

**Explanation of Benefits (EOB) Example: SUBlue and SUOrange**



Syracuse University  
C/O POMCO  
P.O. Box 6329  
Syracuse, NY 13217



Temp-Return Service Requested

If you have any questions,  
please call 1-877-GO1-SU44  
or visit POMCO online at  
[www.benefitsoft.com](http://www.benefitsoft.com).



**A** Enrollee:  
**B** Patient:  
**C** Group:  
**D** Group #:  
**E** Claim #:  
**F** Patient #:  
**G** Date:

**THIS IS NOT A BILL**

**Explanation of Benefits for Services Provided By: H**

Dates of Service	Service Code	Total Charge	Ineligible	Covered By Plan	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount	
<b>I</b>	<b>J</b> 16	<b>K</b> 79.75	<b>L</b> 2.44	<b>M</b> 77.31	<b>N</b> 0.00	<b>O</b> 20.00	<b>P</b> 57.31	<b>Q</b> 100%	<b>R</b> 57.31	
Reason Codes:		9p <b>S</b>								
<b>TOTAL</b>		79.75	2.44	77.31	0.00	20.00	57.31		57.31	
									<b>T</b> Other Insurance Credits or Adjustments	0.00
									<b>U</b> Total Net Payment	57.31
									<b>V</b> Total Patient Responsibility	20.00

Payment To:	Check No.	Amount
	<b>W</b>	57.31

Service Code

16 Provider Visits **X**

Reason Code Description

9p Patient responsible only for copay/deductible. **Y**

**Key:**

MATCHING FIELD FROM EOB	DESCRIPTION	MATCHING FIELD FROM EOB	DESCRIPTION
<b>A</b>	The enrollee is an eligible employee or COBRA participant under whose Member ID enrollment is made.	<b>N</b>	This is the amount applied to the annual deductible if the service is subject to a deductible.
<b>B</b>	The member who received the services.	<b>O</b>	This is the Plan copayment amount, if applicable, for the service provided. You may have paid this at the time of visit.
<b>C</b>	The name of the Plan ("Syracuse University").	<b>P</b>	This amount is calculated by taking the total in box "M" and subtracting the amounts in boxes "N" and "O".
<b>D</b>	The 3 digit Plan Sponsor Number assigned by POMCO. Syracuse University's Plan Number is 770.	<b>Q</b>	This is the Plan's portion of the balance, taking into account any coinsurance that may be required.
<b>E</b>	The 10 digit claim number randomly assigned by POMCO.	<b>R</b>	This is box "P" multiplied by box "Q". This may be reduced by insurance credits or other adjustments.
<b>F</b>	The patient ID number assigned by the provider's office.	<b>S</b>	The code for the Plan's coverage of the service. The key for this code is found in box "Y".
<b>G</b>	The date the claim was paid.	<b>T</b>	Other Insurance Credits are the amounts that were paid by other plans, if applicable. Adjustments are penalties applied by the Plan for non-compliance, if applicable.
<b>H</b>	The name of the provider that rendered the services.	<b>U</b>	"This amount is calculated by taking the Total of Payment Amount and subtracting the Other Insurance Credits or Adjustments."
<b>I</b>	The date the service was incurred.	<b>V</b>	Total amount for which the patient is responsible. This includes copayments, deductibles, percentage coinsurance, and amounts over allowed charges, if applicable. Some or all of this amount may have been paid to the provider at the time of service.
<b>J</b>	The code for the type of service that was provided. The key for this code is found in box "X".	<b>W</b>	The name and check number on the check sent by POMCO.
<b>K</b>	The amount the provider of the service charged.	<b>X</b>	The explanation for the Service Code noted in box "J".
<b>L</b>	The amount not allowed by the Plan or items not covered by the Plan.  This is the difference between box "K" and box "M".	<b>Y</b>	The explanation for the Reason Code noted in box "S".
<b>M</b>	If the provider participates in the POMCO/PHCS-MultiPlan network, this is the negotiated amount between the provider and POMCO/PHCS-Multiplan network. The provider has agreed not to bill the patient for the amount in box "L".  If the provider does not participate in the POMCO/PHCS-MultiPlan network, this is the POMCO CNY Area PPO fee schedule as determined by POMCO. Providers may bill the patient for the amount in box "L".  If the service provided was not covered under the Plan, this is the Total Charge. This will be explained in box "Y" and you will be billed for the amount in box "L".		