

Explanation of Benefits (EOB)

You may have noticed a new look to your Explanation of Benefits (EOB).

We know that an EOB can be confusing, so we're here to help you understand each section.

Your Explanation of Benefits (EOB) is what you'll receive after you visit a doctor or another health care service provider. **This is not a bill**, but a way for you to understand what services you received, and your out-of-pocket costs. An EOB is a statement of services, provider charges and payments processed through Medicare and your Medicare supplement policy. It's a summary of important information to help you understand the breakdown between what's covered and what you could owe.

Sample

Statement Date: 02/02/2021
 Insured: INSURED ADDRESS
 Patient: INSURED ADDRESS
 Policy: 000000-00

Explanation of Benefits (EOB)

You recently had a medical visit. We processed your claim. This EOB explains what your provider charged, what your insurance covered and what you could owe your provider (if you owe anything). **This is not a bill. It is just for your information.**

Your Claim(s) At A Glance 1

Total Billed By Provider(s) 1b	\$3,827.23
Paid By Medicare 1c	\$136.01
Paid By Your Plan 1d	\$1.57
You Could Owe 1e	\$1,687.00

THIS IS NOT A BILL. Your doctor will send you a bill for the amount you could owe (if you owe anything).

Deductible Status 2 (as of this statement)

You have met \$203.00 of the \$203.00 Part B deductible. You have \$0.00 remaining to satisfy the 2021 deductible. 2a

You have met \$1,687.00 of the \$2,370.00 policy deductible. You have \$683.00 remaining to satisfy the 2021 deductible. 2b

Did You Know? 3

Fraud increases costs for everyone. Please review your statement -If you have any questions or concerns, contact us.

1. Your Claim(s) At A Glance

1a. This section outlines your policy and covered person(s), as of this statement date.

1b. This is the **total** submitted charges from the medical provider(s) you saw. You'll see specific details of each provider later in the EOB. In this example, the total amount billed by both providers is \$3,827.23.

1c. This is Medicare's payment responsibility – the amount paid by your Medicare Part A or Part B coverage. In this example, Medicare paid \$136.01.

1d. The amount paid by your Medicare supplement insurance policy. In this example, the Medicare supplement policy paid \$1.57.

1e. The amount you could owe is highlighted in orange. Please note: **This is not a bill.** Your doctor will send you a bill for the amount you could owe.

2. Deductible Status

This section outlines your deductible as of this statement. It includes:

2a. How much is remaining of your Medicare Part B deductible.

2b. What's remaining of your high-deductible Medicare supplement policy deductible, if applicable.

3. Did You Know?

This section includes helpful tips on how you can get the most out of your Medicare supplement policy.

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Sample

Provider: JOHN SMITH, MD ^{4a}				Policy: 000000-00 ^{4d}		
Date of Service: 03/15/21-03/15/21 ^{4b}				Account Number: PUPC243379 ^{4e}		
Claim Number: 580000000000-001 ^{4c}						
Date of Service Type of Service	Provider Charged ^{4g}	Medicare Approved ^{4h}	Medicare Paid ⁴ⁱ	Your Plan Paid ^{4j}	You Could Owe ^{4k}	Notes
03/15/21-03/15/21 G0439-ANNUAL WELLNESS VISIT, INCLU ^{4f}	\$265.00	\$140.51	\$136.01			
03/15/21-03/15/21 99213-OFFICE O/P EST LOW 20-29 MIN	\$395.00	\$203.00	\$0.00			
Total	\$660.00	\$343.51	\$136.01	\$1.57	\$203.00 B	B

Notes

^{4l}

B - This plan does not cover Medicare's annual Part B deductible. You are responsible for this amount.
\$203.00

Provider: SENIOR LIVING AND REHABILITATION				Policy: 000000-00		
Date of Service: 04/23/21-04/30/21				Rider: Rider1 ^{4m}		
Claim Number: 580000000000-002				Account Number: 1009040550		
Date of Service Type of Service	Provider Charged	Medicare Approved	Medicare Paid	Your Plan Paid	You Could Owe	Notes
04/23/21-04/30/21 HOSP R&B	\$1,456.00	\$0.00	\$0.00			
04/01/21-04/12/21 MISC IP	\$1,711.23	\$0.00	\$0.00			
Total	\$3,167.23	\$0.00	\$0.00	\$0.00	\$1,484.00	

Notes

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Payments Summary

JOHN SMITH, MD \$1.57 ^{5a}

4. Detailed Claim Information

This section includes the details for a specific claim. This includes the:

- 4a. Provider name*,
- 4b. The date of service,
- 4c. The claim detail number,
- 4d. The policy plan number and
- 4e. The account number is recorded on behalf of the provider.

It also includes a detailed breakdown of the charges, including:

- 4f. The types of services,
- 4g. The total amount the provider charged,
- 4h. The amount Medicare approved,
- 4i. The amount Medicare paid,
- 4j. The amount your Medicare supplement plan paid,
- 4k. The amount you could owe,
- 4l. Any applicable notes and
- 4m. This will demonstrate if the claim is a part of the rider on the policy if applicable.

Take a look at these key details in your claim information:

- 4c. **Claim Detail Number:** Have this information on hand when calling our Customer Service department with questions about your claim.
- 4k. **Amount You Could Owe:** This is the amount you may be responsible for. Your provider may send you a bill for this amount.

5. Payment Summary

The amount paid by your Medicare supplement policy.

- 5a. This section will show the benefit amount paid to your health care provider, medical facility or customer.

*The provider you saw may not match what is displayed on your Explanation of Benefits. To confirm the claim is valid, please review the service date and services received to ensure they match your records.