


**SAMPLE EXPLANATION OF BENEFITS (EOB)**

**ConnectiCare, Inc. & Affiliates**  
175 Scott Swamp Road  
Farmington, CT 06032-3124

Forwarding Service Requested

3-DIGIT 0668




**EXPLANATION OF BENEFITS**  
\*\*\* THIS IS NOT A BILL \*\*\*

If you have any questions about the information provided, call Member Services or send your request in writing.

**MEMBER SERVICES**  
(800)251-7722  
www.connecticare.com

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1 OF 1 P  
P08062013



Claim Processed Date: 09/10/07  
Claim No.: 000111222333  
Employee's Name: SAMPLE  
Member's Name: SAMPLE  
Provider's Name: SAMPLE

Type of Service	Service Date	Amount Billed	Amount Not Covered	Amount Allowed	Remark Codes	Other Insurance	Applied To Deductible	Coinsurance/Copay	Plan Pays
PHYSICIANS VISITS	08/29/07	140.00	.00	133.42	03 D6 W3 JX	.00	133.42	.00	.00
<b>Totals</b>		\$140.00	\$0.00	\$133.42		\$0.00	\$133.42	\$0.00	\$0.00

**8 Plan Pays:** \$0.00

**9 Member Pays:** \$133.42

Description	YTD	Benefit Maximum	Satisfied as of 09/11/07
CALENDAR YEAR DEDUCTIBLE		\$ 1,500.00	\$ 133.42

**Remark Code: Description:**

03	AMOUNT ALLOWED BASED ON PROVIDER'S CONTRACTED FEE SCHEDULE
D6	CHARGES APPLIED TO CALENDAR YEAR DEDUCTIBLE
W3	CC - INFORMATIONAL ONLY, ORIGINAL CODE SUBMITTED ON CLAIM
JX	CC - INFORMATIONAL ONLY, PROCEDURE PROCESSED THROUGH OUR CODING SOFTWARE

Please Note: An Explanation of Benefits (EOB) is generally produced when there is member financial responsibility other than copayments, such as deductible, coinsurance, or non-covered services. However, in some instances members may receive an EOB for all claims incurred. To view claim payment history please visit our website at www.connecticare.com.

**1 Amount Billed**

The amount billed by the health care provider (physician, hospital, etc.) for services rendered.

**2 Amount Not Covered**

The portion of the claim that ConnectiCare did not pay. Some reasons why the services may have been denied is because it is not a covered benefit, a required authorization was not obtained, or information may have been missing when billed. See "Member Responsibility" to determine what you must pay.

**3 Amount Allowed**

The dollar amount your health care provider has agreed to accept as payment from ConnectiCare. This amount may be less than the charged amount.

Depending on the member's plan design, both the health plan and the member may contribute toward paying the Amount Allowed. For example, if the member has a deductible and that deductible is not yet met, the member may be responsible for the entire Amount Allowed. For members with an additional HRA option with their plan,

funding to cover this amount may also be available through their employer.

*If you used a non-participating provider:*

If the health care provider is not participating, the member may be also responsible for the difference between the Amount Billed and the Amount Allowed.

**4 Remark Codes**

Two-digit codes to provide additional information about how the claim was processed.

**5 Other Insurance**

If the member is covered by more than one insurance plan, this will show the amount paid toward this service by the other health plan.

**6 Applied to Deductible**

If your ConnectiCare plan includes a deductible for this procedure, and your deductible has not yet been met, this will show the portion of the bill you are responsible for paying to the provider.

**7 Coinsurance/Copay**

A copay is a flat dollar amount you pay for certain services, according to your plan. Coinsurance is a cost-sharing feature associated with some plans, where the member and ConnectiCare each pay a percentage of the cost for the covered services.

**8 Plan Pays**

The amount ConnectiCare is responsible for paying to the provider, or the amount paid back to you if you have paid for the services up front to a nonparticipating provider.

**9 Member Pays**

The amount you may owe to your provider for this service. It includes any outstanding deductible, coinsurance, and copay amounts, as well as non-covered services. You may have paid some of this amount to your provider at the time of service.

Remember, this EOB is a statement of what has been paid for services you received. It is not a bill. Your provider will bill you directly.