150.00	.00	.00	.00	70.00	.00	.00	280.00
3	A PROCEDURE IN THE OFFICE	09/03/2008 09/03/2008	300.00	50.00	.00	.00	.00	50.00	.00	.00	200.00
	EXAMPLE #2										
	DR. X	09122002DCU0124									
1	ROUTINE WELLNESS EXAM	09/04/2008 09/04/2008	130.00	30.00	.00	.00	.00	.00	.00	.00	100.00
2	ROUTINE BLOOD WORK	09/04/2008 09/04/2008	250.00	50.00	.00	.00	.00	.00	.00	.00	200.00
	EXAMPLE #3										
	YYY HOSPITAL	09122002DCU0125									
1	EMERGENCY ROOM VISIT	09/05/2008 09/05/2008	1,500.00	550.00	.00	200.00	750.00	.00	.00	.00	.00
	EXAMPLE #4										
	ZZZ SURGICAL CENTER	09122002DCU0126									
1	OUTPATIENT PROCEDURE	09/06/2008 09/06/2008	4,000.00	1,250.00	.00	200.00	50.00	500.00	.00	.00	2,000.00
TOTAL AMOUNTS			\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00

THIS IS NOT A BILL

16

REMARKS

EXAMPLE #1
 LINE 1, 2, 3:
 COPAY APPLIED TO OFFICE VISITS.
 COINSURANCE APPLIED TO CHARGES OVER \$130 IN THE OFFICE.

EXAMPLE #2
 LINE 1:
 CHARGE COVERED AT 100% UNDER PREVENTIVE CARE BENEFIT.
 LINE 2:
 CHARGE COVERED AT 100% UNDER LAB CARD PROGRAM BENEFIT (PROCESSED BY QUEST).

EXAMPLE #3
 LINE 1:
 COPAY AND DEDUCTIBLE APPLIED TO EMERGENCY ROOM VISITS.

EXAMPLE #4
 LINE 1:
 COPAY APPLIED TO OUTPATIENT SURGICAL PROCEDURES.
 REMAINING DEDUCTIBLE BALANCE OF \$50 APPLIED.
 COINSURANCE APPLIED TO REMAINING BALANCE.

*Withhold amounts are not the responsibility of the member
 SHADED AREA BELOW IS THE MEMBER SUMMARY
 FOR THIS EXPLANATION OF BENEFITS

17	DEDUCTIBLE	\$\$\$\$.00
	CO-PAY	\$\$\$\$.00
	MEMBER'S CO-INSURANCE	\$\$\$\$.00
	TOTAL	\$\$\$\$.00