



# How to Read Your Explanation of Benefits

The Explanation of Benefits (EOB) is not a bill, but serves to keep you informed of how your care is being covered. It will show how much CDPHP has paid, how much you have paid, and any outstanding amount you may still owe your provider. Below is a sample EOB.

## Why Should I Care What the EOB Says?

There are several important reasons to check your EOB each time you receive one. Here are just a few:

- Comparing the “Amount billed,” the “Amount allowed,” and “Amount you may owe,” will give you a clear idea of the value of your benefits.
- If you do still owe your provider something for the visit, this will be reflected on your EOB. Knowing about it in advance can help you plan and budget. When you get a bill from the provider, compare it with your EOB. They should match in terms of your payment responsibility.
- If you get an EOB for a service you don’t recall receiving, call a member services representative at the number on your ID card for help researching the claim. If you are concerned that a fraudulent claim has been filed on your behalf, that should be reported to our Fraud Awareness Hotline at 1-800-280-6885.

*This is an adjustment to a previous claim.*

<b>Amount Billed on this Claim:</b>	\$3,000.00
<b>Amount Allowed by the Plan:</b>	\$1,500.00
<b>Provider Withhold:</b>	\$00.00†
<b>Amount Paid by the Plan:</b>	\$1,400.00
<b>Amount you may owe the Provider:</b>	\$100.00*



Capital District Physicians' Health Plan, Inc.  
500 Patroon Creek Blvd. • Albany, NY 12206-1057

Temp-Return Service Requested

000000-000000-000000-000000 0000-ABCO 0000000  
John Smith  
123 Park Lake  
Albany, NY 12205

Statement Date: 5/22/2012 Page 1 of 2  
Claim #: 1111111111  
Claim for: John Smith  
Subscriber: Julie Smith

Statement Date: 5/22/2012 Page 2 of 2  
Claim #: 1111111111  
Claim for: John Smith  
Subscriber: Julie Smith

## Explanation of Benefits

*This is not a bill.*

### Summary of this Claim

Claim for: John Smith  
Member #: 111111111-11  
Provider Name: Tim Jones  
NPI #: 123456789  
Payee: Tim Jones  
Dates of Service(s): 5/15/2012 - 5/15/2012  
Claim #: 1111111111

*This is an adjustment to a previous claim.*

<b>Amount Billed on this Claim:</b>	\$3,000.00
<b>Amount Allowed by the Plan:</b>	\$1,500.00
<b>Provider Withhold:</b>	\$00.00†
<b>Amount Paid by the Plan:</b>	\$1,400.00
<b>Amount you may owe the Provider:</b>	\$100.00*

### Benefit Status

	Limit	YTD
Individual In-Network Deductible	\$1,500.00	\$500.00
Family In-Network Deductible	\$2,500.00	\$500.00
Individual In-Network Out-of-Pocket	\$5,000.00	Met
Family In-Network Out-of-Pocket	\$7,500.00	Met
Individual Out-of-Network Deductible	\$3,000.00	\$100.00
Family Out-of-Network Deductible	\$4,500.00	\$100.00
Individual Out-of-Network Out-of-Pocket	\$10,000.00	\$3,000.00
Family Out-of-Network Out-of-Pocket	\$12,500.00	\$3,000.00

### HRA Status

Amount Deducted from your HRA for this claim:	\$100.00
Current Remaining Balance in your HRA:	\$1,400.00

PLAN ALLOWED AMOUNT	OTHER INSURANCE AMOUNT	COPAY	CO-INSURANCE	DEDUCTIBLE	AMOUNT PAID
1,500.00	0.00	0.00	0.00	100.00	1,400.00
0.00	0.00	0.00	0.00	0.00	0.00
1,500.00	0.00	0.00	0.00	100.00	1,400.00

primary procedure.

Provider Liable

CDPHP arranged with the provider.

...nce. You have 180 days from receipt of this notice to... You may file your grievance in writing or by calling... written acknowledgement of your grievance within 15... request any other information we need from you or... et part of that information, we will ask for the missing... ion. If your grievance involves a pre-service claim, we... from receipt of your request. If it involves a post-... it involves an urgent care claim, we will decide it as... 8 hours after receipt of all necessary information or... used this claim to be denied, you have the right to... t the address or telephone numbers listed above.

...ntact Community Service Society of New York,  
...://www.communityhealthadvocates.org.

...ncome Security Act of 1974 (as amended)  
(a) of ERISA to challenge this decision.

† Withheld from payment to the provider per the provider's contract with CDPHP. Member responsibility is unaffected.

\* Patient's payment responsibility includes deductible, coinsurance, copayment, and certain denied amounts. This amount may not reflect out-of-network and/or non-covered health services payment responsibility.

