



Understanding your Explanation of Benefits statement

Anytime you or a covered family member sees a provider, that provider submits a claim to us. Once this happens, we create an Explanation of Benefits to help you better understand how the claim was processed. Your EOB will also include how much your plan covered, what you owe and your remaining out-of-pocket balances. This resource walks you through an EOB example, explaining each section along the way.

P.O. Box 30755
Salt Lake City UT 84130-0755

MEMBER NAME
STREET ADDRESS
CITY, ST ZIP

PAGE: 1 OF X
DATE: 00/00/0000
REF#: 9999999999999999
SUBSCRIBER ID: XXXXXXX
SUBSCRIBER NAME: NAME
GROUP/POLICY: POLICY NAME
GROUP/POLICY#: POLICY NUMBER
PLAN TYPE: PLAN TYPE HMO OR PPO
CONTACT: Customer Service
800-888-8888 ext. 8888

EXPLANATION OF BENEFITS

Patient Name	MEMBER NAME	EE	Patient Identification #	XXXXXXXX00
Provider Name	PROVIDER NAME			Patient Control #
Provider Network Status	In Network or Out of Network			Claim #
National Provider Identification Number	XXXXXXXXXX & XXXXXXXXXXXX			

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Date(s)	Description								Service Code	
Charges	Considered Charges	Provider Responsibility	Patient Non-Covered	Allowed Amount	Deductible	Copay	Co-Insurance	Paid	You Owe	Notes Id
01/01/1111 - 01/01/1111	INDIVIDUAL SESSION								(12345)	
9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	XXXXXX
9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	

Subscriber Payment information

Adjusted Claim #	Remark Code	Adjusted Amount
	Total Adjustment	0.00
	Claim Total	0.00
	Paid Amount	0.00

Patient Responsibility Information

Total Charges	
Total Benefit Amount	
Paid by Other Insurance	
Total Provider Responsibility	
**Total You Owe	

**** DEFINITION: "Total You Owe" IS THE AMOUNT, IF ANY, OWED YOUR PROVIDER. THIS MAY INCLUDED AMOUNTS ALREADY PAID TO YOUR PROVIDER AT TIME OF SERVICE**

SERVICE CODE(S) LISTED BELOW ARE REFERENCED IN THE SERVICE DETAIL SECTION UNDER THE HEADING "Service Code"
XXXXXXXX-XX
XXXXXXXXXX

NOTE ID(S) LISTED BELOW ARE REFERENCED IN THE SERVICE DETAIL SECTION UNDER THE HEADING "Notes ID"

United Behavioral Health, Operating under the brand name OPTUM.

1. Date
The date when you received the service.

continued

Date(s)			Description							Service Code	
Charges	Considered Charges	Provider Responsibility	Patient Non-Covered	Allowed Amount	Deductible	Copay	Co-Insurance	Paid	You Owe	Notes Id	
2	3	4	5	6	7	8	9	10	11	12	
01/01/1111 – 01/01/1111			INDIVIDUAL SESSION							(12345)	
9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	XXXXXX	
9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99	9999999.99		

2. Charges

The dollar amount the provider (for example, doctor, hospital or clinician) billed for the service.

3. Considered charges

The dollar amount that was considered for payment.

4. Provider responsibility

The dollar amount that a participating provider billed that is more than their contracted fee.

5. Patient non-covered

Fees not covered or paid by your plan.

6. Allowed amount

The maximum amount a provider will be paid for covered services. If you see an out-of-network provider, the provider does not have a contracted fee. The provider may charge you more than the allowed amount for the care you received. In that case, you will be responsible for paying the difference.

7. Deductible

The dollar amount applied to the yearly deductible you must pay before your health plan begins paying for certain covered services. This means you may be required to pay all or part of a provider bill until you have paid your full deductible amount.

8. Copay

A flat dollar amount you pay for certain covered services. You may have different copayments for different services (for example, services provided in a doctor’s office, services provided in an outpatient hospital setting, services provided in an inpatient setting). Copayments are normally due at the time of your appointment.

9. Co-insurance

A fixed percentage of costs that you pay for certain covered services. If you have a plan with co-insurance, you may have to pay a percentage of a provider’s bill for your care, while your carrier will pay the rest. Co-insurance is usually something you pay after you have paid an annual deductible.

10. Paid

The dollar amount that was paid for by your plan for each service.

11. You owe

The total amount you are responsible for paying. It may include a co-payment, deductible, co-insurance and/or denied amounts for services not covered by your plan.

12. Notes Id

This note will explain whether the claim was paid or denied and the reason for the action taken.

THIS IS NOT A BILL

PAGE: 2 OF X
 REF#: 00000000
 SUBSCRIBER ID: 9999999999999999
 SUBSCRIBER NAME: XXXXXXX
 GROUP/POLICY#: NAME
 GROUP/POLICY#: POLICY NAME
 CONTACT#: POLICY NUMBER
 Customer Service
 800-888-8888 ext. 8888

13 Deductible “table”. It displays the deductible amounts and what has been applied during the year.

14 Out of Pocket “table”. It displays the Out of Pocket amounts and what has been applied during the year.

Satisfied To-Date			
Year: 01/01/0000 - 12/31/0000			
Member Name - Relationship		Member Name - EE	
Individual Deductible		Maximum Individual Deductible	
In Network	\$0.00	In Network	\$0.00
Out of Network	\$0.00	Out of Network	\$0.00
Family Deductible			
In Network	\$0.00	In Network	\$0.00
Out of Network	\$0.00	Out of Network	\$0.00

Satisfied To-Date			
Year: 01/01/0000 - 12/31/0000			
Member Name - Relationship		Member Name - EE	
Individual Out of Pocket		Maximum Out of Pocket	
In Network	\$0.00	In Network	\$0.00
Out of Network	\$0.00	Out of Network	\$0.00
Family Out of Pocket			
In Network	\$0.00	In Network	\$0.00
Out of Network	\$0.00	Out of Network	\$0.00

Individual Deductible that has been applied

Individual Deductible that needs to be met

Individual Out of Pocket that has been applied

Individual Out of Pocket that needs to be met

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13. Deductible Balance

The progress made toward meeting your plan’s deductible.

14. Out of Pocket Balance

The progress made toward meeting your plan’s out-of-pocket limits.

Learn more

Contact Here4TN for additional information:

 855-Here4TN (855-437-3486)



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