

WHEN AN EXPLANATION OF BENEFITS COMES, HERE'S WHAT TO DO WITH IT

Whenever you use your health insurance, we send you an Explanation of Benefits (EOB). It shows you a breakdown of the services you received, the cost of those services and what you might have to pay your provider. **An EOB is not a bill.**

Your EOB shows you:

- 1 How much the doctor charged.
- 2 How much you saved through your health plan.
- 3 How much your health plan paid.
- 4 How much you may still owe.
- 5 How close you are to reaching your deductible and out-of-pocket maximum during this benefit period based on your in-network benefits.

On page 1, you'll find:

- A Helpful definitions.
- B How to reach us if you have questions.
- C Your member ID number.

THIS IS NOT A BILL

PAYMENTS SUMMARY for PAUL MEMBER

Your health care providers' charges
Amount **you saved**
Total amount **your plan paid**

07/31/2023	1
\$262.00	2
\$26.96	3
\$55.91	4
\$179.13	

AMOUNT YOU MAY OWE OR HAVE PAID PROVIDER(S)

IN-NETWORK BENEFITS AT-A-GLANCE

Family		Member(s)	
Deductible	Out-of-Pocket	PAUL MEMBER	
\$4,200.00 Maximum Satisfied \$4,200.00 Applied	\$9,500.00 Maximum \$5,163.31 Remaining \$4,336.69 Applied	Deductible \$3,000.00 Maximum Satisfied \$1,697.73 Applied	Out-of-Pocket \$4,750.00 Maximum \$2,957.85 Remaining \$1,792.15 Applied

A **Deductible**
Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.

Out-of-Pocket
The most you could pay during a benefit plan year for your share of the cost of covered services.

B **WE'RE HERE!**
Write: Your Health Plan
P.O. Box 123456
Anytown, USA 12345

Web: Log on to www.MyHealthToolkit.com
Toll-free: 000-000-000 (Monday - Friday, 8:30 a.m. - 4:30 p.m.)
Local: 000-000-0000

Individual Claim Report

EXPLANATION OF BENEFITS

Plan Holder: PAUL MEMBER

(ID # XYZ999999999999)

Benefit Plan Year: 01/01/2023 - 01/01/2024

Notice Date: 08/07/2023

A How close you are to reaching your deductible and out-of-pocket maximum during this benefit period based on your out-of-network benefits.

- D** Additional details about your claim, including why a claim may have been denied.

A

Individual Claim Report: **EXPLANATION OF BENEFITS** Plan Holder: **PAUL MEMBER** (ID # XYZ9999999)




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MEDICAL CLAIMS for patient: **PAUL MEMBER**

C

THIS IS NOT A BILL

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility					
Claim Number	Service Type	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You	
Provider Group	Date of Service(s)							see Comments below table	May Owe or Have Paid	
00000000000000 DERMATOLOGY AND S	OFFICE VISIT(S) 07/31/2023 In-Network	240.00	217.91	42.20	0.00	165.17	10.54	0.00	175.71	
	OFFICE LAB/PATH 07/31/2023 In-Network	22.00	17.13	13.71	0.00	0.00	3.42	0.00	3.42	
	Statement Period Total	262.00	235.04	55.91	0.00	165.17	13.96	0.00	179.13	

D

Comments

1 HERE'S WHERE YOU'LL FIND COMMENTS ABOUT YOUR CLAIM, IF APPLICABLE.

If you get paper EOBs, an EOB will be mailed to you after a claim has been finalized. If you've opted for online delivery, you'll get an email or text when your EOB is ready to view in **My Health Toolkit**.

