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.

2 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.

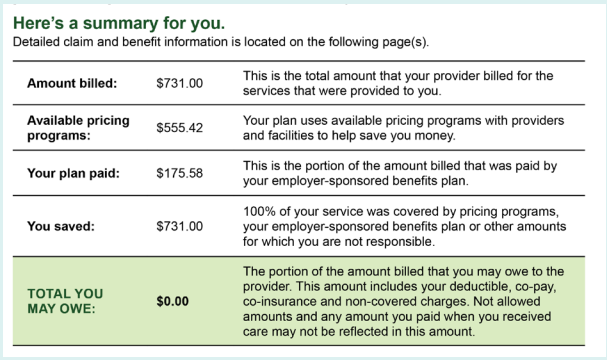
Deductible: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount.

Out-of-pocket: The most you could pay during a coverage period (usually 1 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.

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:

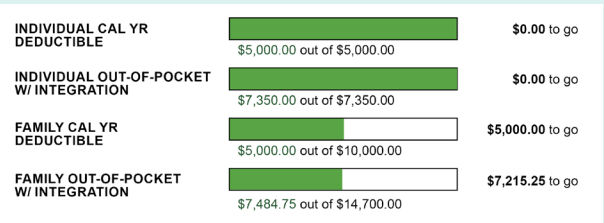
- How much your provider billed
- Available pricing programs amount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including copays, deductibles and out-of-pocket amounts



Here's a summary for you.
Detailed claim and benefit information is located on the following page(s).

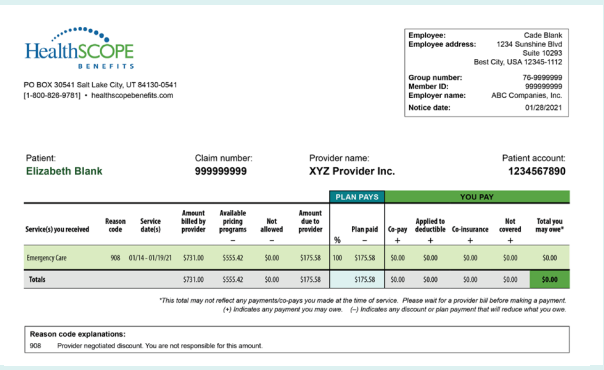
Amount billed:	$731.00	This is the total amount that your provider billed for the services that were provided to you.
Available pricing programs:	$555.42	Your plan uses available pricing programs with providers and facilities to help save you money.
Your plan paid:	$175.58	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	$731.00	100% of your service was covered by pricing programs, your employer-sponsored benefits plan or other amounts for which you are not responsible.
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.

(Fictionalized data)



INDIVIDUAL CAL YR DEDUCTIBLE	$5,000.00 out of $5,000.00	**$0.00** to go
INDIVIDUAL OUT-OF-POCKET W/ INTEGRATION	$7,350.00 out of $7,350.00	**$0.00** to go
FAMILY CAL YR DEDUCTIBLE	$5,000.00 out of $10,000.00	**$5,000.00** to go
FAMILY OUT-OF-POCKET W/ INTEGRATION	$7,484.75 out of $14,700.00	**$7,215.25** to go

(Fictionalized data)



HealthSCOPE BENEFITS
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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: 99999999
Employer name: ABC Companies, Inc.
Notice date: 01/28/2021

Patient: Elizabeth Blank | Claim number: 999999999 | Provider name: XYZ Provider Inc. | Patient account: 1234567890

								PLAN PAYS		YOU PAY				
Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Available pricing programs −	Not allowed −	Amount due to provider	%	Plan paid −	Co-pay +	Applied to deductible +	Co-insurance +	Not covered +	Total you may owe*
Emergency Care	908	01/14 - 01/19/21	$731.00	$555.42	$0.00	$175.58	100	$175.58	$0.00	$0.00	$0.00	$0.00	$0.00
Totals			$731.00	$555.42	$0.00	$175.58		$175.58	$0.00	$0.00	$0.00	$0.00	$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.

(Fictionalized data)

Go paperless on healthscopebenefits.com.
Receive email reminders for every new EOB, more details about your claim, and the next steps to take.

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