



Significa Benefit Services, Inc.
 P.O. Box 7777
 Lancaster, PA 17604-7777

Question Call Us at 800-433-3746
 Or 717-581-1300
 Visit Us at www.significabenefits.com

Member#: QZW71287
 Patient Name: Doe, Jonathon
 Number: AG407056987
 Group Name: ABC Company
 Group Number: 0002 9999 000 A09999
 Claim#: 6013163
 Processed By: 079
 Provider Name: Any Hospital
 Date: 6/01/2009
 Check #: 0020824

ANY HOSPITAL USA
 P.O. BOX 3576
 ANYTOWN, PA 17777-555

ABC COMPANY CORPORATION
 HEALTH REIMBURSEMENT

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

Dates of Service From -- To	Service Description	Amount Submitted	Provider Discount	Copay Amount	Deduct. Amount	Coinsurance Amount	Ineligible Amount	Remark Code	%	Patient Resp.	Amount Paid
5/01/09 -5/01/09	Office Visit	105.00	55.00	20.00					N/A	20.00	0.00
Claim Total										20.00	0.00

17 Accumulators 13

Benefit Year	Description	Met
2009	Individual Deductable	Not Applicable
2009	Family Deductable	Not Applicable
2009	Individual Coinsurance	Not Applicable

Health Reimbursement Arrangement 14

Year	Description	Individual	Family
2009	Benefit	\$300	\$600
2009	Paid	\$100	\$100
2009	Balance	\$200	\$500

Code Message Description 15
 PAYMENT REFLECTS ABC PPO DISCOUNT

COMMENTS: 16

Insured Name: JONATHON DOE
 Address: 123 MAIN STREET
 ANYTOWN, PA 14444-6666

1. Dates of Service.
2. Service Description.
3. Total charge of bill.
4. Provider Discount.
5. Plan copays that apply such as office visits, E/R.
6. Deductible is the amount that must be paid by the member before benefits are paid.
7. Coinsurance is the amount not paid by the plan. This is member responsibility
8. Ineligible amount is the amount not paid because the plan does not cover the expense.
9. Remark code.
10. Percent that the plan pays for a service.
11. Patient Responsibility is the amount that the patient can be billed.
12. Amount paid is the amount that was paid on the claim.
13. Accumulators show amounts applied to the deductible and coinsurance on a calendar or plan year basis.
14. HRA accumulators show amounts applied to the HRA benefit.
15. Defines the ineligible code
16. Extra comments
17. Accumulators / balances as of EOB date
- * Medical invoices processed in the order they are received not necessarily by date of service.