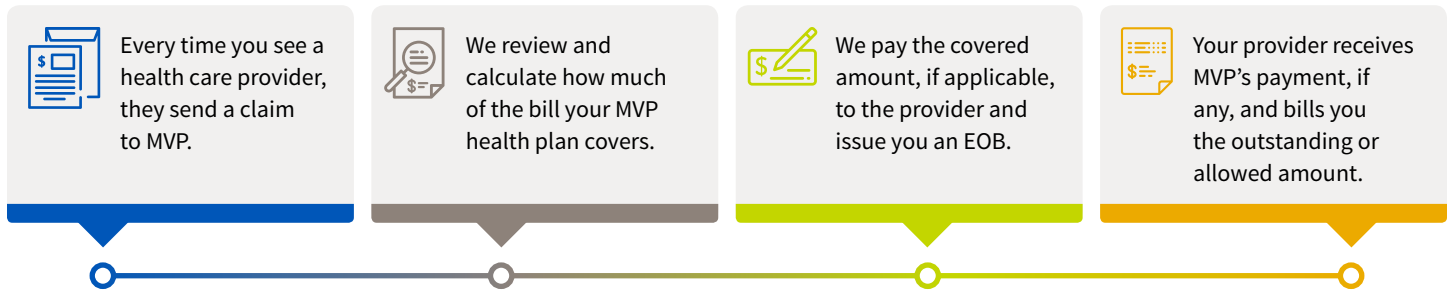


How to Read Your Explanation of Benefits



from MVP Health Care®

An Explanation of Benefits (EOB) is designed to help you understand how your MVP health plan is working for you and to help you plan for any bills your health care provider may send you. An EOB is not a bill! Here's how it works:



You should keep your EOB for your records and check it against your provider bill before sending them any payments.

How to Read Your Claim Summary

The first page of your EOB includes a summary of the claim.

- A Billed Charges**
This is the amount your provider billed MVP. It does not include any discounts we've negotiated to help save you money.
- B Not Covered/Due from Patient**
This amount reflects any billed charges that are not covered by your MVP health plan. Check the *Reason Code(s)* in the *Claim Details* (beginning on page 2 of your EOB) for explanations of why a charge wasn't covered. This amount is included in the *What You Owe* total.
- C Paid by Plan**
This is the amount MVP will pay your provider, if applicable. When you receive a bill from your provider, check to make sure this amount was applied toward your balance.
- D What You Owe**
This is the amount you may owe your provider (it may not include any co-pays you have already paid). This amount should match the amount on the bill the provider sends you.

MVP Select Care, Inc.
P.O. Box 2207 625 State Street
Schenectady, NY 12301

MVP
HEALTH CARE

MVP MEMBER
625 STATE STREET
SCHENECTADY, NY 12035

THIS IS NOT A BILL
Your health care provider may bill you for any amount that you owe.

Member MVP ID:	900100ABC00	900100ABC00
Group Plan:	MVP GROUP	
Claim Number:	E07ZZ0ABCD00	
Claim Received On:	05/31/2016	
Claim Processed On:	05/31/2016	

Explanation of Benefits (EOB)
Summary of a claim for Date(s) of Service: February 17, 2016 - February 17, 2016 for services provided by LABCORP RARITAN

A Billed Charges	\$737.00	This was the amount that was billed for your visit for date(s) of service 02/17/2016 - 02/17/2016
B Not Covered / Due from Patient	\$0.00	Any billed charges not covered by your policy including services provided by an out-of-network health care provider. This amount is included in What You Owe below.
C Paid by Plan	\$294.80	This is what MVP will pay your provider. It can also mean the amount MVP will send you if you paid your provider first and then sent a claim to MVP.
D What You Owe	\$73.70	This total due from patient is the amount that the health care provider may bill you, which may include a Deductible, Copay or Coinsurance and any charges not covered under your health plan.

PLEASE SEE CLAIM DETAILS ON BACK.

Go Paperless and view your Explanation of Benefits online. To sign up, Log In or Register for an MVP online account at www.mvphealthcare.com and select Manage Your Account and then Claims Status & History.

