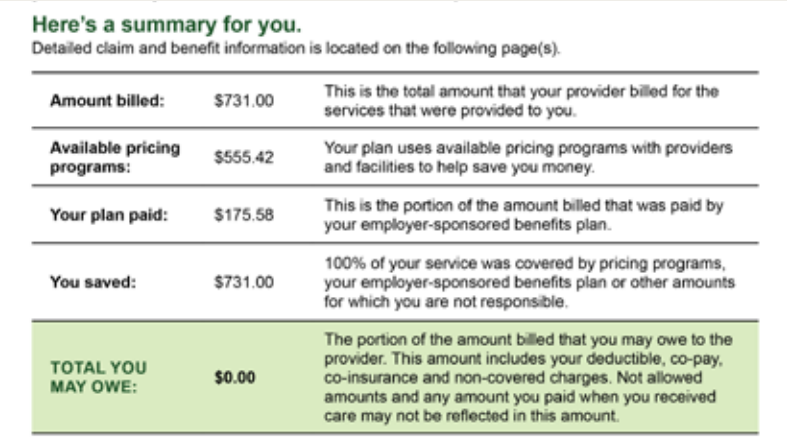
Understanding your EOB, as easy as 1-2-3

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).

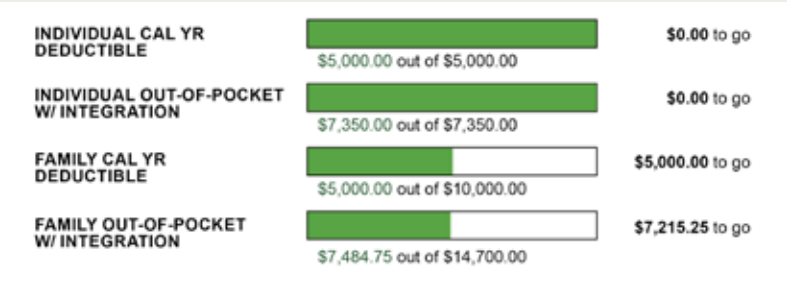
Amount billed:	$731.00	This is the total amount that your provider billed for the services that were provided to you.
Available pricing programs:	$555.42	Your plan uses available pricing programs with providers and facilities to help save you money.
Your plan paid:	$175.58	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	$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.
TOTAL YOU MAY OWE:	**$0.00**	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

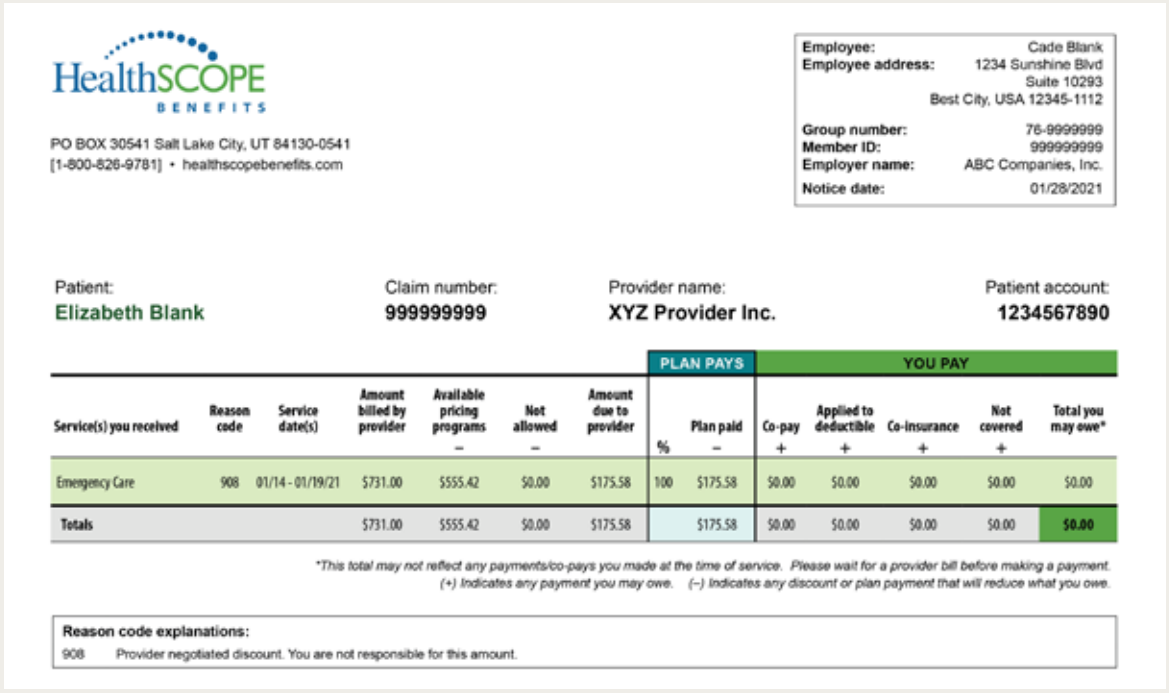
On the next page, you'll find a breakdown of how much you and/or your family have applied toward your annual deductibles and out-of-pocket amounts.

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.*



INDIVIDUAL CAL YR DEDUCTIBLE	$5,000.00 out of $5,000.00	**$0.00** to go
INDIVIDUAL OUT-OF-POCKET W/ INTEGRATION	$7,350.00 out of $7,350.00	**$0.00** to go
FAMILY CAL YR DEDUCTIBLE	$5,000.00 out of $10,000.00	**$5,000.00** to go
FAMILY OUT-OF-POCKET W/ INTEGRATION	$7,484.75 out of $14,700.00	**$7,215.25** to go



HealthSCOPE BENEFITS

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Employee:	Cade 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**

							PLAN PAYS		YOU PAY				
Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Available pricing programs −	Not allowed −	Amount due to provider	%	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
Totals			$731.00	$555.42	$0.00	$175.58		$175.58	$0.00	$0.00	$0.00	$0.00	$0.00

*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
- Available pricing programs amount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including co-pays, deductibles and out-of-pocket amounts

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