

# How To Read Your EOB

## A brand new look, same excellent service...

As we continuously focus on ways to enhance the service we provide to you, we are please to announce some changes to the Explanation of Benefits (EOB). The EOB is the form which you receive after using after using your healthcare benefits. We have redesigned the EOB with a new layout which makes the document much easier to read and understand.

Below you will see an example of the newly redesigned EOB along with very helpful information on "How to Read Your EOB". Please review the information contained in the "How to Read Your EOB" and make note of where important information is now located.

As always, we aim to provide the highest level of customer service and hope that the redesigned EOB offers a benefit to you and your family. Remember, do not hesitate to contact the Fund Office with any questions regarding your benefits.

- Customer Inquiries:** If you have questions, please give us a call at the number(s) located at the top of your Explanation of Benefits Statement. Our friendly and knowledgeable staff are available to assist you Monday through Friday from 8:00 a.m. to 5:00 p.m. Central Standard Time.

- Claim Detail Information:**

- Service Dates:** Represents the patient's date(s) of treatment.
- Service Code:** Code used to identify the nature of the services rendered.
- Description:** Used to identify the nature of the services rendered.
- Total Charge:** Billed charges before negotiated adjustments, network discounts, copays, deductibles or any denied charges.
- Ineligible:** Amount not covered under plan.
- Remark Code (if applicable):** Reason for ineligible amount.
- Network Discount:** Amount of discount per the network contract.
- Paid by Plan:** Amount paid by your insurance.
- Paid by Major Medical:** Amount paid under Major Medical benefits.
- Your Responsibility:** This is the amount you are responsible for.

- Deductible Calculation:** Amount applied to your annual deductible.

- Remark Code Description (if applicable):** A descriptive field that explains any non-covered service or payment reduction.

- Comments:** Additional information regarding the processing of your claim.

- Payment Details (if applicable):** Details on who was paid.

- Appeal Rights:** On the *back side* of the EOB is information on how to file a formal review for any denied claim. Please see your EOB for the full verbiage of this section.

20210324803  
 JBD2  
 127810942

JBD2 [11,149] 1 of 2

Cement Masons and Plasterers Local 518 Health Care Fund  
 PO Box 909500  
 Kansas City, MO 64190-9500

**Explanation of Benefits**  
**RETAIN FOR TAX PURPOSES**  
**THIS IS NOT A BILL**

**Customer Inquiries**

Questions? Please call  
 816-393-7060  
 When making inquiries, please be ready to provide  
 the Member's ID, Group Number and Patient Name.

Process Date: 01/18/22  
 Claim Number: 20223671234  
 ICN:  
 Group: \*\*\*\*\* (011)  
 Insured: JOHN SAMPLE  
 Member SSN: XXX-XX-XXXX  
 Examiner: WMCSHANE

**Please Note**  
**IMPORTANT INFORMATION MAY PRINT ON BACK**

Claim #: 20223671234  
 Patient: SELF

Service Dates	Service Code	Description	Total Charge	Ineligible	Remark Code	Network Discount	Paid by Plan	Paid by Major Medical	Your Responsibility
11/17/20-11/17/20	16	DENTAL	\$80.00	\$35.00	03	\$0.00	\$45.00	\$0.00	\$35.00
<b>Column Totals:</b>			<b>\$80.00</b>	<b>\$35.00</b>		<b>\$0.00</b>	<b>\$45.00</b>	<b>\$0.00</b>	<b>\$35.00</b>
<b>Total Plan Benefit:</b>									<b>\$45.00</b>
<b>TOTAL AMOUNT PAID:</b>									<b>\$45.00</b>

Claim Year	Deductible	Previously Applied	Applied This Claim	Unsatisfied	Out of Pocket
2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Remark Code Description**

03	UTILIZED MAXIMUM BENEFIT
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**Comments**

REFER TO SCHEDULE OF BENEFITS IN SUMMARY PLAN

**Payment Details**

Paid to	Check No.	Amount
SAMPLE PHYSICIAN	1245	\$45.00