

Health Plans

Underwritten by **Health First** Commercial Plans

GENERAL INFORMATION


After you receive services under your health plan, you will receive an **Explanation of Benefits (EOB)** from us. The EOB is an overview of the services you received, the amount you are responsible for, and the amount the health plan is responsible for paying. An EOB is not a bill. You may receive a bill separately from the provider for your cost share.

WHEN WILL I RECEIVE AN EXPLANATION OF BENEFITS (EOB)

For medical claims, you will receive an EOB once the claims are processed under your health plan.

HOW DO I READ A MEDICAL EXPLANATION OF BENEFITS (EOB)

Understanding your Explanation of Benefits (EOB)



440 US Highway 1, Rockledge, FL 32955

Forwarding Service Requested 5-DIGIT 32907
5178 0.5234 AV 0.373

Member Name and Address

For further assistance, call Customer Service toll-free at 855-443-4735
TTY/TDD relay: 1-800-955-8771 weekdays from 8 a.m. to 6 p.m.

www.myHFHP.org

Statement Date: 05/29/2016
Page: 1 OF 2
Member Name:
Member ID:
Plan: Health First Health Plans, Inc.

This is not a bill

HEALTH TIPS - Just for You

Did you know you can view the Provider Directory and Formulary, contact Customer Service, or access wellness and prevention information through your Healthy Living Programs—all online? Go to www.healthfirsthealthplans.org, choose Health First Health Plans, select the login icon in the top right corner, and log in with your username and password. First-time users select I need to sign up.

Key	
①	Explanation of Benefits (EOB) A claims statement that is sent whenever you use your health plan for services or products from a provider. It shows how your benefits cover the cost of a service and what you owe. An EOB is not a bill.
②	Accumulator Description A sum of dollar amounts that have accrued over the course of the plan year.
③	Description The type of services or products you received from your provider.
④	Charge The full amount billed by your provider to the Health Plan.
⑤	Discount This section details the amount you save by using a provider that belongs to our network.
⑥	Other Paid The amount paid by another source. Examples of other sources include: a health savings account, other health insurance, automobile insurance, disability insurance, etc.
⑦	HFHP Paid The portion of the charges eligible for benefits minus your copay, deductible, coinsurance, and amount paid by another source up to the billed amount.
⑧	Your Share This section details the portion of the bill that is your responsibility to pay. This amount might include your copay, deductible, coinsurance, any amount over the maximum reimbursable charge, or products/services not covered by your plan.
⑨	Remarks When present, these notes provide general information about the claim and may also provide specific explanation of activity that occurred in other fields on your EOB.

① Explanation of Benefits

② Accumulator Descriptions	Total	Met to Date	Balance
In-Network Family Out-of-Pocket			
In-Network Individual Out-of-Pocket			
Out-of-Network Family Deductible		0.00	
Out-of-Network Family Out-of-Pocket			
Out-of-Network Individual Deductible		0.00	
Out-of-Network Individual Out-of-Pocket		0.00	

Provider Name:

Claim Number:

③ DESCRIPTION	CHARGE	DISCOUNT*	OTHER PAID	HFHP PAID	YOUR SHARE **	REMARKS
Date: 05/18/2016	11.00	6.18	0.00	4.82	0.00	06 13
\$2947 GLUCOSE; EXC. UA (EG BLD, SP FLD)						
Claim Totals:	11.00	6.18	0.00	4.82	0.00	



EXPLANATION OF BENEFITS

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QUESTIONS

If you have questions about your health benefit plan, there are several ways to contact us to obtain the assistance you need:

By telephone

If you have questions about your plan or need assistance in a language other than English, please contact Customer Service.

Toll-free: 1.855.443.4735

TDD/TTY: 1.800.955.8771

Our Customer Service hours are: **Monday through Friday** from 8 a.m. to 6 p.m.

Health First Health Plans is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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