## Reading Your Explanation of Benefits

Any time you receive health care services, you or your provider will submit a claim to us for those services. We will process those claims and send you an Explanation of Benefits (referred to as an EOB) to explain how your claims were processed. Please review the example below for a description of each section of the EOB. *An EOB is not a bill.*

<table>
<thead>
<tr>
<th>DATE</th>
<th>SERVICE</th>
<th>AMOUNT SUBMITTED</th>
<th>AMOUNT ALLOWED</th>
<th>OTHER INSUR. PAID</th>
<th>SAMARITAN HEALTH PLANS’ RESPONSIBILITY</th>
<th>CO-PAYMENT / COINSURANCE</th>
<th>DEDUCTIBLE</th>
<th>NON-COVERED</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/14/18</td>
<td>Provider Visit</td>
<td>462.00</td>
<td>226.14</td>
<td>0.00</td>
<td>211.14</td>
<td>*15.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/14/18</td>
<td>Lab Services</td>
<td>264.00</td>
<td>264.00</td>
<td>0.00</td>
<td>264.00</td>
<td>*0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/14/18</td>
<td>Medical Services</td>
<td>35.00</td>
<td>17.02</td>
<td>0.00</td>
<td>17.02</td>
<td>*0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Claim Totals:**
- Total Charges: $761.00
- Total Amount We Paid: $492.16
- What You Owe Your Provider: $15.00

This is a generic sample EOB, for specific questions about your EOB, please contact Customer Service.

1. The total charges for all services provided for all claims on this EOB.
2. The total amount we paid for services for all claims on this EOB.
3. The total amount you owe your provider(s) for all claims on this EOB, if you did not pay at the time of service.
4. General categorization of what type of service was received.
5. The provider’s charge for the listed service, without taking your health plan into account.
6. The amount we allowed, including the co-payment, coinsurance and deductible.
7. The amount your other insurance paid (if you have double coverage) through Coordination of Benefits.
8. The amount we paid to your provider for this service.
9. An amount you might owe to your provider for this claim. This is dependent on if you paid your co-payment/coinsurance, received any non-covered service(s), or have double coverage that may pay part of this claim.
10. Codes with additional details about the costs, charges, and paid amounts for your service in the note(s) below.

* You may receive additional charges when you see a non-preferred provider.