

How to read your Explanation of Benefits Statement (EOB)

Refer to the following for descriptions of the numbered items on the sample EOB on the previous page.

1. Your name and address appears here.
2. Easy-to-read customer service phone number.
3. Includes: your name; patient name; participant number; group name; claim number; patient number; date EOB was processed; network, if applicable; group number.
4. **Dates of Service** are the dates the services were provided. For some services (such as hospital stays), there will be a range of dates.
5. **Service Code** is the type of service provided (such as doctor visit, x-ray or lab). The Explanation of Service Codes provides additional information (see box 21).
6. **CPT Code** The Current Procedural Terminology (CPT) code is the code providers use to define their services.
7. **Total Charge** is the dollar amount charged by the provider of service.
8. **Ineligible** is any dollar amount not covered by the Plan. Ineligible amounts are further explained in Reason Code Description (see box 22).
9. **Reason Code** denotes why a service is ineligible. An explanation appears in Reason Code Description (see box 22).
10. If a **Network Savings** is applicable to the claim, the savings amount is shown in this column.
11. **Eligible Amount** is the portion of the submitted bill being considered for payment. This amount reflects deductions for Network Savings and Ineligible costs, if applicable.
12. **Benefit CoPay** shows the portion that you are responsible for paying (for example, a \$10.00 co-payment for a doctor office visit).
13. **Deductible Amount** indicates the portion of the submitted bill that is applied to your deductible.
14. **Balance** is the dollar amount eligible for coinsurance and final payment.
15. **Paid %** is the coinsurance percentage rate at which the Balance is paid, as shown in your Schedule of Benefits.
16. **Amount Paid** is the dollar amount that is paid by your Plan.
17. **Other Carrier Payments** is the dollar amount paid by another insurance or health plan.
18. **Total Net Payment** shows the dollar amount paid to the provider or enrollee.
19. **Patient Responsibility** shows the dollar amount that you are responsible for paying.
20. **Payment To** is the name of the payee (for example, the health care service provider).
21. This **Service Code** section further explains the Service Code numbers (see box 5).
22. **Reason Code Description** explains any Ineligible services (see box 8 & 9).

