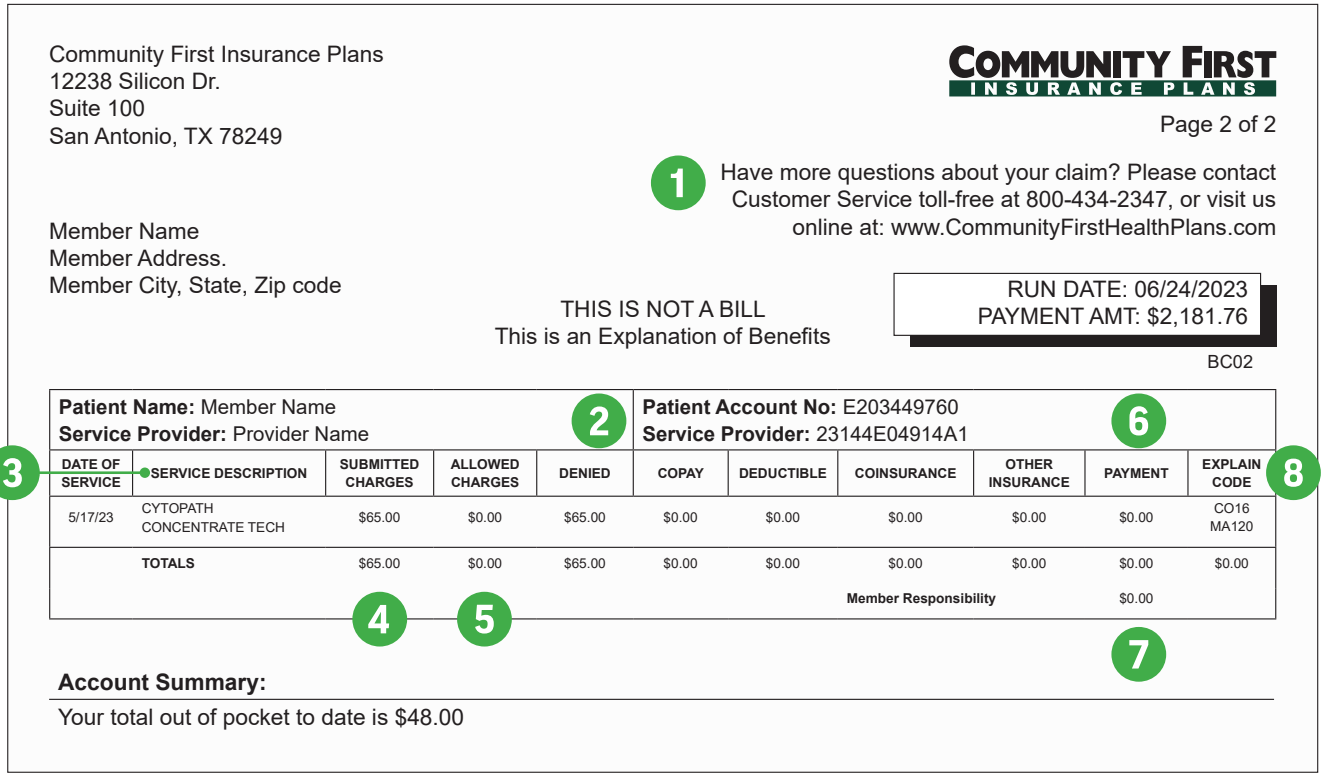
READING YOUR EXPLANATION OF BENEFITS

You may receive an **Explanation of Benefits (EOB)** from your Community First Marketplace plan after your visit with a provider. It will show you the total charges for your visit and how much you and your health plan owe. **An EOB is NOT A BILL**. You can use it to track how you and your family use your coverage. You may get a separate bill from your provider.

Here's a sample of what your Explanation of Benefits might look like.



