

ABCs of EOBs

Everything you need to know about your Explanation of Benefits



What this means for you. An Explanation of Benefits (EOB) Summary explains how your claim was processed and how charges were allocated based on the criteria outlined in your health plan information. It is designed to make it easier for you to understand how your claim was handled.

Understanding Your Plan. Doctors or hospitals are “providers” because they provide health services to you, the “member.” Your “group number” is your health plan identifier that is designated by your “group.” You have an assigned member ID number that is associated with your group. All of this information can be found on your EOB.

What will your EOB tell you? Your EOB can be read from left to right and includes the service performed, which provider performed the service, and the charged amount. The far right of the chart shows whether you have any out-of-pocket responsibility in the form of a copay, deductible or coinsurance.

View your EOB statements online. EOB summary history is available to view and download through the member self-service website at www.webtpa.com.

Still have questions? Call the phone number on the back of your ID card or visit your member website at www.WebTPA.com.

A WebTPA
 P O BOX 1808
 GRAPEVINE, TX 76099

B LSU FIRST HEALTH PLAN

EXPLANATION OF BENEFITS

D CUSTOMER SERVICE: 888-777-4698

LSU First

GROUP # LSUFIRST
 DATE 11/05/2013
 EMPLOYEE SAMPLE MEMBER
 MEMBER SAMPLE MEMBER
 MEMBER ID 000000000-00

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C SAMPLE MEMBER
 1111 Business Drive
 Lafayette, LA 70501

E F G H I J K L M N O P Q R

LINE	PROVIDER/ DESCRIPTION OF SERVICE	CLAIM NUMBER/ DATE OF SERVICE FROM - TO	CHARGES SUBMITTED	DISCOUNT	NON- COVERED OR PENDING	COPAY	DEDUCT APPLIED	COINS	WITHHOLD	OTHER COVERAGE	TOTAL BENEFIT PAYABLE	HRA PAID	REMAINING PATIENT RESPONSIBILITY
1	SAMPLE PROVIDER	09242013F99999999											
1	11765-SAMPLE PROCEDURE 1	09/03/2013-09/03/2013	115.00	92.00	0.00	0.00	23.00	0.00		0.00	23.00	23.00	0.00
2	13769-SAMPLE PROCEDURE 2	09/03/2013-09/03/2013	200.00	120.00	0.00	0.00	80.00	0.00		0.00	80.00	80.00	0.00
TOTAL AMOUNTS			315.00	212.00	0.00	0.00	103.00	0.00		0.00	103.00	103.00	0.00

S REMARKS

SAMPLE REMARKS

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- A** The administrators of your health plan, as organized by your employer
- B** Employer name, employer group number, today's date, employee name, member name, member ID number
- C** Employee name and address or alternate name and address
- D** Dedicated 800 customer service phone line for all of your health plan questions as well as the WebTPA website address for 24-hour self service
- E** Services rendered by the provider on that day
- F** Brief description of the procedure or service your provider rendered and provider name
- G** Number assigned to your claim and dates you went to the provider
- H** Total amount the provider charged for the service you received before your benefits were considered
- I** Network discount, i.e. discount off the total price of service to you if your provider is in network on your health plan
- J** Amounts not covered under your benefits plan provided by your employer, not including any related co-payments
- K** Amount you paid on date of service; copayments do not accrue toward the 100% maximum out-of-pocket payment
- L** Amount applied to your calendar year deductible, which must be paid before any money is paid by the plan for any covered services
- M** Arrangement by which both insured and insurer share, in a specific ratio, costs
- N** Amount to be withheld from the total paid to the provider according to the contract
- O** Amount covered under other policies due to coordination of benefits
- P** Amount paid by the plan to the provider
- Q** Amount paid through your LSU First Health Reimbursement Account (HRA)
- R** Remaining amount you as the patient must pay to the provider
- S** Details or remarks necessary to explain charges for line items