Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Illinois (BCBSIL). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.



THE EOB HAS THREE MAJOR SECTIONS:

- Subscriber Information and Total of Claim(s) includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- Service Detail for each claim includes:
 - Patient and provider information
 - Claim number and when it was processed
 - Service dates and descriptions
 - The amount billed
 - The discounts or other reductions subtracted from amount billed
 - Total amount covered
 - The amount you may owe (your responsibility)

 Summary - Shows you what the plan covers for each claim and your responsibility including:

Plan Provisions

- The amount covered
- Less any amounts you may owe, like deductible, copay and coinsurance

Your Responsibility

- Deductible and copay amount
- Your share of coinsurance
- Amount not covered, if any
- Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

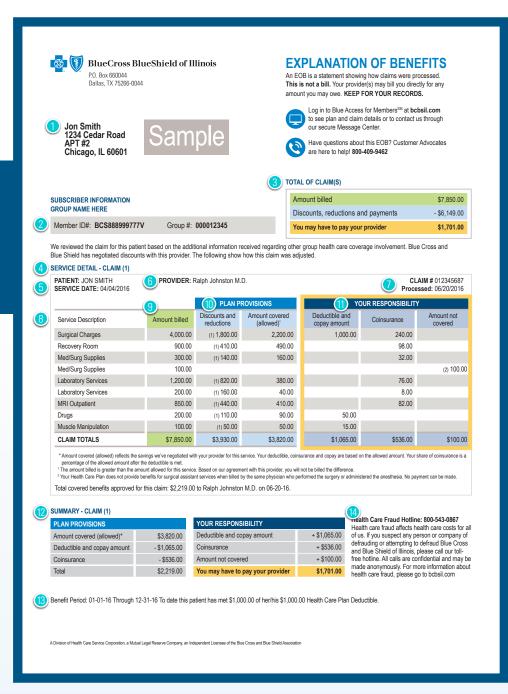
- Amounts Not Covered will show what benefit limitations or exclusions apply.
- Out-of-Pocket Expenses will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- Fraud Hotline is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- An explanation of your right to appeal if your health plan doesn't cover a health care claim.

 $\label{eq:available} \textbf{Available in English and Spanish} \\$

Your EOBs Are Available Online!

Sign up for Blue Access for MembersSM (BAMSM) at **bcbsil.com** for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.

bcbsil.com



- Member's name and mailing address
- 2. Member ID and group number
- Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
- 4. Detailed claim information for each claim
- 5. Patient name and service date
- 6. Provider information
- 7. Claim number and date the claim was processed
- 8. Service description
- 9. Amount billed for each service
- The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
- 11. Your share of the costs
- 12. Claim summary with amount covered less your responsibility
- 13. Deductible and/or out-of-pocket expense information
- 14. Health Care Fraud Hotline
- * 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.

Sample