

## How to Read and Understand Your Benefit Management Services Explanation of Benefits

You will receive an Explanation of Benefits (EOB) Statement for each claim submitted by you or your provider. The EOB explains how your claim was handled. This information is provided to help you understand your Explanation of Benefits.

1. This box provides information about your claim. This includes group information, member information, patient information, and provider information.
2. The members name and address.
3. The “Claim Summary” box displays the amount that the member is responsible for paying.
4. The “Type of Service” column gives a brief description of the type of service rendered.
5. The “Dates of Service” column details the dates that each service was rendered.
6. The “Total Charge” column lists the total charge(s) billed by the provider of the service.
7. The “Not Covered” column shows the amount(s) that are not covered for benefits under your plan.
8. A “Discount or Penalty” amount is displayed in this column if a preferred provider is used. The amount shown is the negotiated discount for the service.
9. PPO information is displayed in this column if applicable.
10. The “Eligible Expense” column displays
11. If a deductible is applied to the service, the amount applied is displayed here. These amounts are subtracted from your adjusted charges for final benefit calculation.
12. This column represents the amounts applied towards your calendar year coinsurance or applicable co-payments.
13. The percentage the plan paid for these charges is displayed here.
14. If a coinsurance amount has been applied to the service, the amount applied will be displayed here.
15. The “Plan Payment” column displays the actual amount being paid by the plan.
16. If a Remark Code has been assigned it will be displayed in this column. A description of the Remark Code can be found in the Remarks table, #19.
17. The “Accumulators” box displays any deductible and lifetime maximum amounts remaining.
18. The “Payment To” section displays to whom the benefits are payable along with the corresponding check information.
19. The “Remarks” section lists Remark Code descriptions and your rights.
20. Sample of the Check.



**Benefit Management Services**  
P.O. Box 1178  
Matthews, NC 28106

**QUESTIONS? PLEASE CONTACT US**  
(800) 821-4398 info@bmstpa.com  
www.bmstpa.com

**Address Service Requested**

0000 0.0000 AT 0.000



**2** INSURED NAME  
123 MAIN ST  
ANYTOWN, NC 12345-6789

**1** Group #: 123 Employee #: 123  
Group: ABC COMPANY  
Insured: INSURED NAME  
SSN: \*\*\*-\*\*-7890  
Claimant: INSURED  
Processor #: 00  
Patient Acct: Y1234567890  
Provider Name: PROVIDER NAME  
Provider TIN: 00-0000000  
Claim #: 2006-000000000-0000



**Explanation of Benefits - This is NOT a Bill**

**3** **Claim Summary**  
Total Amount Covered: 50.00  
Paid by Other Insurance Co: 0.00  
Total Paid by Plan: 25.00  
Employee's Responsibility: 25.00

<b>4</b> Type of Service	<b>5</b> Dates of Service	<b>6</b> Total Charge	<b>7</b> Not Covered	<b>8</b> Disc. or Penalty	<b>9</b> PPO ID	<b>10</b> Elig. Exp.	<b>11</b> Deduct. Applied	<b>12</b> Co-Pay Amount	<b>13</b> Balance Paid At	<b>14</b> Coins. Applied	<b>15</b> Plan Payment	<b>16</b> Rem. Code
PRIMARY CARE PHYS VISIT	12/13/2005-12/13/2005	108.00	0.00	58.00	PRIVATE HEAL	50.00	0.00	25.00	100	0.00	25.00	13 15
<b>TOTALS</b>		108.00	0.00	58.00		50.00	0.00	0.00		0.00	25.00	

**Accumulators**

DEDUCTIBLE REMAINING - PLAN	<b>17</b>	
OUT OF POCKET REMAINING - PLAN		0.00

<b>18</b> Payment To	Amount	Check #	Date
INSURED NAME	25.00	00000000	01/23/2006

**19** Remarks

- 13 PPO BENEFITS APPLIED TO THESE CHARGES.
- 15 A CO-PAY APPLIES TO THIS SERVICE UNDER YOUR PLAN.
- \*\* You have a right to appeal this determination. If you disagree with this determination, you must submit proof that the claim for benefits is covered and payable under the Plan's provisions, including (a) all facts and theories supporting your claim, (b) a statement of the reason(s) for disagreement with the handling of the claim, and (c) any material/information that indicates that the claim does not fall within the referenced Plan provision. If you do so, it may be that some or all of this claim will be payable under the Plan.
- \*\* This Plan allows for (2) two appeals of an adverse benefit determination. Each appeal provides full and fair review of an adverse determination in compliance with the Employee Retirement Income Security Act of 1974 ("ERISA") and the regulations issued thereunder. Claimant will be provided free of charge with a complete description of the Plan's review procedures and the applicable time limits by calling the BMS Customer Service Department 1-800-228-1803.
- \*\* Briefly, claimant may file an appeal within 180 days following receipt of this notice, which must be in writing and addressed as follows: BMS, Attention: Claims Manager, P.O. Box 1178, Matthews, NC 28106. If claimant provides the Plan with all information needed to address the appeal, if this is a claim requiring pre-service authorization, the Plan will respond to the appeal not later than 15 days after receipt of the appeal OR if this is a post-service claim, the Plan will respond to the appeal not later than 30 days after receipt of the appeal.
- \*\* An internal rule, guideline, protocol or similar criterion was relied upon in making this determination, a copy of which will be provided free of charge upon request. If you receive an adverse benefit determination following the final appeal, you have the right to bring a civil action under section 502(a) of ERISA. You are entitled to receive, free of charge upon request, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits.
- \*\* Please contact BMS if you are unable to find these provisions in the summary plan description.

**20**



PAY \*\*\*\*\*TWENTY FIVE DOLLARS AND NO CENTS\*\*\*\*\*

TO THE ORDER OF

INSURED NAME

BANK

**VOID**

VOID 90 DAYS FROM DATE OF ISSUE

**CHECK NO. 00000000**

ISSUE DATE 01/23/2006

AMOUNT
***25.00

*William E. Brown*  
Authorized Signature

