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:

Every time you see a health care provider, they send a claim to MVP.

We review and calculate how much of the bill your MVP health plan covers.

We pay the covered amount, if applicable, to the provider and issue you an EOB.

Your provider receives MVP’s payment, if any, and bills you the outstanding or allowed amount.

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.

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.

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**.