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).

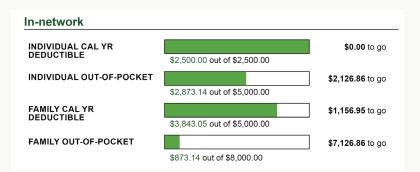
Amount billed:	\$500.00	This is the total amount that your provider billed for the services that were provided to you.
Your discount:	\$100.00	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	\$260.00	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	\$360.00	72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.
TOTAL YOU MAY OWE:	\$140.00	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.

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 <u>could</u> 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.



UMR	1									Employee: Employee a		1234 Sur	Cade Blank Ishine Blvd Suite 10293 2345-1112
PO BOX 30541 Salt Lake City, UT 84130-0541 [1-800-826-9781] • umr.com							r	Group num Member ID: Employer n		76-9999999 999999999 ABC Companies, Inc.			
									I	Notice date	:	(03/28/2019
Patient: Elizabeth Blank				Claim number: 999999999			Provider name: XYZ Provider Inc.						t account 4567890
										YOU PAY			
							PL	AN PAYS			YOU PA	Y	
Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	Not allowed	Amount due to provider		Plan paid	Co-pay	Applied to deductible	Co-insurance	Not covered	Total you may owe
			billed by			due to	PL % 80		Co-pay + \$25.00			Not	
Service(s) you received Emergency Care	code	date(s)	billed by provider	discount –	allowed _	due to provider	%	Plan paid —	+	deductible +	Co-insurance +	Not covered +	may owe

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 copays, 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.

