

Understand claims payments.

Soon after a claim is submitted, you'll receive a breakdown of the charges submitted to LifeWise Health Plan of Oregon, with details showing what we pay for and what portion, if any, you are responsible for. This is your **Explanation of Benefits (EOB)**.

EXPLANATION OF BENEFITS

February 2, 2007

Group Number: 12345678
 Member: John Sample
 Member's ID: 10000017-01
 Claim Number: 8000000001
 Provider: Smith, Robert
 Payment Reference ID: 2002062510100013


(This is NOT a bill)

1 Service/ product description	2 Dates you received service/product (m/d/y to m/d/y)	3 Charges billed by provider	4 Minus provider's fee adjustment (*)	5 Minus your copay (C), deductible (D) or amount not covered (**)	6 Total amount eligible for benefits	7 %	8 Minus your coinsurance amount	9 Plus or (minus) coordination of benefits adjustment	10 Total paid by your plan	11 Amount you're responsible for
OFFICE VISIT	01/15/07 01/15/07	75.00	12.00 PDC	15.00 C	48.00	100%			48.00	15.00
LAB	01/15/07 01/15/07	89.12	15.36 PDC	50.00 D	23.76	100%			23.76	50.00
X-RAY	01/15/07 01/15/07	100.00	20.00 PDC		80.00	80%	16.00		64.00	16.00
SURGERY 12	01/15/07 01/15/07	50.00		50.00	0.00	0%			0.00	50.00
Totals		\$314.12	\$47.36	\$115.00	\$151.76		\$16.00		\$135.76	\$131.00

Amount you're responsible for:\$131.00

Your 2007 Medical Deductible satisfied so far:\$100.00
 Your 2007 Family Medical deductible satisfied so far: ...\$300.00
 Amount you're responsible for:\$131.00

Message Codes:
 PDC AGREEMENT DISCOUNT



Explanation of Benefits (EOB)



ELECTRONIC EOB

Go paperless! You can access your EOB electronically on our secure member portal at lifewiseor.com

When you see a preferred provider in the LifeWise network, the provider sends the bill directly to us for payment. This is your claim, of which you may either pay nothing or a portion, depending on your covered services, deductible, and coinsurance.

Definition of Terms

- 1 Service/product description**—type of service/product you received from your provider.
- 2 Dates you received service/product**—when you saw your provider (month/day/year to month/day/year).
- 3 Charges billed by provider**—amount billed to you and your healthcare plan(s).
- 4 Provider's fee adjustment**—difference between "charges billed by provider" and the amount preferred providers have agreed to accept as full payment; see "Message Codes" at the bottom of your EOB for details.
- 5 Your copay, deductible or amount not covered**—"copay" is a set fee you pay a provider at each visit; "deductible" is how much you pay each year before the health plan pays; "amount not covered" applies to services/products not covered by your plan; see "Message Codes" at the bottom of your EOB for details.
- 6 Total amount eligible for benefits**—"charges billed by provider" minus "provider fee adjustment" minus "your copay, deductible or amount not covered."
- 7 %**—the percentage your plan pays for covered services/products.
- 8 Your coinsurance amount**—what you must pay the provider after we pay the covered percentage.
- 9 Adjustment**—see explanation(s) at the bottom of your EOB for details.
- 10 Total paid by your plan**—"total amount eligible for benefits" minus "your coinsurance amount."
- 11 Amount you're responsible for**—what you must pay of the billed charges after plan benefits are paid.
- 12 Surgery**—anything invasive to your body (e.g., blood draw, mole removal, biopsy).