

# Understanding Your Explanation of Benefits



After you have visited a doctor, clinic or hospital or filled a prescription, you will get a notification from Blue Cross and Blue Shield of Illinois (BCBSIL) that explains what was covered under your plan. This is called an Explanation of Benefits, or EOB.

## An EOB will have these details:

- The patient and the service provided
- The amount charged by the provider
- The charges that are covered and not covered under your plan
- The amount paid to your provider
- The amount you're responsible for
- The network discounts we have negotiated with health care providers

The EOB isn't a bill. Anything you owe will be billed from your provider.

You can use your EOB to keep track of how much has been paid toward your annual deductible and out-of-pocket costs. Save it for your records.

Your EOB explains your right to appeal if your health plan doesn't cover a claim for care received.

Sometimes a simple error could cause a claim to not be paid, such as the claim not having the right information. Anytime you have a question about what is on your EOB or how the claim was paid, call Customer Service to talk with a Customer Advocate. We want to make sure you understand your coverage each step of the way.

Your EOB also lists our fraud hotline, a toll-free number to call if you think you are being charged for care you did not receive or by providers you never saw. One of the best ways to stop health care fraud is to catch it at its source.

If you have any questions about an EOB, call us at 800-538-8833 or log into your Blue Access for Members<sup>SM</sup> account at [bcbsil.com](https://www.bcbsil.com).

## Questions?


Visit [ThinkBlueIL.com](https://www.ThinkBlueIL.com) or call **888-809-2810** 8 am to 5 pm CT



**BlueCross BlueShield of Illinois**

*Think Blue*<sup>SM</sup>

# Sample EOB



**BlueCross BlueShield of Illinois**  
PO Box 7344  
Chicago, IL 60680-7344

### 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.**

Log in to Blue Access for Members<sup>SM</sup> at [bcbsil.com](http://bcbsil.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**

**1** **Jon Smith**  
1234 Cedar Road  
APT #2  
Chicago, IL 60601

**2** Sample

**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>

**4** **SUBSCRIBER INFORMATION**  
GROUP NAME HERE

**2** Member ID#: **BCS88899777V** Group #: **000012345**

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 and how the BCBS discount (ADP) is used to help lower your out-of-pocket expenses.

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

**5** PATIENT: JON SMITH **6** PROVIDER: Ralph Johnston M.D. **7** CLAIM # 012345687  
**5** SERVICE DATE: 04/04/2016 **7** Processed: 06/20/2016

Service Description	Amount billed	PLAN PROVISIONS		YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed)	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.  
 † 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.  
 ‡ 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	Health Care Fraud Hotline: 800-543-0867
Amount covered (allowed)*	\$3,820.00	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 Illinois, 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 <a href="http://bcbsil.com">bcbsil.com</a>
Deductible and copay amount	-\$1,065.00	
Coinsurance	-\$536.00	
Total	\$2,219.00	
<b>You may have to pay your provider</b>	<b>\$1,701.00</b>	

**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

- 1** Member's name and mailing address
- 2** Member ID and group number\*
- 3** Summary box for all claims, including total billed by the provider, the discounts, reductions or payments made, and the amount you may owe
- 4** Detailed claim information for each claim
- 5** Patient name and service date\*
- 6** Provider information
- 7** Claim number and date the claim was processed\*
- 8** Service description
- 9** Amount billed for each service
- 10** The amount covered for each service and the discounts or other reductions subtracted from the amount your provider billed\*
- 11** Your share of the costs
- 12** Claim summary with amount covered less your responsibility
- 13** Deductible and/or out-of-pocket expense information
- 14** Health Care Fraud Hotline information

\* 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.