

How to read your Explanation of Benefits

This is a replica of the Explanation of Benefits (EOB) you receive from GEHA after a trip to your health care provider. The EOB shows what your provider charged, what portion GEHA will cover and what portion, if any, you are responsible for paying. Your EOB also shows how much has been credited toward your calendar year deductible. An EOB is not a bill. If you have questions after receiving an EOB, call us at (800) 821-6136.

1 Claim received and Claim processed – The dates GEHA received and paid the claim.

Claim number – Number generated by GEHA. Please refer to this number if you call GEHA Customer Service.

Patient name and ID – The person who received services and their ID number assigned by GEHA.

Provider and ID – Provider or place that provided the patient's services, and their ID number. Might be listed as a corporate name rather than individual doctor's name.

Patient account – The patient's account number assigned by the provider.

Member name and ID – The person who holds the policy with GEHA and their ID number assigned by GEHA.

2 Claim summary – At-a-glance look at EOB totals.

Amount billed – Amount billed by your provider.

Amount allowed – Amount on which benefit payment is based for procedure or service.

Disallow – Amount of your provider's billed charges that are not eligible for GEHA coverage. This includes services that are not covered by the plan and any amount above the plan allowable that the provider charges.

Other coverage allowable – Amount your other health insurance plan considered for payment.

Other coverage payment – Amount paid by your other plan.

GEHA total paid – Total amount paid by GEHA.

Member responsibility – Total amount of copay, coinsurance and any non-covered charges that can be billed to the patient. *This amount is not payable to GEHA.*

3 Claim detail

Dates – When patient received services.

Procedure code – Code(s) indicate what services patient received from provider. See Explanations box for an explanation of what the codes stand for.

Amount billed – See No. 2 above.

Amount allowed – See No. 2 above.

Disallow – See No. 2 above.

Plan payments – Total amount paid by GEHA.

Copay – Fixed amount you pay to the provider when you receive certain services.

Deductible – Fixed amount of covered expenses you must incur before GEHA starts paying benefits. Copay and coinsurance amounts do not count toward any deductible.

Coinsurance – Percentage of allowed amount that you must pay, based on either the amount billed or the allowed amount, whichever is less. Coinsurance doesn't begin until you meet your deductible.

Note – Codes correspond to explanations on charges in the Explanations section.

4 Explanations – Details on the procedure codes and notes in the Claim detail section.

5 Your GEHA balances to date – Status of deductibles and out-of-pocket limit for the patient and covered family members.

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GEHA
Government Employees Health Association, Inc.

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800.821.6136
geha.com

Explanation of Benefits
WHITE STOCK (This is NOT a bill. Retain for your records.)
TEST

ENV 1 2 OF 2 EB

1 Claim received: 08/22/2014
Claim processed: 08/26/2014

2 CLAIM SUMMARY

Amount billed.....	\$151.00
Amount allowed.....	\$64.00
Claim disallow.....	\$87.00
Other coverage allowable.....	\$92.82
Other coverage payment.....	\$73.96
GEHA total paid.....	\$18.86
Member responsibility.....	\$45.60
GEHA paid member.....Check # 0000000	\$18.86

Claim number: 000000000000
Patient name: Jane Q Patient
Patient ID: 00000000-0

Provider: Graham, Archibald
Provider ID: 0000000000
Patient account: 000000000000000000

Member name: John Q Member
Member ID: 00000000

3 Claim detail

Date(s)	Service Procedure code*	Charges		Plan payments			Member responsibility				Note**
		Amount billed	Amount allowed	Disallow	GEHA	HRA	Copay	Deductible	Coinsurance	Total	
08/04/14	SRNO	\$87.00	\$0.00	\$87.00	\$0.00		\$0.00	\$0.00	\$0.00	\$45.60	PS0
08/04/14	SURO	\$64.00	\$64.00	\$0.00	\$18.86		\$0.00	\$0.00	\$0.00	\$0.00	
Total claim		\$151.00	\$64.00	\$87.00	\$18.86		\$0.00	\$0.00	\$0.00	\$45.60	

4 Explanations

*Procedure code SRNO Surgery, Brochure States N/C Outpatient
SURO Surgery Outpatient
**Note PS0 This Service Is Not Covered Under Your Plan; Please Refer To Your Brochure

5 Your GEHA balances to date

Individual Deductible Satisfied \$0.00	Family Deductible Satisfied \$0.00	Family Out of Network Out of Pocket Satisfied \$0.00
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Healthy message from GEHA
Prenatal care keeps you and your baby healthy. Schedule your first appointment as soon as possible after you become pregnant. GEHA covers in-network routine maternity care at 100%. Visit geha.com/maternity for additional resources.

VOID

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