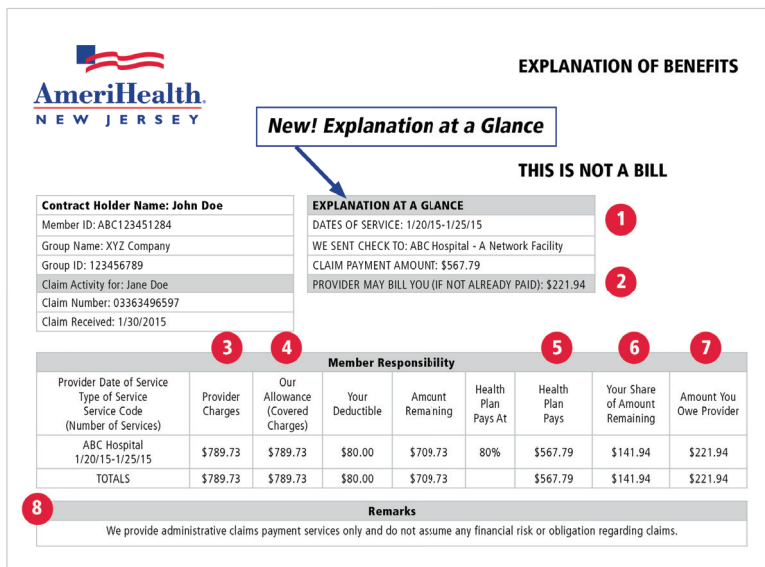


How to read your new Explanation of Benefits (EOB)

Our Explanation of Benefits statements (commonly referred to as an EOB) help you understand your out-of-pocket costs when you receive covered services. The easy-to-read format lets you quickly find out how much a doctor, hospital, or other health care facility charged for services, what your AmeriHealth New Jersey health plan paid, and how much you owe.



EXPLANATION OF BENEFITS

THIS IS NOT A BILL

EXPLANATION AT A GLANCE

Contract Holder Name: John Doe

Member ID: ABC123451284
Group Name: XYZ Company
Group ID: 123456789
Claim Activity for: Jane Doe
Claim Number: 03363496597
Claim Received: 1/30/2015

EXPLANATION AT A GLANCE

DATES OF SERVICE: 1/20/15-1/25/15
WE SENT CHECK TO: ABC Hospital - A Network Facility
CLAIM PAYMENT AMOUNT: \$567.79
PROVIDER MAY BILL YOU (IF NOT ALREADY PAID): \$221.94

Member Responsibility

Provider Date of Service Type of Service Service Code (Number of Services)	Provider Charges	Our Allowance (Covered Charges)	Your Deductible	Amount Remaining	Health Plan Pays At	Health Plan Pays	Your Share of Amount Remaining	Amount You Owe Provider
ABC Hospital 1/20/15-1/25/15	\$789.73	\$789.73	\$80.00	\$709.73	80%	\$567.79	\$141.94	\$221.94
TOTALS	\$789.73	\$789.73	\$80.00	\$709.73		\$567.79	\$141.94	\$221.94

Remarks

We provide administrative claims payment services only and do not assume any financial risk or obligation regarding claims.

New paperless EOB option

You can view your EOB online at amerihealthexpress.com or have it sent to you by email. You can also continue to receive a paper copy by mail. Just log in to amerihealthexpress.com and choose Settings on your homepage to select your preferences.

- 1 We Sent Check to:** Individual/facility that received the AmeriHealth New Jersey reimbursement check.
- 2 Provider May Bill You:** Summary of what you owe the provider. The individual breakdown is shown in the Member Responsibility section.
- 3 Provider Charges:** The amount the provider actually charged for services.
- 4 Our Allowance:** Amount covered by AmeriHealth New Jersey.
- 5 Health Plan Pays:** The actual dollar calculation of the amount AmeriHealth New Jersey pays.
- 6 Your Share of Amount Remaining:** The amount remaining after AmeriHealth New Jersey's payment has been subtracted.
- 7 Amount You Owe Provider:** The total of all of member responsibilities. This includes any deductible, coinsurance, or copayment amounts, plus any remaining amount.
- 8 Remarks:** Explains why certain charges were not covered (if any).

Questions about your EOB?

Call the phone number on the back of your member ID card. Be sure to have your member ID number and EOB ready when you call.

Language Taglines and Nondiscrimination Notice

Language Access Services

If you, or someone you're helping, has questions about AmeriHealth New Jersey, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-968-7241 TTY 711.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de AmeriHealth New Jersey, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-968-7241 TTY 711.

