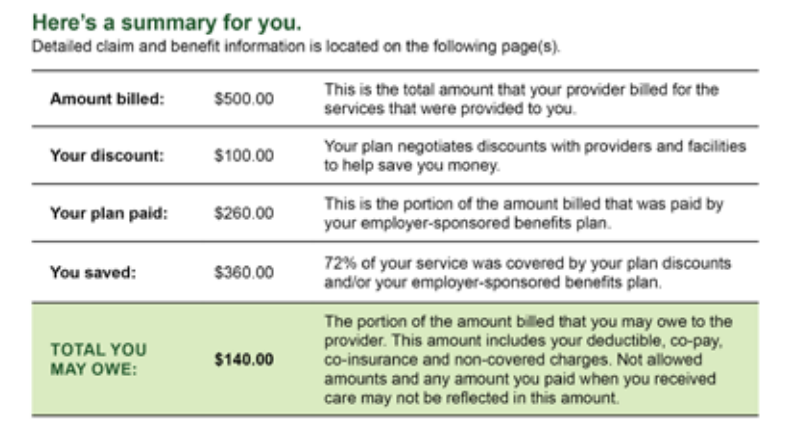
Understanding your EOB, as easy as 1-2-3

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.



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

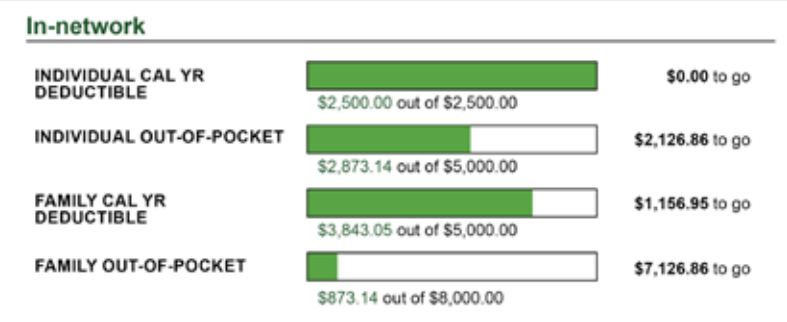
Amount billed:	$500.00	This is the total amount that your provider billed for the services that were provided to you.
Your discount:	$100.00	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	$260.00	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	$360.00	72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.
TOTAL YOU MAY OWE:	**$140.00**	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 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.

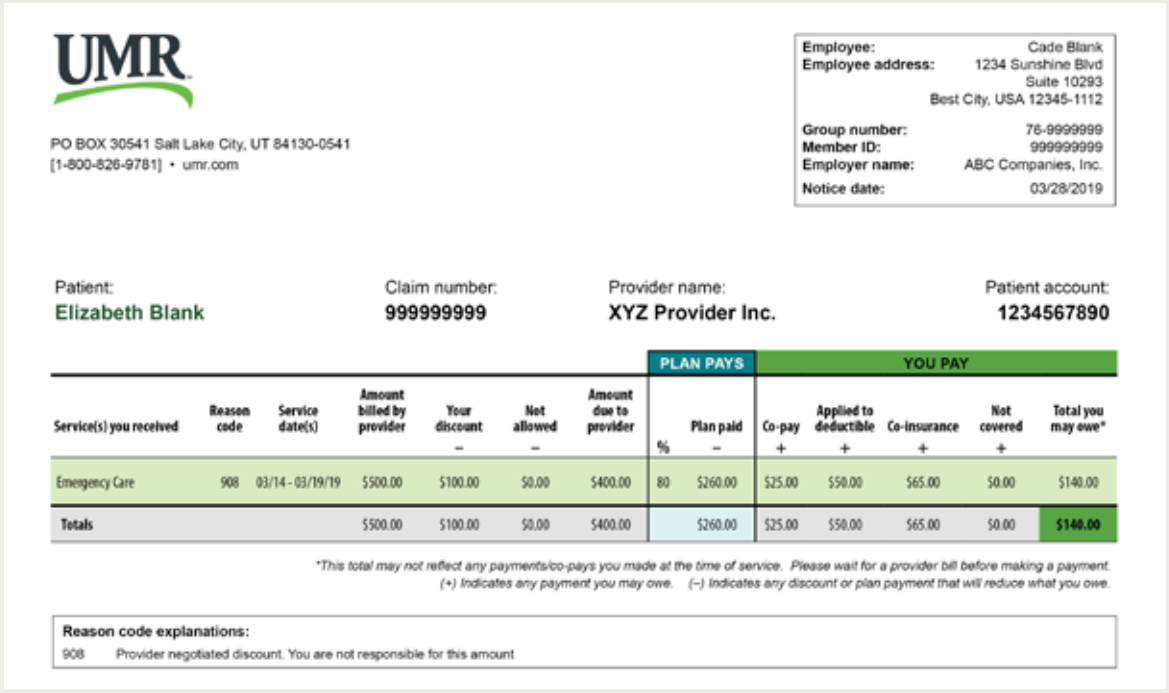
Deductible: *The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount.*

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



In-network

INDIVIDUAL CAL YR DEDUCTIBLE	$2,500.00 out of $2,500.00	**$0.00** to go
INDIVIDUAL OUT-OF-POCKET	$2,873.14 out of $5,000.00	**$2,126.86** to go
FAMILY CAL YR DEDUCTIBLE	$3,843.05 out of $5,000.00	**$1,156.95** to go
FAMILY OUT-OF-POCKET	$873.14 out of $8,000.00	**$7,126.86** to go



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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:	03/28/2019

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	Your discount −	Not allowed −	Amount due to provider	%	Plan paid −	Co-pay +	Applied to deductible +	Co-insurance +	Not covered +	Total you may owe*
Emergency Care	908	03/14 - 03/19/19	$500.00	$100.00	$0.00	$400.00	80	$260.00	$25.00	$50.00	$65.00	$0.00	$140.00
Totals			$500.00	$100.00	$0.00	$400.00		$260.00	$25.00	$50.00	$65.00	$0.00	$140.00

*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

Go paperless on umr.com

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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