Understanding How Your Benefits Are Processed

Explanation of Benefits

This page illustrates an example of an Explanation of Benefits (EOB).

TRUSTMARK LIFE INSURANCE CO.
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CLINTON, IA 52733-2942

Questions? Contact us:
Toll-Free: (800) 396-2960
Website: WWW.TRUSTMARKLIFE.COM/GROUP

A Group Number: 54321
B Print Date: September 09, 2011

SALLY SAMPLE
123 MAIN STREET

ANYWHERE, USA 12345

Consolidated Explanation of Benefits
This is not a Bill

Page 1 of 1

SALLY SAMPLE

C Patient's Name / D Code & Description / E Provider	F Service Date(s)	G Charged Amount	H Discount Amount	I Allowed Amount	J Other Plan Payment	K Other Adjustments	Patient Responsibility After Payments				P Benefit	Q Explanation Code
							L Ineligible	M CoPay/ Encounter Fee	N Deductible	O Coinsurance		
C Patient's Name												
R Claim #: A211111-00	**S Pat. Acct.: 2111111x11201**										**T Issued 9/9/11**	
17003 - SURGERY - D STEPHEN J BECK MD E	8/24/2011	232.00	203.00	29.00	00.00	00.00	00.00	00.00	00.00	6.80	23.20	XX
17003 - SURGERY - STEPHEN J BECK MD	8/24/2011	125.00	17.00	108.00	00.00	00.00	00.00	00.00	00.00	21.60	86.40	XX
	Totals:	357.00	220.00	137.00	00.00	00.00	00.00	00.00	00.00	27.40	109.60	

U **Payment has been made to the healthcare provider**

V **Patient Responsibility 27.40**

Q **Explanation Code Descriptions:**
XX Preferred provider discount reflects reduction of charges not billable to patient.

		2011
C **Patient's Name**	In-Network Medical Deductible Remaining	$19.21
	In Network Medical Out of Pocket Remaining	$4,000.00
	Out of Network Medical Deductible Remaining	$1,600.00
	Out of Network Medical Out of Pocket Remaining	$8,000.00
W **Family**	In-Network Medical Deductible Remaining	$819.21
	In Network Medical Out of Pocket Remaining	$8,000.00
	Out of Network Medical Deductible Remaining	$3,200.00
	Out of Network Medical Out of Pocket Remaining	$16,000.00

Please see your Certificate for a more detailed explanation of your plan benefits, exclusions, and maximums. The dollars displayed on this statement are as of the Print Date and are subject to change. Your next Consolidated Explanation of Benefits, if any claims are processed, will be issued no later than the week of: 10/09/2011

EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)
If you receive an adverse determination you or your authorized representative is entitled to appeal that determination. All information submitted on appeal will be reviewed, including any additional documentation submitted. The appeal must be submitted in a timely manner and in writing to: Grievance Review 8324 South Avenue, Boardman, OH 44512. A decision regarding the appeal will be provided within 30 days of receipt of all relevant information. Your plan provides for two levels of appeal internal and one external appeal. If, after both levels of appeal have been exhausted, you still disagree with the determination you have a right to bring a civil action under section 502 (A) of ERISA. You have the right to request from us, free of charge: information regarding the voluntary appeals available: Copies of any relevant documents that were used to make a claim decision: Copies of internal rules, guidelines, protocols, or similar criteria used to make a claim decision: and An explanation of any scientific or clinical judgment used to make a claim decision. If your Plan is governed by both ERISA and the insurance laws of your state, additional or different requirements and rights may apply. Please see your Plan Document for your state's appeal process or contact this office for further information. Plans that are not subject to ERISA may not have the same rights and may be subject to different state and/or federal laws.

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

If the state internal appeal rights differ from federal rights as set forth on the attached notices, the rights that are more favorable shall apply.

The next page gives a description of each item A-W above.

Trustmark
GROUP BENEFITS

Understanding Your Explanation of Benefits

The following is an illustrative example of Trustmark's **Explanation of Benefits (EOB)** statements.

The letters A-W appearing on the statement example are for reference purposes only and correspond to further details, definitions and terminology.

The letters A – W appearing on the EOB sample are for reference clarification only and correspond to details, definitions and terminology below.

- A **Group Number:** Number assigned to the employer by Trustmark.
- B **Print Date:** Date the EOB was issued.
- C **Patient Name:** Name of person who received the service.
- D **Code & Description:** Procedure code and description of the service (i.e. physician visit.)
- E **Provider:** Name of facility or professional provider that rendered the service.
- F **Service Date(s):** The date(s) the provider indicated the services billed were received or rendered.
- G **Charged Amount:** This is the fee charged by the provider for the treatment or service rendered.
- H **Discount Amount:** The insurer negotiates special rates with certain networks of physicians, hospitals or other facilities. These rates may be applicable to the plan. This amount is never payable by the patient. It is a reduction in charges for which you should not be billed. *Note: If you are billed for the discount, contact the provider. If the discount amount is not removed from your bill, contact us.*
- I **Allowed Amount:** This is the charge to be considered after discounts and ineligible amounts have been applied.
- J **Other Plan Payment:** Any benefit paid by other health insurance, auto insurance, a self-funded plan, or government plan such as Medicare, for which your policy or certificate would be a secondary payor.
- K **Other Adjustments:** Negotiated or ineligible amounts that are not a member's responsibility.
- L **Ineligible:** A charge that was previously considered or the amount is not covered by your plan. (If a dollar amount was shown here you would refer to "Explanation Codes" for further explanation.)
- M **Copay/Encounter Fee:** The charge to you for each regular (non-emergency) visit to a participating physician's office. This fee may or may not apply to your plan.
- N **Deductible:** This is the amount of covered charges that must be incurred by you before benefits will be paid. *Note: Certain plans have a separate deductible for prescription drugs.*
- O **Coinsurance:** The coinsurance amount is the percentage of the allowed amount for which you are responsible.
- P **Benefit:** The amount payable to a provider and/or to you after any copay, encounter fee, deductible, or coinsurance percentage has been subtracted from the allowed amount. Adjustments and deductions for other coverage, defined below, may need to be considered before payment is made.
- Q **Explanation Codes:** Used to explain why a portion of submitted charges is not covered by the plan. A number or letter code, as shown on the EOB corresponds with an explanation.
- R **Claim Number:** This number identifies the claim in our system.
- S **Patient Account Number:** Account number assigned by the facility or professional provider that rendered the service.
- T **Issued:** Date the claim was paid and/or an EOB was issued.
- U **Check Distribution:** Lists who received payment for the indicated services. In addition to the insured, this will include any provider you have authorized to receive payment of your benefits.
- V **Patient Responsibility:** Portion of charged amount for which the member is responsible.
- W **Family:** Dollars remaining toward the employee and covered dependents deductible and out-of-pocket expenses.

Trustmark
GROUP BENEFITS

Trustmark Group Benefits is a division of Trustmark Life Insurance Company.
400 Field Drive Lake Forest, Illinois 60045 800.247.4179 **www.trustmarklife.com/group**

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