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 MembersSM account at **bcbsil.com**.

Questions?

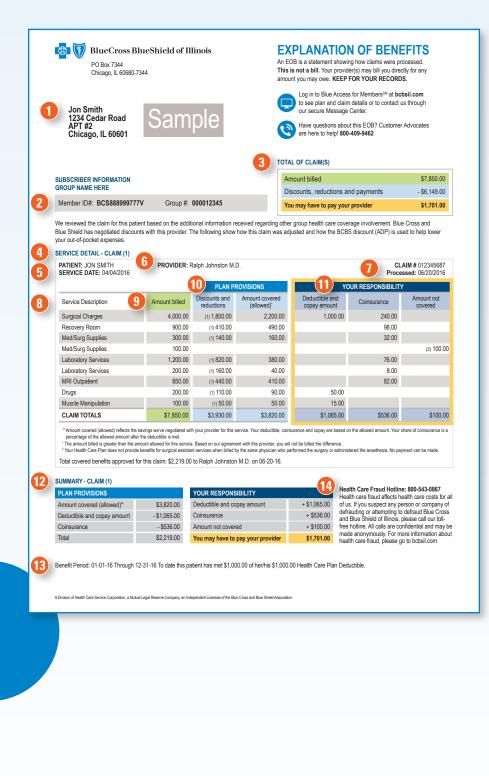
Visit ThinkBluelL.com or call 888-809-2810 8 am to 5 pm CT





The information provided in this document is based on current information, should not be considered comprehensive and should not be relied upon for benefit decisions. Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association 231099.1018

Sample EOB



* 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.

- 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-ofpocket expense information
- 14 Health Care Fraud Hotline information