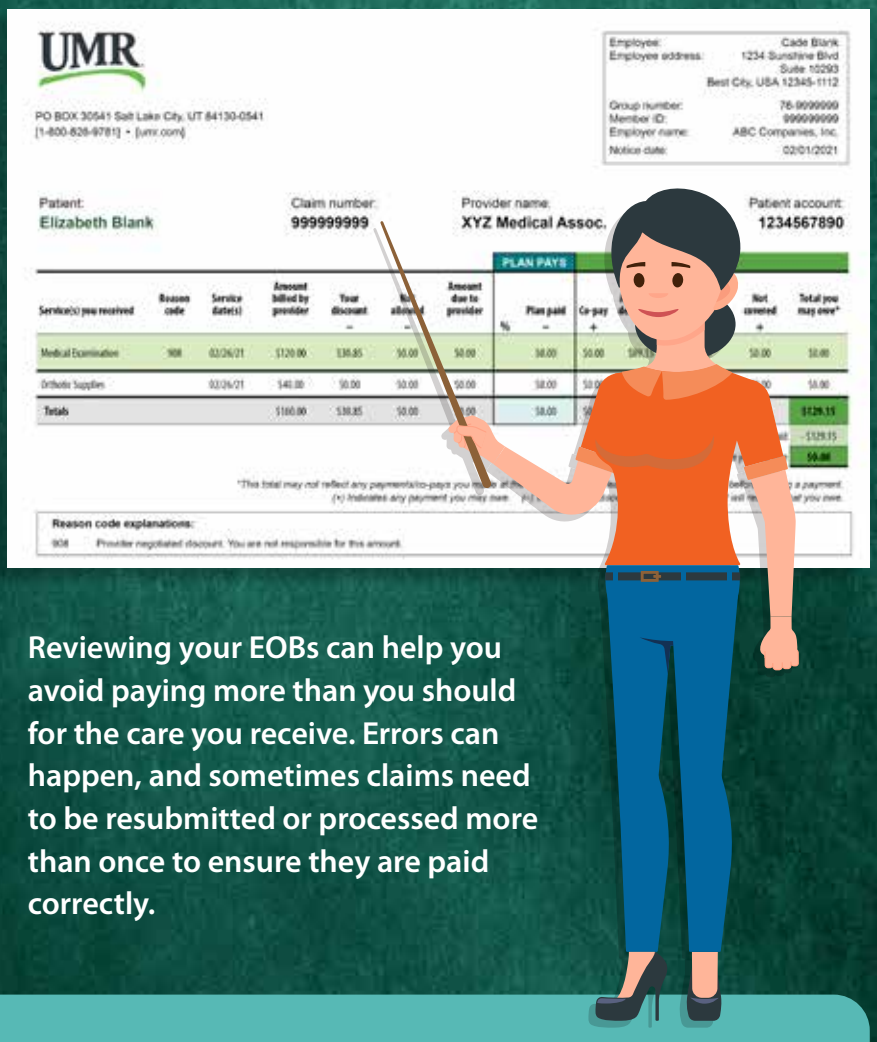
TODAY'S LESSON:
WHAT'S AN EOB AND WHAT DOES IT MEAN TO ME?

An explanation of benefits, or EOB, is a statement from your health care benefits provider that provides details about a recent medical service received by you or a covered family member.

An EOB is not a bill (although it may look like one). It simply states how your health care claim was processed under your benefits plan. You'll receive a bill from your health care provider for any amount you may owe.



You may receive EOBs in the mail, or you can view copies by logging in to your online services on umr.com. You can sign up to go paperless and receive email alerts any time you have a new EOB or need to take action about a claim.

Reviewing your EOBs can help you avoid paying more than you should for the care you receive. Errors can happen, and sometimes claims need to be resubmitted or processed more than once to ensure they are paid correctly.

If you ever have a question about an EOB, or if your health care provider bills a different amount from what appears on your EOB, make sure to call the member services number listed on the back of your benefits ID card.

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Remember: 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. Let's take a closer look at an example of an EOB for a member who has a consumer HRA account and went to the doctor recently:

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, how much your health reimbursement account (HRA) paid, and any remaining balance 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:	$160.00	This is the total amount that your provider billed for the services that were provided to you.
Your discount:	$30.85	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	$0.00	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	$30.85	72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.
Your CDH paid:	$129.15	This is the amount withdrawn from your Consumer Driven Health account(s) to pay this claim.
TOTAL YOU MAY OWE:	**$0.00**	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.

2 Benefits and account 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.

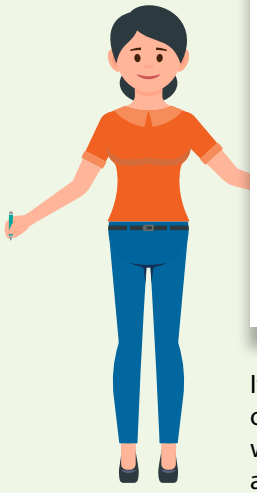
In-network

INDIVIDUAL CAL YR DEDUCTIBLE	$290.96 out of $5,000.00	**$4,709.04** to go
FAMILY CAL YR DEDUCTIBLE	$518.30 out of $10,000.00	**$9,481.70** to go
INDIVIDUAL OUT-OF-POCKET	$293.07 out of $6,650.00	**$6,356.93** to go
FAMILY OUT-OF-POCKET	$540.41 out of $13,300.00	**$12,759.59** to go

Here's a couple important terms to understand:

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 could 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.*

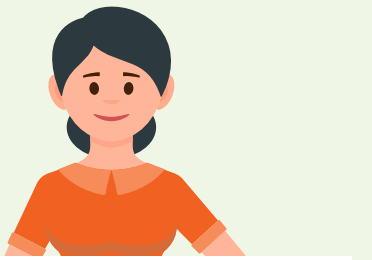


Your HRA summary

Rollover from previous year(s)	$0.00
Annual contribution	+ $1,500.00
Incentives earned*	+ $0.00
Previously paid claims*	– $1,162.91
Amount paid on this claim	– $129.15
REMAINING BALANCE:	**$207.94**

If you have a health reimbursement account, or HRA, your EOB will also provide a summary with your up-to-date account balance and any amount paid from your HRA.

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Employee:	Cade Blank
Employee address:	1234 Sunshine Blvd Suite 10293 Best City, USA 12345-1112
Group number:	76-9999999
Member ID:	999999999
Employer name:	ABC Companies, Inc.
Notice date:	02/01/2021

Patient: **Elizabeth Blank**
Claim number: **999999999**
Provider name: **XYZ Medical Assoc.**
Patient account: **1234567890**

							PLAN PAYS	YOU PAY				
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*
Medical Examination	908	02/26/21	$120.00	$30.85	$0.00	$0.00	$0.00	$0.00	$89.15	$0.00	$0.00	$0.00
Orthotic Supplies		02/26/21	$40.00	$0.00	$0.00	$0.00	$0.00	$0.00	$40.00	$0.00	$0.00	$0.00
Totals			$160.00	$30.85	$0.00	$0.00	$0.00	$0.00	$129.15	$0.00	$0.00	**$129.15**
											Your [HRA] paid	- $129.15
											Remaining balance you may owe	**$0.00**

*This total may not reflect any payments/co-pays you made at the time of service. Please wait for a provider bill before making a payment.
(+) Indicates any payment you may owe. (−) Indicates any discount or plan payment that will reduce what you owe.

Reason code explanations:
908 Provider negotiated discount. You are not responsible for this amount.

3 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 co-pays, deductibles and out-of-pocket amounts
- The amount paid by your HRA and any remaining balance



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.

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