



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



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Employee: Code 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**

| Service(s) you received | Reason code | Service date(s) | Amount billed by provider | Your discount | Not allowed | Amount due to provider | PLAN PAYS | | YOU PAY | | | | |
|-------------------------|-------------|------------------|---------------------------|---------------|-------------|------------------------|-----------|-----------|---------|-----------------------|--------------|-------------|--------------------|
| | | | | | | | % | 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



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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