Anthem BlueCross BlueShield

A Guide to Your Explanation of Benefits (EOB)

What's an EOB?

The EOB explains how your benefits pay for your care — it's not a bill. We send you an EOB when a doctor or hospital files a claim for your care. For every doctor visit or service, your EOB explains the services, the cost of those services and the benefits from your plan that may be applied to the care you received. It's as simple as that.

You may not always get an EOB in the mail. For example, if you only need to pay a copay for a doctor visit or other service, we won't send you an EOB. But you can still view your medical EOBs online at **anthem.com**. You can even choose to go completely paperless for all medical EOBs by logging in at **anthem.com** and choosing **Email Preferences** in your account profile.

Going paperless not only helps the environment, but saves you from unnecessary clutter. Plus, you'll find searching through your EOB a lot easier online. So consider making the switch today — it's free and only takes a few minutes!

How much do I owe?

When you get an EOB, this is probably the first thing you look for. Our new EOBs make it easier to find all the information you need to help you better manage your health care services and what you spend for care.

On the upper right-hand side is a sample of an EOB you might get. We've put boxes around key sections of the EOB, and included explanations.* To find out more about your EOB, see the other side of this flier.

Medical services payment detail
as of 2/01/2015

Services provided for:	Claim number	Provider	Network status	Patient account	1
Jane Q. Member (Self)	1234567891234	Deaconess Hospital	Out-of-network	98765432198765	

						Your health benefits paid			You pay				
Day you got care	Services received 2	Reason code	Amount charged by your provider	Your discounts –	Amount due to your provider = 3	Another insurance paid –	Anthem paid –	Your health account paid – 4	Copay +	Deductible +	Coinsurance +	Services not covered +	Total you pay (or may have paid) =
1/6/15	Office visit	135	175.00	-77.00	98.00	0.00	-73.00	0.00	25.00	0.00	0.00	0.00	25.00
1/6/15	Lab service	038	68.00	-50.50	17.50	0.00	0.00	0.00	0.00	17.50	0.00	0.00	17.50
1/6/15	Lab service	038 067	55.00	-39.50	15.50	0.00	-6.40	0.00	0.00	7.50	1.60	0.00	9.10
Subtotal			298.00	-167.00	131.00	0.00	-79.40	0.00	25.00	25.00	1.60	0.00	51.60

038: This amount has been applied to the member's medical deductible.
067: This balance is the member's coinsurance responsibility.
135: This amount is the member's copayment amount.

Total for Jane	298.00	-167.00	131.00	0.00	-79.40	0.00	25.00	25.00	1.60	0.00	51.60

Claim summary

Section 1 — Claim tracking details.

Shows who received the service and the relationship to the cardholder. Contains information that you can use to track the specific service and what the payment is for.

Section 2 — Service details

Includes the day you got care, the service received and any explanation of payment reason codes.

Section 3 — Charges

What you'll find in the *Charges* section:

- The amount billed by the provider and your network discounts.
- How much is owed to the provider, plus any coinsurance or copays you owe for this claim.

Section 4 — Payments

What you'll find in the *Payments* section:

- How much another insurance plan pays. This section only appears if we are the secondary insurance carrier.
- How much your health plan owes the provider.
- How much your health account paid. This only appears if your claim has money coming from a Health Reimbursement Account (HRA) or other health accounts.
- Your copay. This is the flat-dollar amount you may pay for certain services, such as doctor visits.
- How much you need to pay as part of your deductible (the flat-dollar amount you may pay for certain services before your health plan begins to pay). Some plans may have more than one deductible.
- Your coinsurance. This is the fixed percentage you may pay for certain services. Some plans may require you to pay a deductible first.
- The cost for services that aren't covered under your plan. The provider may bill you for these charges.

*Please note that some of these sections may not appear on your EOB. Also, your EOB may include a check.

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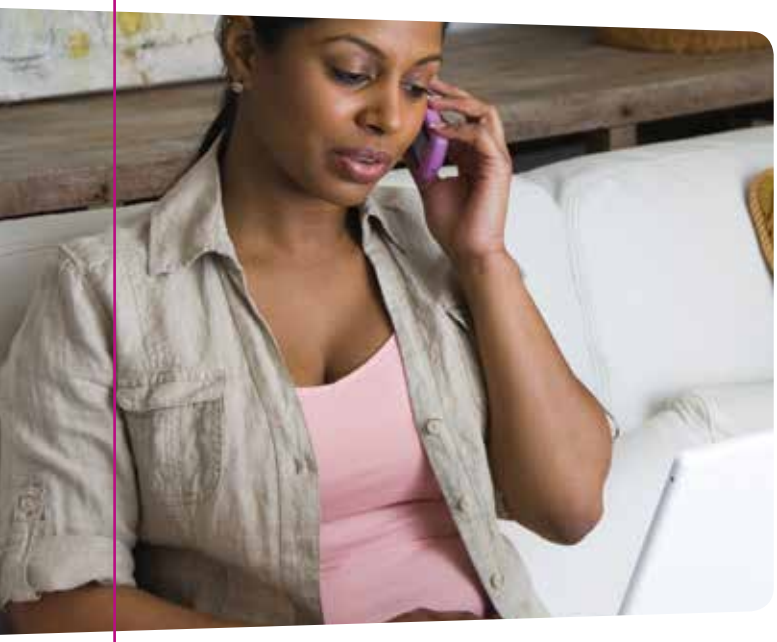

Year-to-date summary

Section 1 — Deductible details

Shows how much you've paid so far and how much you still need to pay for your deductible.

Section 2 — Out-of-pocket details

Gives you the in- and out-of-network totals of the dollars applied to the individual and family out-of-pocket maximum.

2015 Year-to-date Information — *To learn more about what's covered, see your benefits booklet.*

It's important to know how close you are to meeting your plan's deductible and out-of-pocket maximum.

Plan deductible

Individual (1)	In-network maximum	Applied to date	Remaining deductible	Out-of-network maximum	Applied to date	Remaining deductible
Jane Q. Member	$500.00	-$500.00	$0.00	$750.00	-$750.00	$0.00
An individual deductible may be different than your deductible for all covered family members combined.						
Family	$2,000.00	-$1,000.00	$1,000.00	$2,500.00	-$850.00	$1,650.00

Out-of-pocket (OOP) maximum

Individual (2)	In-network maximum	Applied to date	Remaining OOP	Out-of-network maximum	Applied to date	Remaining OOP
Jane Q. Member	$1,000.00	-$510.00	$490.00	$2,000.00	-$1,060.00	$940.00
An individual out-of-pocket maximum may be different than your out-of-pocket maximum for all covered family members combined.						
Family	$3,000.00	-$555.00	$2,445.00	$5,000.00	-$1,060.00	$3,940.00

Register at anthem.com and sign up to receive your EOBs online.