



Understanding your EOB, as easy as 1-2-3

An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. You'll receive a bill from your provider for any amount you may owe.

1 Cost summary

The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).

Amount billed:	\$500.00	This is the total amount that your provider billed for the services that were provided to you.
Your discount:	\$100.00	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	\$260.00	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	\$360.00	72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.
TOTAL YOU MAY OWE:	\$140.00	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.

2 Benefits update

On the next page, you'll find a breakdown of how much you and/or your family have applied toward your annual deductibles and out-of-pocket amounts.

Deductible: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount.

Out-of-pocket: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you reach your "to go" amount, the plan will usually pay 100% of the allowed amount.

In-network

INDIVIDUAL CAL YR DEDUCTIBLE	\$2,500.00 out of \$2,500.00	\$0.00 to go
INDIVIDUAL OUT-OF-POCKET	\$2,873.14 out of \$5,000.00	\$2,126.86 to go
FAMILY CAL YR DEDUCTIBLE	\$3,843.05 out of \$5,000.00	\$1,156.95 to go
FAMILY OUT-OF-POCKET	\$873.14 out of \$8,000.00	\$7,126.86 to go



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Employee:	Code Blank
Employee address:	1234 Sunshine Blvd Suite 10293 Best City, USA 12345-1112
Group number:	76-99999999
Member ID:	999999999
Employer name:	ABC Companies, Inc.
Notice date:	03/28/2019

Patient:
Elizabeth Blank

Claim number:
999999999

Provider name:
XYZ Provider Inc.

Patient account:
1234567890

							PLAN PAYS	YOU PAY				
Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	Not allowed	Amount due to provider	Plan paid	Co-pay	Applied to deductible	Co-insurance	Not covered	Total you may owe*
							% —					
Emergency Care	908	03/14 - 03/19/19	\$500.00	\$100.00	\$0.00	\$400.00	80 \$260.00	\$25.00	\$50.00	\$65.00	\$0.00	\$140.00
Totals			\$500.00	\$100.00	\$0.00	\$400.00	\$260.00	\$25.00	\$50.00	\$65.00	\$0.00	\$140.00

*This total may not reflect any payments/co-pays you made at the time of service. Please wait for a provider bill before making a payment.
(+) Indicates any payment you may owe. (–) Indicates any discount or plan payment that will reduce what you owe.

Reason code explanations:

908 Provider negotiated discount. You are not responsible for this amount.

3 Service and payment details

This section includes information about who received the medical service, the name of the provider and what types of care they received. It gives you a breakdown of how the claim was processed, including:

- How much your provider billed
- Your network discount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including co-pays, deductibles and out-of-pocket amounts


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