Your explanation of benefits (EOB): What it means



What's an EOB?

After you visit a provider for care, we'll send you a document called an "Explanation of Benefits" (EOB). It describes how your plan covered the services you received. But note: While it also shows your share of the cost, it's not a bill.

Here's a look at a sample EOB.

Patient Control Number: Patient Noncovered	Provider: Carl	\$79.19	Claim Number: 00008290075 \$1.00 \$55.81 \$78.19 PR-1, PR-2,					
Amount \$52.75, Deductible Amount \$12.00, Coinsurance Amount \$13.44, Co-pay Amount \$0.00								PR-96, CO-45 UM-27T1, UM-25T1
Totals			\$135.00	\$79.19	\$1.00	\$55.81	\$78.19	

Note: Your EOB may look different than the example shown above.

Patient Control Number: Your provider-assigned patient ID number. It should match the number on your provider bill.

Provider: Your provider's name.

Claim Number: Reference number we assigned to the submitted claim.

Responsibility to Provider: The amount you owe to your provider.

- Patient Non-Covered Amount: Amount you pay the provider because your plan doesn't cover the service.
- Deductible: Amount of this claim that's applied to your annual deductible. You pay this amount. Note: Patient Non-Covered amounts don't count toward your deductible.
- **Coinsurance:** Amount you pay the provider because your plan doesn't cover the service.
- Copay: A fixed amount you pay up front for certain services.

Date(s) of Service: Date you received service.

Description: Type of service you received.

Charges: Amount the provider or facility billed for this service.

Allowed Amount: Amount we negotiated with the network provider or facility for the service.

Paid Amount: Amount we paid the provider for the service.

Provider Responsibility Amount: Amount of the billed charges that the provider covers. Network providers shouldn't bill you for these charges — but out-of-network providers can bill you for them.

Amount You Owe: Amount you pay the provider when you get their bill.

Remark Code: Number assigned that explains a charge. An explanation is listed in the Remark Codes section after the list of charges.

Total Amount You Owe: You may owe an amount because you received services that your plan doesn't cover, or if you have coinsurance, deductibles, or copays due.

Compare your EOB with your provider's bill

If you owe money for your visit, your provider will send you a separate bill. You should compare your EOB with the provider's bill. Check that this information is the same:

- Services received
- Date of services
- Provider responsibility
- · Amount you owe

If the provider's bill matches your EOB, go ahead and pay the provider. If you notice any difference between the two, contact your provider or Customer Service at the number on the back of your Medica ID card.

Keep in mind

- You may get more than one EOB if you received multiple services or your services were on different days.
- Save your EOB until you get the provider's bill so you can confirm you're paying the right amount.
- The provider's bill should break down the services you received and the cost for each.
- If you visit an out-of-network provider, you may need to submit your claim to us. You'll get your EOB after we process your claim.

Manage your health plan benefits online

Your member site

If you haven't checked out your Medica member website, now's the time! **Medica.com/SignIn** is your one-stop resource to help you manage your health plan benefits. You can track your claims and check to see if a doctor or other health care provider is in your plan's network. You can also order ID cards, find out what's covered by your plan, and much more.



Have a question?

Call Customer Service at the number on the back of your Medica ID card. (TTY: 711).

