



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.


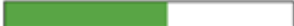


2 Benefits update

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



PO BOX 30541 Salt Lake City, UT 84130-0541
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Employee: Code Blank
Employee address: 1234 Sunshine Blvd
Suite 10293
Best City, USA 12345-1112
Group number: 76-9999999
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

Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	Not allowed	Amount due to provider	PLAN PAYS		YOU PAY				
							%	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



Sign up for digital EOBs and you'll receive email reminders every time you have a new EOB. PLUS, we'll let you know if you need to take action on the EOB and give you more details about your claim.



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Información sobre la Explicación de Beneficios, tan fácil como contar hasta 3

La Explicación de Beneficios (Explanation of Benefits, EOB) no es una factura. Simplemente le informa todo lo que desea saber sobre la cobertura del servicio médico reciente que le ofrece su plan de beneficios. Recibirá una factura de su proveedor por la cantidad que deba.

1 Resumen de costos

La primera página de su EOB es un resumen de cuánto facturó su proveedor, cuánto cubrió su plan y el total que le deba a su proveedor.

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2 Actualización de beneficios

En la página siguiente, encontrará el detalle de la cantidad que usted o su familia aplicó a sus deducibles anuales y gastos de bolsillo.

Deducible: La cantidad que debe pagar antes de que el plan cubra servicios específicos. Por lo general, los deducibles se establecen en una cantidad fija anual.

Gasto de bolsillo: Cantidad máxima que usted podría pagar durante un período de cobertura (generalmente un año) por la parte que le corresponde pagar a usted de los servicios cubiertos. Una vez que alcance la cantidad establecida, el plan generalmente pagará el 100% de la cantidad permitida.

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3 Detalles de los pagos y servicios

Esta sección incluye información sobre quién recibió el servicio médico, el nombre del proveedor y qué tipos de cuidado recibió. Le muestra el detalle de procesamiento del reclamo, que incluye:

- La cantidad que facturó su proveedor
- El descuento de su red
- La cantidad que pagó el plan patrocinado por su empleador
- La cantidad que deba, incluidos los copagos, deducibles y gastos de bolsillo



Inscríbese para obtener su EOB de forma digital y reciba recordatorios por correo electrónico cada vez que tenga una EOB nueva. ADEMÁS, le informaremos si necesita entrar en acción con respecto a la EOB y le mostraremos más detalles sobre su reclamo.



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