

# How to Read Your EOB:

*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.*

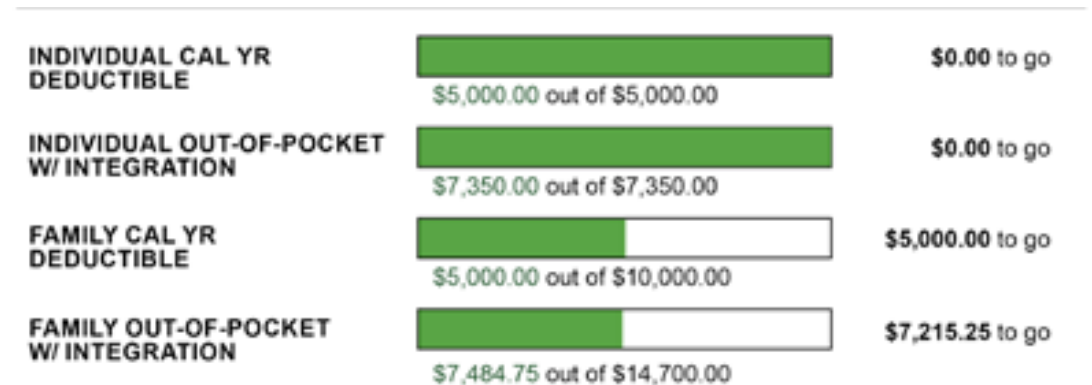
1. **Cost Summary:** The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

## Here's a summary for you.

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

<b>Amount billed:</b>	\$731.00	This is the total amount that your provider billed for the services that were provided to you.
<b>Available pricing programs:</b>	\$555.42	Your plan uses available pricing programs with providers and facilities to help save you money.
<b>Your plan paid:</b>	\$175.58	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
<b>You saved:</b>	\$731.00	100% of your service was covered by pricing programs, your employer-sponsored benefits plan or other amounts for which you are not responsible.
<b>TOTAL YOU MAY OWE:</b>	<b>\$0.00</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.



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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: 01/28/2021

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	Available pricing programs	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	01/14 - 01/19/21	\$731.00	\$555.42	\$0.00	\$175.58	100	\$175.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>			\$731.00	\$555.42	\$0.00	\$175.58		\$175.58	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</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
- Available pricing programs amount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including copays, deductibles and out-of-pocket amounts