## **HOW TO READ YOUR**

## EXPLANATION OF BENEFITS STATEMENT

Below is a sample Explanation of Benefits (EOB) Statement. This is the information you will receive after your benefits claim has been processed. In order to understand this example, match the field number on the EOB to the corresponding number shown in the following narrative.



- (Usually the employee, for company sponsored benefit plans.)
- 2 MEMBER ID employee's member identification number. (This is the identification number listed on your medical identification card.)
- 3 CLAIM ACTIVITY FOR name of the individual who received the services. (If claims for multiple family members are processed during the same period, each patient will have a separate page.)
- 4 CLAIM NUMBER number assigned by the computer for identification purposes.
- 5 DATES OF SERVICE date range this EOB contains information for.
- **WE SENT CHECK TO** individual/facility who reimbursement was sent to. (If you receive services from a participating provider, reimbursement will be sent directly to the provider. If you receive services from a non-participating provider, your reimbursement check will be sent to you.)
  - PROVIDER MAY BILL YOU summary of what you owe the provider. The individual breakdown is shown in the Member Responsibility chart.
- PROVIDER provider's name. (A provider is a facility or professional performing or supplying the services.) DATE OF SERVICE – date of service(s) performed or supplied. TYPE OF SERVICE – e.g. surgery, office visit, etc. SERVICE CODE – code to identify what services were performed.

- 9 PROVIDER CHARGES the amount the provider actually charged for the services.
- NON-BILLABLE TO MEMBER amount that the provider discounts for being in-network.
- PLAN ALLOWANCE amount covered under your program. (If you use a provider that participates with Highmark Blue Cross Blue Shield Delaware, they must accept "Our Allowance" as payment in full and cannot bill you for the difference between the "Provider Charges" and "Our Allowance.")
- 12 HEALTH PLAN PAYS the actual dollar calculation of the amount the health plan pays. (ie. "Health Plan Pays at" percentage multiplied by "Amount Remaining" or, 80% x \$709.73)
- 13 YOUR DEDUCTIBLE the amount that was applied to your program's deductible.
- AMOUNT YOU OWE PROVIDER the total of all of your responsibilities. This includes any deductible, coinsurance or copayment amounts plus your share of the remaining amount.
- **EXPLANATION OF REMARK CODES** further explanation of remark codes, such as for denial or approval of payment.

If you suspect fraud or abuse involving your health insurance, please call the toll-free fraud or abuse hotline at 1-800-438-2478.