Any time you receive medical treatment under your health coverage, your provider will submit a claim for reimbursement of services to MedBen. Once the claim has been processed, an **explanation of benefits (EOB)** is issued to you.

Reading Your EOB

What's included in your explanation of benefits

MedBen D C S I C S





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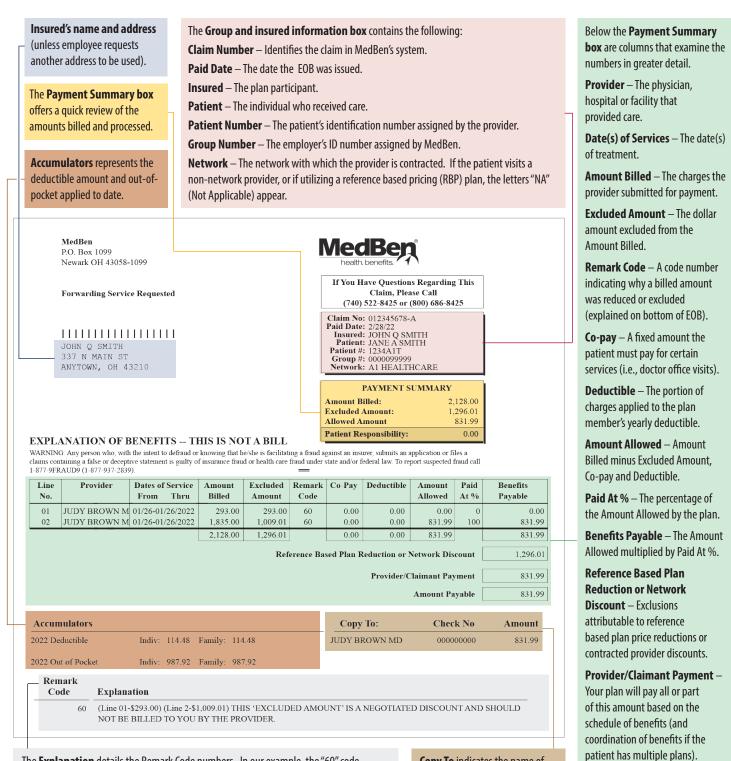
Getting into the Details

An EOB details how a claim is paid, based upon factors like the provider's contractual agreements and your plan benefits. The EOB is mailed to you, or you can receive it electronically via MedBen Access (online or app).

Keep in mind that **an EOB is not a bill**. It is simply an accounting of how a claim has been paid. If a payment is due after the plan has considered the claim, the provider will bill you.

While we have highlighted many elements found on a standard EOB, additional items may appear. If you have trouble understanding any part of your EOB, call MedBen Customer Service at (800) 686-8425.

See the reverse page for additional information about the specific elements of your explanation of benefits.



The **Explanation** details the Remark Code numbers. In our example, the "60" code indicates that the Excluded Amount represents a negotiated discount that should not be billed to you by the provider.

Copy To indicates the name of the check recipient, the check number and the amount.

Amount Payable – The total amount payable by the patient.



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