

**A** WebTPA  
 P O BOX 1808  
 GRAPEVINE, TX 76099

**B** LSU FIRST HEALTH PLAN

**EXPLANATION OF BENEFITS**

**D** CUSTOMER SERVICE: 888-777-4698

LSU First

**C** SAMPLE MEMBER  
 1111 Business Drive  
 Lafayette, LA 70501

GROUP # LSUFIRST  
 DATE 11/05/2013  
 EMPLOYEE SAMPLE MEMBER  
 MEMBER SAMPLE MEMBER  
 MEMBER ID 000000000-00

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<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>	<b>O</b>	<b>P</b>	<b>Q</b>	<b>R</b>
LINE	PROVIDER/ DESCRIPTION OF SERVICE	CLAIM NUMBER/ DATE OF SERVICE FROM - TO	CHARGES SUBMITTED	DISCOUNT	NON- COVERED OR PENDING	COPAY	DEDUCT APPLIED	COINS	WITHHOLD	OTHER COVERAGE	TOTAL BENEFIT PAYABLE	HRA PAID	REMAINING PATIENT RESPONSIBILITY
1	SAMPLE PROVIDER	09242013F99999999											
1	11765-SAMPLE PROCEDURE 1	09/03/2013-09/03/2013	115.00	92.00	0.00	0.00	23.00	0.00		0.00	23.00	23.00	0.00
2	13769-SAMPLE PROCEDURE 2	09/03/2013-09/03/2013	200.00	120.00	0.00	0.00	80.00	0.00		0.00	80.00	80.00	0.00
TOTAL AMOUNTS			315.00	212.00	0.00	0.00	103.00	0.00		0.00	103.00	103.00	0.00

**S** REMARKS

SAMPLE REMARKS

# ABCs of EOBs

An Explanation of Benefits (EOB) Summary explains how your claim was processed and how charges were allocated based on the criteria outlined in your health plan information. It is designed to make it easier for you to understand how your claim was handled. EOB summary history is available to view and download through WebTPA's member self-service website at [www.webtpa.com](http://www.webtpa.com).

- A** The administrators of your health plan, as organized by your employer
- B** Employer name, employer group number, today's date, employee name, member name, member ID number
- C** Employee name and address or alternate name and address
- D** Dedicated 800 customer service phone line for all of your health plan questions as well as the WebTPA website address for 24-hour self service
- E** Services rendered by the provider on that day
- F** Brief description of the procedure or service your provider rendered and provider name
- G** Number assigned to your claim and dates you went to the provider
- H** Total amount the provider charged for the service you received before your benefits were considered
- I** Network discount, i.e. discount off the total price of service to you if your provider is in network on your health plan
- J** Amounts not covered under your benefits plan provided by your employer, not including any related co-payments
- K** Amount you paid on date of service; copayments do not accrue toward the 100% maximum out-of-pocket payment
- L** Amount applied to your calendar year deductible, which must be paid before any money is paid by the plan for any covered services
- M** Arrangement by which both insured and insurer share, in a specific ratio, costs
- N** Amount to be withheld from the total paid to the provider according to the contract
- O** Amount covered under other policies due to coordination of benefits
- P** Amount paid by the plan to the provider
- Q** Amount paid through your LSU First Health Reimbursement Account (HRA)
- R** Remaining amount you as the patient must pay to the provider
- S** Details or remarks necessary to explain charges for line items