如对 AmeriHealth New Jersey 有任何问题，请您或您所帮助的人联系我们提供的免费多语言信息服务。翻译服务请拨打 1-888-968-7241。

AmeriHealth New Jersey 와 관련하여 궁금한 사항이 있으신 경우 귀하 또는 귀하의 지원을 받는 사람은 관련 정보 및 지원을 해당 언어로 무료로 받으실 수 있습니다. 통역사와 상담하시려면 1-888-968-7241 로 전화해 주십시오.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o AmeriHealth New Jersey, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-888-968-7241.

જો તમને અથવા તમે કોઈને મદદ કરી રહ્યા તેમાંથી કોઈને AmeriHealth New Jersey વિશે પ્રશ્નો હોય, તો તમને મદદ અને માહિતી તમારી ભાષામાં કોઈપણ ખર્ચ વિના મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, આ 1-888-968-7241 પર કોલ કરો.

Jeśli Ty lub osoba, której pomagasz macie pytania odnośnie do programu AmeriHealth New Jersey, mogą Państwo uzyskać bezpłatną informację i pomoc w Waszym języku. Aby porozmawiać z tłumaczem, proszę zadzwonić pod numer 1-888-968-7241.

Se tu o qualcuno che stai aiutando avete domande su AmeriHealth New Jersey, hai il diritto di ottenere gratuitamente aiuto e informazioni nella tua lingua. Per parlare con un interprete, puoi chiamare il numero 1-888-968-7241.

إذا كان لديك أو لدى شخص تساعد أسئلة بخصوص AmeriHealth New Jersey، فلديك الحق في الحصول على المعلومات الضرورية بلغتك دون أي تكلفة. للتحدث مع مترجم اتصل بـ 1-888-968-7241.

Kung ikaw, o ang taong iyong tinutulungan, ay may mga katanungan tungkol sa AmeriHealth New Jersey, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang interpreter, tumawag sa 1-888-968-7241.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу программы AmeriHealth New Jersey, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-888-968-7241.

Si ou menm, oswa yon moun w ap ede, gen kesyon konsènan AmeriHealth New Jersey, ou gen dwa pou resevwa èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele 1-888-968-7241.

यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के AmeriHealth New Jersey के बारे में प्रश्न है, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दुभाषिए से बात करने के लिए, 1-888-968-7241 पर कॉल करें।

(OVER)

Nếu quý vị hoặc người mà quý vị đang trợ giúp có câu hỏi về AmeriHealth New Jersey, quý vị có quyền nhận được trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để yêu cầu thông dịch viên, hãy gọi số 1-888-968-7241.

Si vous, ou quelqu'un que vous aidez, a des questions à propos d'AmeriHealth New Jersey, vous avez le droit d'obtenir gratuitement de l'aide et l'information dans votre langue. Pour parler à un interprète, appelez 1-888-968-7241.

اگر آپ، یا کوئی شخص جس کی آپ مدد کر رہے ہیں، کو AmeriHealth New Jersey کے بارے میں سوالات کرنے ہیں تو آپ کو بلا معاوضہ اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، 1-888-968-7241 پر کال کریں۔

Díí kwe'é atah nílínígíí AmeriHealth New Jersey haada yit'éego bína ídíłkidgo éi doodago háida bíká anilyeedígíí t'áadoo le'é yína'ídíłkidgo bee ná ahóót'i' díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'á doo báh ílínígóó. Ata' halne'ígíí kojí' bich'i' hodíłnih 1-888-968-7241.

ご本人やお客様の周りの人が、AmeriHealth New Jersey についてご質問などがある場合、無料でご希望の言語でのサポートや情報を入手することができます。インタプリタをご利用の方は、1-888-968-7241 までお電話ください。

Wenn Sie selbst oder eine Person, der Sie helfen, Fragen über AmeriHealth New Jersey haben, so haben Sie das Recht, kostenlos Hilfe und Informationen in Ihrer Sprache anzufordern. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-888-968-7241 an.

اگر شما یا شخصی کہ به وی کمک می کنید، در رابطه با AmeriHealth New Jersey سوالی دارید، این حق برای شما محفوظ است کہ بدون نیاز به پرداخت هر نوع هزینه، اطلاعات مربوطه را به زبان خود دریافت نمایید. جهت گفتگو با یک مترجم، با شماره 1-888-968-7241 تماس حاصل فرمایید.

Nondiscrimination Notice & Notice of Availability of Auxiliary Aids & Services

AmeriHealth New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AmeriHealth New Jersey does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AmeriHealth New Jersey:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters, and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that AmeriHealth New Jersey has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You have five ways to file a grievance directly with AmeriHealth New Jersey: in person or by mail: AmeriHealth New Jersey, ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103; by phone: 888-377-3933 (TTY 711), by fax: 215-761-0245, or by email: civilrightscordinator@amerihealth.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Effective Date: July 18, 2016, Version 1.0