

explanation of benefits

TRUSTMARK LIFE INSURANCE COMPANY

EXPLANATION OF BENEFITS THIS IS NOT A BILL

Please refer your questions or concerns directly to:

JANE DOE

Date: JANE DOE
Name:
ID:
Company/Group:
Plan No.
Claim For:
Claim No:

Description	Amount Charged	Amount Covered	Deductible	Discount	Encounter Fee	Coinsurance	Benefit	Amount Ineligible	Codes
	1	2=1-4-8	3	4	5	6	7=2-3-5-6	8	
06/01-06/04/04 THE UNIVERSITY OF CH SEMI-PRIVATE ROOM	9250.00	9250.00	1250.00	0.00	0.00	3200.00	4800.00	0.00	ZC
06/01-06/04/04 THE UNIVERSITY OF CH MISCELLANEOUS FEES	5000.00	4675.00	0.00	325.00	0.00	1870.00	2805.00	0.00	F9
06/01-06/04/04 THE UNIVERSITY OF CH PER OCCURRENCE DEDUCTIBLE A	B 750.00	C 0.00	D 0.00	E 0.00	F 0.00	G 0.00	H 0.00	I 750.00	J
	15000.00	13925.00	1250.00	325.00	0.00	5070.00	7605.00	750.00	

K	Benefit:	7605.00
	Other Coverage:	0.00
	Adjustments:	0.00
	Amount of Payment:	7605.00

CHECK DISTRIBUTION	
PAYEE NAME	CHECK AMOUNT
THE UNIVERSITY OF CHICAGO HOSP	7605.00

\$2000.00 OF 2004 DEDUCTIBLE MET
\$5166.88 OF 2004 COINSURANCE MET

EXPLANATION OF CODES

***ITEMS 3, 5, 6 & 8 MAY BE BILLED TO PATIENT
ZC MULTIPLAN ENHANCED SAVINGS PLAN APPLIED. THE PROVIDER HAS AGREED TO A LESSER FEE. THE DIFFERENCE SHOULD NOT BE BILLED TO THE PATIENT.
F9 THE COVERED CHARGE FOR THIS SERVICE IS BEING REDUCED BY THE PER OCCURRENCE DEDUCTIBLE. SEE SCHEDULE OF BENEFITS IN YOUR PLAN.

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The letters **A** – **N** appearing on the statement sample are for reference clarification only and correspond to further details, definitions and terminology.

Building Cultures of Health

Embracing health as an integral part of a corporate culture leads to healthier employees and fiscally fit bottom lines. That's what *Building Cultures of Health* is all about. *Building Cultures of Health* is an ongoing goal and a commitment we all share. We're helping employers better manage their healthcare costs with products and services designed to help employees feel good and stay productive.

- A** **Dates of Service Provider/Service:** Lists the dates of service and provider(s).
- B** **Amount Charged:** This is the fee charged by the provider for the treatment or service rendered.
- C** **Amount Covered:** This is the charge to be considered after discounts and ineligible amounts have been applied.
- D** **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.*
- E** **Discount:** The insurer negotiates special rates with certain physicians, hospitals or other facilities. These rates may be applicable to 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.*
- F** **Encounter Fee:** This is your charge for each regular (non-emergency) visit to a participating physician's office. This fee may or may not apply to your plan.
- G** **Coinsurance:** Your plan does not always consider benefits at 100% of the amount covered. The coinsurance amount is the percentage of covered charges for which you are responsible.
- H** **Benefit:** The amount payable to a provider and/or to you after any encounter fee, deductible, or coinsurance percentage has been subtracted from the covered amount. Adjustments and deductions for other coverage, defined below, may need to be considered before payment is made.
- I** **Amount Ineligible:** Either the charge was previously considered or this amount is not covered by your plan. (If a dollar amount were shown here you would refer to "Codes" below for further explanation.)
- J** **Codes:** These codes correspond to additional information which is provided in the "Explanation of Codes" section.
- K** **Benefit, Other Coverage, Adjustments, Amount of Payment:** This box lists the dollar amounts corresponding to —
 - Benefit:** The amount payable to a provider and/or to you after any encounter fee, deductible, or coinsurance percentage has been subtracted from the covered amount.
 - Other Coverage:** 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.
 - Adjustments:** This amount will indicate any reduction or increase in benefits payable.
 - Amount of Payment:** The total reimbursement for the indicated services.
- L** **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.
- M** **Accumulated Deductible Amount:** This is where your EOB would show your deductible amounts accumulated for the plan/calendar year.
- N** **Accumulated Coinsurance Amounts:** This is where your EOB would show your coinsurance amounts accumulated for the plan/calendar year.