

## How to read your Explanation of Benefits (EOB)

Your EOB is not a bill. It helps you see how medical expenses are distributed. Your EOB makes it easy to keep track of the medical services you received, the amount we paid, and the amount you are responsible for. To help you know what to look for in your EOB, see the guide on the back of this page. If you have any questions, please give us a call at the number listed below.

### **Your EOB makes it easy to keep track of costs:**

- **Total amount billed**—The first page of your EOB shows your monthly and annual totals for bills sent by your doctor and other health care providers for services provided to you.
- **Yearly limit**—Just below the total amount billed section you'll find your yearly limit information. This is the amount you have paid to date for health care services and the amount remaining before you meet your annual limit.
- **Claim detail**—This is the main section of your EOB. It provides details for each claim submitted to Tufts Health Plan Medicare Preferred including the provider who performed the service, the date of the service, the procedure, the charges for the claim, and how we processed the claim. For tips on how to use the claim detail section, see the helpful guide on the back of this page.

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### **Call with any questions:**

If you have any questions about your EOB, give us a call: **1-800-701-9000** (TTY 1-800-208-9562)  
Mon. – Fri. 8:00 a.m. – 8:00 p.m. (From Oct. 1 – Feb. 14, representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

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**See reverse for a helpful guide to reading your EOB →**

## A Guide to Reading Your Explanation of Benefits (EOB)

The claim detail section of your EOB shows you the cost of the service, the amount we pay and the amount you pay. Use this quick-reference guide to help read your EOB:

1 Provider: ANDERSON, PROVIDER Claim Number: 00000000B6DZ		2 In-Network or Out-of-Network: In-Network Provider							
Date of Service	Service / Procedure	Billing Code	Amount Providers Have Billed the Plan	3 Total Cost (amount the plan has approved)	4 Not Covered (amount the plan has denied)	5 Deductible	6 Your Share Copay / Coinsurance	7 Other Patient Responsibility	8 Plan's Share
06/02/14	Doctor's Office Visit	99214	\$250.00	\$78.48	\$0.00	\$0.00	\$25.00	\$0.00	\$52.41
NOTE: You pay a \$25 copayment for services from an in-network provider.									
TOTALS:			\$250.00	\$78.48	\$0.00	\$0.00	\$25.00	\$0.00	\$52.41
						9 Total Your Share: \$25.00			

**1 Provider**—The name of the doctor or specialist who provided the service.

**2 Service / Procedure**—A description of the type of service you received.

**3 Total Cost**—The amount we will pay for the service. It may be less than the amount the provider charged.

**4 Not Covered**—The amount of the service we don't cover. Generally, this only occurs if the service is denied.

**5 Deductible**—If your plan has a deductible for this service, you would need to pay this amount before we pay our share.

**6 Copay / Coinsurance**—The amount you pay for services or supplies.

**7 Other Patient Responsibility**—Any other costs for this service that you need to pay. Generally, this only occurs if the service is denied.

**8 Plan's Share**—This is the amount we will pay for the service.

**9 Total Your Share**—This is the total amount you pay for this service. **Remember, the EOB is not a bill. You may have already paid the amount shown.**