

Understanding your UltraBenefits EOB

UltraBenefits, Inc. is a subsidiary of Fallon Health, providing an easy-to-use Health Reimbursement Arrangement (HRA). An HRA helps pay for services that are subject to your deductible. Your HRA pays for services you receive through your health plan. For your records, and to understand what you should be basing your payments to providers on, you will receive an Explanation of Benefits (EOB) from UltraBenefits outlining which payments have been made and what your responsibility is. An example of your UltraBenefits EOB is below.

If you have questions about your UltraBenefits EOB, please call us at 1-866-858-7223.

SAMPLE MEMBER HRA EOB

ULTRABENEFITS/FALLON HRA
100 NORTH PARKWAY STE 302
WORCESTER, MA 01605
(866) 858-7223
www.ultrabenefits.com

Group Name		ABC COMPANY		Cert. Number		Claim Number					
Employee		JILL A. SAMPLE		23456A19000		21-012345-00					
Patient JILL A. SAMPLE				Prepared by		Date					
				AA100		A123 03/30/17					
TREATMENT DATES	SERV CODE	CPT CODE	CHARGE AMOUNT	NOT COVERED	REASON CODE	PPO DISCOUNT	COVERED AMOUNT	DEDUCTIBLE AMOUNT	CO-PAY AMOUNT	PCT	PAYMENT AMOUNT
A) 02/26-02/26/17	HRF		2000.00	.00		.00	2000.00	500.00	.00	100	1500.00
			2000.00	.00			.0		0		1500.00
Department:								OTHERINSURANCE CREDITS OR ADJUSTMENTS .00			
								TOTAL PAYMENT AMOUNT 1500.00			
PATIENT RESPONSIBILITY						PAYMENT INFORMATION					
Amount Not Covered:			\$0.00			Plan Payments sent to:			Date Check No		
Co Pay Amount:			\$0.00			A) HIGH TECH RADIOLOGY CENTER			02/26/17 800 \$1,500.00		
Deductible:			\$500.00			DEP) JILL A SAMPLE			02/26/17 \$1.00		
Co-Insurance:			\$0.00								
Patient's Total Responsibility:			\$500.00								
(Other Insurance Payment)			(\$0.00)								
HRF HEALTH REIMBURSEMENT FAMILY PLAN											
THIS HRA PLAN PAYS THE 2ND PORTION OF MEMBER DEDUCTIBLE											
PLEASE RETAIN FOR TAX PURPOSES. COPIES ARE NOT AVAILABLE.											

Treatment dates
These dates should match up to what is listed on your Health EOB.

Payment information
Shows the amount that has been paid by your HRA.

Patient responsibility
This section tells an individual what they owe.