Community First Insurance Plans
12238 Silicon Dr.
Suite 100
San Antonio, TX 78249

COMMUNITY FIRST INSURANCE PLANS

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1 Have more questions about your claim? Please contact Customer Service toll-free at 800-434-2347, or visit us online at: www.CommunityFirstHealthPlans.com

Member Name
Member Address.
Member City, State, Zip code

THIS IS NOT A BILL
This is an Explanation of Benefits

RUN DATE: 06/24/2023
PAYMENT AMT: $2,181.76

BC02

Patient Name: Member Name
Service Provider: Provider Name

2

Patient Account No: E203449760
Service Provider: 23144E04914A1

6

3 DATE OF SERVICE	SERVICE DESCRIPTION	SUBMITTED CHARGES	ALLOWED CHARGES	DENIED	COPAY	DEDUCTIBLE	COINSURANCE	OTHER INSURANCE	PAYMENT	EXPLAIN CODE 8
5/17/23	CYTOPATH CONCENTRATE TECH	$65.00	$0.00	$65.00	$0.00	$0.00	$0.00	$0.00	$0.00	CO16 MA120
	TOTALS	$65.00	$0.00	$65.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
							Member Responsibility		$0.00	

4 5

7

Account Summary:

Your total out of pocket to date is $48.00

1. **Phone Number**
   Call Member Services if you have questions about your EOB or the services/benefits your coverage includes.
2. **Service Provider**
   is the provider or facility who delivered your health care services and will be reimbursed if the claim is overpaid.
3. **Service Description**
   shows the health services you received, like a doctor's visit, lab test, or screening.
4. **Submitted Charges**
   is the amount your provider billed for your visit.
5. **Allowed Charges**
   is the amount your provider will be paid. This may not be the same amount that the provider charges.
6. **Payment**
   is the amount your health plan will pay to your provider.
7. **Member Responsibility**
   is the amount you owe after your insurer has paid everything else. You may have already paid part of this amount. Payments already made directly to your provider may not have been deducted from this amount.
8. **Explain Code**
   is a note from your health plan that explains more about the costs, charges, and paid amounts for your visit.

Important Reminder
Pay your bills and keep all paperwork in a safe place. Some providers will not see you if you have unpaid bills. You may be able to pay your bills online or over the phone. This can vary depending on your health plan and coverage.

Appeals
If you disagree with decision from your health plan about coverage or payment, you may be able to appeal. If you think you were charged for tests or services your plan should pay for, keep the bill. Call Community First Member Services right away.

COMMUNITY FIRST INSURANCE PLANS

CÓMO LEER SU EXPLICACIÓN DE BENEFICIOS

Es posible que reciba una **explicación de beneficios (EOB)** de Community First Marketplace después de su visita con un proveedor. Le mostrará los cargos totales de su visita y cuánto debe usted y su plan de salud. **Una EOB NO ES UNA FACTURA.** Puede usarla para hacer un seguimiento de cómo usted y su familia usan su cobertura. Es posible que reciba una factura por separado de su proveedor.

A continuación, se muestra un ejemplo de cómo podría lucir su explicación de beneficios.

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							Member Responsibility		$0.00	

4 5

7

Account Summary:

Your total out of pocket to date is $48.00

1. **Número de teléfono**
   Llame a Servicios para miembros si tiene preguntas sobre su EOB o los servicios/beneficios que incluye su cobertura.
2. **Proveedor de servicios**
   Es el proveedor o centro que le brindó sus servicios de atención médica y que recibirá un reembolso si la reclamación se paga en exceso.
3. **Descripción del servicio**
   Muestra los servicios de salud que recibió, como una visita al médico, un análisis de laboratorio o una evaluación.
4. **Cargos enviados**
   Es el monto que su proveedor facturó por su visita.
5. **Cargos permitidos**
   Es el monto que se le pagará a su proveedor. Es posible que este no sea el mismo monto que cobra el proveedor.
6. **Pago**
   Es el monto que su plan de salud le pagará a su proveedor.
7. **Responsabilidad del miembro**
   Es el monto que debe después de que su aseguradora haya pagado todo lo demás. Es posible que ya haya pagado parte de este monto. Es posible que los pagos ya realizados directamente a su proveedor no se hayan deducido de este monto.
8. **El código de explicación**
   El código de explicación es una nota de su plan de salud que explica más sobre los costos, cargos y montos pagados por su visita.

Recordatorio importante
Pague sus facturas y guarde todos los documentos en un lugar seguro. Algunos proveedores no lo atenderán si tiene facturas pendientes de pago. Es posible que pueda pagar sus facturas en línea o por teléfono. Esto puede variar según su plan de salud y cobertura.

Apelaciones
Si no está de acuerdo con la decisión de su plan de salud sobre la cobertura o el pago, es posible que pueda apelar. Si cree que le cobraron por pruebas o servicios que su plan debería pagar, guarde la factura. Llame a Servicios para miembros de Community First de inmediato.