



# Understanding Your EOB

*A Guide to Reading Your  
Explanation of Benefits Statement*

An Explanation of Benefits (EOB) Statement is a notification form provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Texas (BCBSTX). The EOB displays the expenses submitted by the provider and shows how the claim was processed.

## The EOB has four major sections:

- ◆ **Claim Information** includes the member and patient name, the member's group and identification numbers, and the claim number.
- ◆ **Summary** highlights the financial information – the amount billed, total benefits approved and the amount you may owe the provider.
- ◆ **Service Information** identifies the health care facility or physician, dates of service and charges.
- ◆ **Coverage Information** shows what was paid to whom, what discounts and deductions apply, and what part of the total expense was not covered.

## *The EOB may include additional information.*

- ◆ **Information About Amounts Not Covered** will show what benefit limitations or exclusions apply.
- ◆ **Information About Out-Of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- ◆ **Information About Appeals** explains your rights regarding review of claim denials.
- ◆ **Fraud Hotline** is a toll-free number you can call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.

## Your EOBs are Always Available Online!

Sign up for Blue Access® for Members (BAM) at [www.bcbstx.com](http://www.bcbstx.com) for quick, convenient and confidential access to your claim information and history. To support our commitment to eco-friendly business practices, you can choose to opt out of receiving EOBs by mail. This saves resources and offers you additional confidentiality. Just go to BAM, click *User Profile* at the top right side of the screen and change your *User Preferences*.



**4** JOHN DOE  
 999 PRINCE DRIVE  
 DALLAS, TX 76205

**3** Customer Service: 1-800-XXX-XXXX  
 Customer Service Hours:  
 8:00 a.m. - 8:00 p.m. C.S.T.



**5** Check here for BCBSTX messages.

## Calculation Example

**\$1,074.36** amount billed  
 - **\$620.46** amount not covered\*  
**\$453.90** total covered expenses  
 - **\$350.00** applied to annual deductible  
 - **\$20.00** copayment  
 - **\$16.78** coinsurance  
 (\$453.90 - \$350 - \$20 = \$83.90; \$83.90 X 20% coins. = \$16.78)

**\$67.12** total benefits approved; paid to provider by BCBSTX

**\$453.90** total covered expenses  
 - **\$67.12** total benefits approved

**\$386.78** amount you may owe provider

\* The amount billed is greater than the amount allowed for these services. The member will not be billed for this amount.

### Summary

<b>11</b> Total Billed:	\$1,074.36
Total Benefits Approved:	<b>\$67.12</b>
Amount You May Owe Provider:	\$386.78

### Claim Information

<b>6</b> Member Name:	John Doe
<b>7</b> Group No.:	0000X
<b>8</b> Identification No.:	XOF123456789
Claim No.:	909600000000X
Patient Name:	John Doe

The following shows how this claim was processed.

### Service Information

<b>12</b> Service Description	<b>13</b> Service Date	<b>14</b> Amount Billed	<b>15</b> Not Covered	<b>16</b> Covered
MEDICAL ASSOCS LLC				
Medical Visits	05-21-09	725.36	489.76 (1)	235.60
Service 1	05-21-09	279.00	112.30 (1)	166.70
Service 2	05-21-09	70.00	18.40 (1)	51.60
<b>17</b> Totals		<b>\$1,074.36</b>	<b>\$620.46</b>	<b>\$453.90</b>

### Coverage Information

<b>18</b> Totals	<b>\$1,074.36</b>	<b>\$620.46</b>	<b>\$453.90</b>
<b>19</b> Deductions			
Applied to 2009 Health Care Plan Deductible	350.00		
Your Copayment Amount	20.00		
Your Coinsurance Amount	16.78		
Total Deductions			<b>-\$386.78</b>
<b>20</b> Total Benefits Approved			<b>\$67.12</b>
<b>21</b> Amount You May Owe Provider			<b>\$386.78</b>
<b>22</b> Total covered benefits approved for this claim: \$67.12 to MEDICAL ASSOCS LLC on 06-02-09			

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association

118 TX2566

- 1** Account name (member's company or organization)
- 2** Date claim was finalized
- 3** Toll-free number to call for additional information
- 4** Member's name and mailing address
- 5** BCBSTX messages
- 6** Member's name
- 7** Employer or group identification number<sup>†</sup>
- 8** Member number that appears on the ID card<sup>†</sup>
- 9** Claim number<sup>†</sup>
- 10** Person who received the services<sup>†</sup>
- 11** Summary box, including the total billed by the provider for the services, the benefits approved and paid by BCBSTX, and the remainder you may owe. (See also 14, 20 and 21).
- 12** Provider name (top line) and description of service (below)
- 13** Beginning and end service dates
- 14** Amount billed by the provider for each service
- 15** Portion of the billed amount not covered by the plan (a footnote later in the document explains the reason)
- 16** Amount covered by the plan<sup>†</sup>
- 17** Total charges included on this claim
- 18** Plan reductions subtracted from billed amount, such as PPO allowances
- 19** Deductible and copayment or coinsurance amounts
- 20** Payment approved before benefits are coordinated with other insurers, such as Medicare
- 21** Amount the member may be responsible for paying
- 22** Total benefit approved for provider

<sup>†</sup> Please provide this information when contacting us about a claim.

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.