



# 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 Montana (BCBSMT). 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.

Available in English and Spanish

## Your EOBs Are Available Online!

Sign up for Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) at [bcbsmt.com](https://bcbsmt.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.


[bcbsmt.com](https://bcbsmt.com)


## EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

**1** Jon Smith  
1234 Cedar Road  
APT #2  
Any Town, MT 59604

Sample

 Log in to Blue Access for Members<sup>SM</sup> at [bcbsmt.com](http://bcbsmt.com) to see plan and claim details or to contact us through our secure Message Center.

 Have questions about this EOB? Customer Advocates are here to help! **800-409-9462**

### SUBSCRIBER INFORMATION

GROUP NAME HERE

**2** Member ID#: **BCS88899977V** Group #: **000012345**

### **3** TOTAL OF CLAIM(S)

|  |                   |
|--|-------------------|
| Amount billed                            | \$7,850.00        |
| Discounts, reductions and payments       | -\$6,149.00       |
| <b>You may have to pay your provider</b> | <b>\$1,701.00</b> |

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

### **4** SERVICE DETAIL - CLAIM (1)

**5** PATIENT: JON SMITH  
SERVICE DATE: 04/04/2016

**6** PROVIDER: Ralph Johnston M.D.

**7** CLAIM # 012345687  
Processed: 06/20/2016

| Service Description | Amount billed     | PLAN PROVISIONS          |                                       | YOUR RESPONSIBILITY         |                 |                    |
|---------------------|-------------------|--------------------------|---------------------------------------|-----------------------------|-----------------|--------------------|
|                     |                   | Discounts and reductions | Amount covered (allowed) <sup>1</sup> | Deductible and copay amount | Coinsurance     | Amount not covered |
| Surgical Charges    | 4,000.00          | (1) 1,800.00             | 2,200.00                              | 1,000.00                    | 240.00          |                    |
| Recovery Room       | 900.00            | (1) 410.00               | 490.00                                |                             | 98.00           |                    |
| Med/Surg Supplies   | 300.00            | (1) 140.00               | 160.00                                |                             | 32.00           |                    |
| Med/Surg Supplies   | 100.00            |                          |                                       |                             |                 | (2) 100.00         |
| Laboratory Services | 1,200.00          | (1) 820.00               | 380.00                                |                             | 76.00           |                    |
| Laboratory Services | 200.00            | (1) 160.00               | 40.00                                 |                             | 8.00            |                    |
| MRI Outpatient      | 850.00            | (1) 440.00               | 410.00                                |                             | 82.00           |                    |
| Drugs               | 200.00            | (1) 110.00               | 90.00                                 | 50.00                       |                 |                    |
| Muscle Manipulation | 100.00            | (1) 50.00                | 50.00                                 | 15.00                       |                 |                    |
| <b>CLAIM TOTALS</b> | <b>\$7,850.00</b> | <b>\$3,930.00</b>        | <b>\$3,820.00</b>                     | <b>\$1,065.00</b>           | <b>\$536.00</b> | <b>\$100.00</b>    |

\* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

<sup>1</sup> The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

<sup>2</sup> Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-16.

### **12** SUMMARY - CLAIM (1)

| PLAN PROVISIONS             | YOUR RESPONSIBILITY |
|-----------------------------|---------------------|
| Amount covered (allowed)*   | \$3,820.00          |
| Deductible and copay amount | -\$1,065.00         |
| Coinsurance                 | -\$536.00           |
| Total                       | \$2,219.00          |

### **14**

**Health Care Fraud Hotline: 800-621-0992**

Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Montana, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to [bcbsmt.com](http://bcbsmt.com)

**13** Benefit Period: 01-01-16 Through 12-31-16 To date this patient has met \$1,000.00 of her/his \$1,000.00 Health Care Plan Deductible.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Sample  
EOB

- Member's name and mailing address
- 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
- Detailed claim information for each claim
- Patient name and service date
- Provider information
- Claim number and date the claim was processed
- Service description
- Amount billed for each service
- The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
- Your share of the costs
- Claim summary with amount covered less your responsibility
- Deductible and/or out-of-pocket expense information
- 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.