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.

<table>
<thead>
<tr>
<th>Amount billed:</th>
<th>$500.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your discount:</td>
<td>$100.00</td>
</tr>
<tr>
<td>Your plan paid:</td>
<td>$260.00</td>
</tr>
<tr>
<td>You saved:</td>
<td>$360.00</td>
</tr>
<tr>
<td>TOTAL YOU MAY OWE:</td>
<td>$140.00</td>
</tr>
</tbody>
</table>

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.
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.