EXPLANATION OF BENEFITS



Underwritten by Health First Commercial Plans

GENERAL INFORMATION

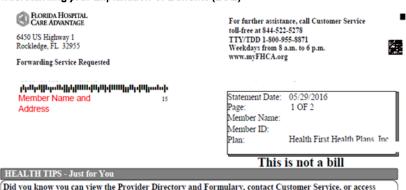
After you receive services under your health plan, you will receive an **Explanation of Benefits (EOB)** from us. The EOB is an overview of the services you received, the amount you are responsible for, and the amount the health plan is responsible for paying. An EOB is not a bill. You may receive a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



corner, and log in with your username and password. First-time users select I need to sign up.

DExplanation of Benefits

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

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	- 1	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	

	Floridel Name. Claim Number.					96		
3	DESCRIPTION	CHARGE	DISCOUNT*	OTHER PAID	HFHP PAID	YOUR SHARE **	Tubina areas	9
	Date: 05/18/2016 82947 GLUCOSE; EXC. UA (EG B	11.00 (4) LD, SP FLD)	6.18(5)	0.00	4.82 7	0.00	06 13	
	Claim Totals:	11.00	6.18	0.00	4.82	0.00		

Key	
1	Explanation of Benefits (EOB) A claims
٩	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
@	Accumulator Description A sum of dollar
•	amounts that have accrued over the course of
	the plan year.
®	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.
0	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.



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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: 1.844.522.5279 TDD/TTY: 1.800.955.8771

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

By email

Send your questions or comments to: AHAP@HF.org

By fax

Send your fax to: 1.855.328.0062

By mail

Send correspondence to:

Customer Service Health First Health Plans - AHAP 6450 U.S. Highway 1 Rockledge, FL 32955

AdventHealth Advantage Plan 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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