



# 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).

<b>Amount billed:</b>	\$500.00	This is the total amount that your provider billed for the services that were provided to you.
<b>Your discount:</b>	\$100.00	Your plan negotiates discounts with providers and facilities to help save you money.
<b>Your plan paid:</b>	\$260.00	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
<b>You saved:</b>	\$360.00	72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.
<b>TOTAL YOU MAY OWE:</b>	<b>\$140.00</b>	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.

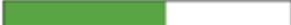
## 2 Benefits update

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

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



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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
<b>Totals</b>			\$500.00	\$100.00	\$0.00	\$400.00		\$260.00	\$25.00	\$50.00	\$65.00	\$0.00	<b>\$140.00</b>

\*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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