MYMVP MOBILE APP
View EOBs, check claims, find a doctor, view your ID card and more with our FREE app. Download it today for your iPhone® or Android™ mobile device! Note: iOS and data rates may apply.

We value your feedback. Please fill out our brief survey at www.mvp360.com.

MVP Select Care, Inc., P.O. Box 2207 625 State Street, Schenectady, NY 12301 | www.mvphealthcare.com / 1-800-755-3773
At MVP, we're tough on health care fraud. Help us fight the scary problem of the skyrocketing cost of health care by reporting your suspicious activity to our Special Investigations Unit at 1-877-TELL-MVP. All calls are confidential.

See other side for more information about your EOB. ➤

How to Read Your Claim Details

The second page of your EOB provides an itemized list of individual charges from your provider and what your MVP health plan covered. Here are the key things you need to know:

- A Allowed Amount**
By negotiating lower rates with in-network doctors, hospitals, and facilities, MVP reduces the provider's *Billed Charges* to an *Allowed Amount* that saves you money!
- B Not Allowed/Not Due from Patient**
This is the amount you save as the result of MVP's lower negotiated rates with providers.
- C Not Covered/Due from Patient**
Check the *Reason Code(s)* at the end of the row, then look at the end of the *Claim Details* section for an explanation of why this charge was not covered.
- D Other Insurance Payments**
Any payment made by another policy that covers you.
- E Deductible/Co-insurance/Co-pay**
The total of these three columns should equal the *Amount You Owe* on the *Claim Summary* on page 1.
- F Paid by Plan**
This is the amount MVP paid your provider. For each itemized charge, this amount, plus the deductible, co-insurance and co-pay amounts, should equal the *Allowed Amount*.
- G Reason Code(s)**
Check this code with the same code at the end of your *Claim Details* for more information on any charges not covered by the plan.

Claim Details


- A claim for services you received was sent to MVP. This EOB can help you understand the amount charged by your health care provider and what your health plan paid. It also shows the out-of-pocket costs that you must pay.
- If you received covered services from an MVP-participating provider, that provider has agreed to accept the Allowed Amount shown below as payment in full, minus any Deductible, Copay or Coinsurance.
- If services were from a provider not participating with MVP, you may need to pay the difference between the Billed Charges shown below and the Allowed Amount.

Billed Charges	Allowed Amount	Not Allowed/Not Due from Patient	Not Covered/Due from Patient	Other Insurance Payments	Deductible	Coinsurance	Copay	Paid By Plan	Reason Code(s)
Date(s) of Service: 02/17/2016 - 02/17/2016		Description: Drug test(s), presumptive, any number of drug classes; any number of d							
325.00	162.50	162.50	0.00	0.00	0.00	32.50	0.00	130.00	
Date(s) of Service: 02/17/2016 - 02/17/2016		Description: Drug test(s), definitive, utilizing drug identification methods							
412.00	206.00	206.00	0.00	0.00	0.00	41.20	0.00	164.80	

2016 Limit Summary

Limit Name	Current Amount	Maximum Amount
YEARLY IN-NETWORK DEDUCTIBLE (INDIVIDUAL)	500.00	1,000.00
YEARLY IN-NETWORK DEDUCTIBLE (FAMILY)	2,000.00	4,000.00
YEARLY OUT-OF-NETWORK DEDUCTIBLE (INDIVIDUAL)	0.00	2,000.00
YEARLY OUT-OF-NETWORK DEDUCTIBLE (FAMILY)	0.00	2,000.00
YEARLY PHYSICAL THERAPY VISIT MAXIMUM	0.00	20.00
YEARLY INDIVIDUAL IN-NETWORK OUT-OF-POCKET	1,000.00	0.00
YEARLY FAMILY IN-NETWORK OUT-OF-POCKET	3,000.00	10,000.00
YEARLY OCCUPATIONAL THERAPY VISIT MAXIMUM	0.00	20.00

Your EOB also includes a Glossary of Terms and Appeals Information.

 If you have any questions about your EOB, call the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.

Keep this guide in a safe place for future reference. You can also find it online at mvphealthcare.com.



Sign Up for Paperless EOBs!

Sign in/Register to your MVP online account at mvphealthcare.com and select **Claims Status & History**.