Please view full and updated details about your claims, the status of your deductible, and/or benefit maximums by logging into your account at [www.cdphp.com](http://www.cdphp.com).



Use a QR code

## Terms We Use

If there are terms you do not understand while reading your EOB, please refer to these explanations.

### Provider Name

The name of the person or location that provided the service.

### Date(s) of Service(s)

This is the date you received the treatment in question.

### Amount allowed

A discounted amount, negotiated by CDPHP, that our network providers have agreed to accept for the service in question.

### Provider Withhold

Providers treating members in certain plan types agree to delay receiving a portion of their reimbursement. They receive the money the following year once it has been determined that the network fulfilled standards for member satisfaction, cost-effectiveness, and quality of care. (Withhold amounts are included in the "Amount Paid by the Plan.")

### Amount Paid by the plan

Amount CDPHP has paid the provider (if any).

### Benefit Status information

Look here for an overview of your progress towards meeting your deductible and out-of-pocket maximum (if applicable). The information shown here will correlate to the most recent benefit period reflected on the EOB.

### HRA Status Information

This section will show up on your EOB only if you have a health reimbursement arrangement (HRA) as part of your benefits with us. An HRA is an account set up by your employer that you can use to pay for certain health-related items and services.

### Copay, Deductible, and Coinsurance

This is a summary of what you will owe (if you have not already paid it).

### Notes section

Any codes that appear in the "Notes" section should trigger you to look here for an explanation.

### Appeals information

You have the right to appeal benefit decisions made by CDPHP. This process is explained here.

Summary of this Claim	
Claim for:	John Smith
Member #:	111111111-11
Provider Name:	Tim Jones
NPI #:	123456789
Payee:	Tim Jones
Dates of Service(s):	5/15/2012 - 5/15/2012
Claim #:	111111111
<i>This is an adjustment to a previous claim.</i>	
Amount Billed on this Claim:	\$3,000.00
Amount Allowed by the Plan:	\$1,500.00
Provider Withhold:	\$0.00†
Amount Paid by the Plan:	\$1,400.00
Amount you may owe the Provider:	\$100.00*

Benefit Status	Limit	YTD
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Family Out-of-Network Out-of-Pocket	\$12,500.00	\$3,000.00

  

HRA Status	
Amount Deducted from your HRA for this claim:	\$100.00
Current Remaining Balance in your HRA:	\$1,400.00

DATE OF SERVICE	TYPE OF SERVICE	AMOUNT BILLED	AMOUNT NOT COVERED	SEE NOTES BELOW	PLAN ALLOWED AMOUNT	OTHER INSURANCE AMOUNT	COPAY	CO-INSURANCE	DEDUCTIBLE	AMOUNT PAID
5/15/2012	General Surgery	2,800.00	1,300.00		1,500.00	0.00	0.00	0.00	100.00	1,400.00
5/15/2012	Laboratory Services	200.00	200.00	N01	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS		3,000.00	1,500.00		1,500.00	0.00	0.00	0.00	100.00	1,400.00

**Notes**

EX CODE N01: This procedure is considered incidental to or a part of the primary procedure. Provider Liable

Certain service(s) may be covered in part or whole by a prepaid agreement CDPHP arranged with the provider.

*If you do not agree with any portion of this decision you may file a grievance. You have 180 days from receipt of this notice to file your grievance or you may forfeit your right to challenge this decision. You may file your grievance in writing or by calling us at the address or telephone numbers listed above. You will receive a written acknowledgment of your grievance within 15 business days after we receive it. Upon receipt of your grievance, we will request any other information we need from you or your practitioner/provider to make a grievance determination. If we only get part of that information, we will ask for the missing information, in writing, within five workdays of getting the partial information. If your grievance involves a pre-service claim, we will decide it within 15 days (administrative) or 30 days (medical necessity) from receipt of your request. If it involves a post-service claim, we will decide it within 30 days from receipt of your request. If it involves an urgent care claim, we will decide it as soon as possible, taking into account the medical needs, but no later than 48 hours after receipt of all necessary information or 72 hours after receipt of your request. If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you as well by writing or calling us at the address or telephone numbers listed above.*

*Additionally, a consumer assistance program can help you file your appeal. Contact Community Service Society of New York, Community Health Advocates, at 1-888-614-5400, or visit their website at <http://www.communityhealthadvocates.org>.*

Your group's health benefits plan may be subject to the Employee Retirement Income Security Act of 1974 (ERISA).

† Note: HRA deductions are paid directly to the provider.

†† Current remaining balance is updated weekly. For most recent balance please check your account online at [www.cdphp.com](http://www.cdphp.com).



A plan for life.