

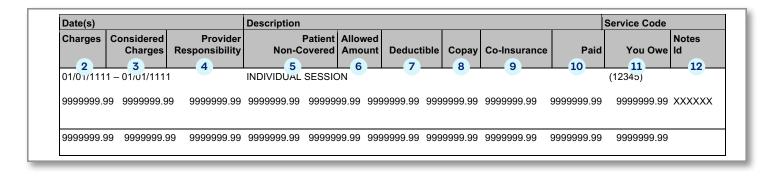
# Understanding your Explanation of Benefits statement

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				Optum											
MEMBER NAME STREET ADDRESS CITY, ST ZIP		PAGE: 1 OF X DATE: 00/00/000 REF#: 9999999999999 SUBSCRIBER ID: XXXXXX SUBSCRIBER ID: XXXXXX GROUP/POLICY: POLICY NUME GROUP/POLICY: POLICY NUME GROUP/POLICY: POLICY NUME GROUP/POLICY: POLICY NUME CONTACT: PLAN TYPE HMO OR PO CONTACT: CUSTOMEr Service B00-888-8888 ext. 8888 EXPLANATION OF BENEFITS								<b>1. Da</b> t The da the se	ate wl	-	ou re	ecei	
Patient Name	MEMBER NAME		EE		dentification # ×										
Provider Name Provider Network Status	PROVIDER NAME In Network or Out of Network			Patient Control #         XXXXXXXXX           Claim #         XXXXXX9999999											
National Provider Identification Number	XXXXXXXXX & 2	XXXXXXXXXX													
Date(s)	li	Description				l.	Service Code								
Date(s) Charges Considered Charges	Provider	Patient Allowed Non-Covered Amount	Deductible	e Copay	Co-Insurance	Paid		Notes Id							
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Patient Responsibility	Information														
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Total Provider F	tesponsibility otal You Owe														
** DEFINITION: "Total YOUR PROVIDER AT		AMOUNT, IF ANY, OWED Y	OUR PROVID	DER. THIS	MAY INCLUDE	AMOUNT	S ALREADY PA	ND TO							
		E REFERENCED IN THE SERV													
NOTE ID(S) LISTED B	ELOW ARE REFER	RENCED IN THE SERVICE DE	TAIL SECTI	ON UNDE	R THE HEADING	6 "Notes ID	9								
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#### 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

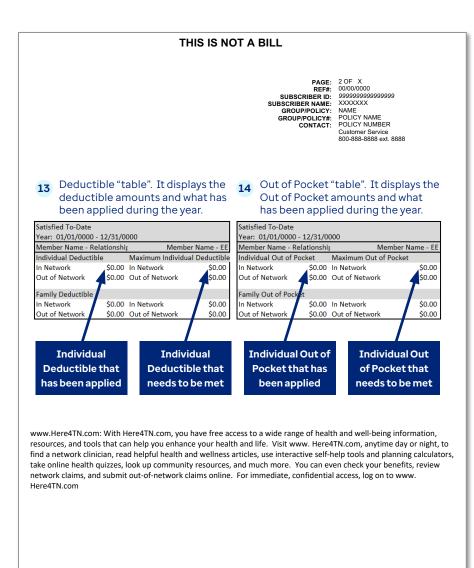
The dollar amount that was paid for by your plan for each service.

### 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.



#### **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:** 





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