



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

Understanding your Explanation of Benefits statement

Michigan Public School
Employees' Retirement System
Non-Medicare members

EOB stands for explanation of benefits

For each month you receive health care services, Blue Cross will send you an explanation of benefits statement by mail or email. Your EOB will show you:

- What services you received and what the provider billed
- What your retirement system health plan paid and any Blue Cross discounts that were applied
- The amount you may owe through coinsurance, copays and deductible
- Any services that weren't covered by your retirement system medical plan

Reviewing your EOB statement is a good way to keep track of your medical care and out-of-pocket costs.

EOB statement details

- 1** Identifies who this EOB statement is for.
- 2** Summarizes claims by doctor, hospital or other health care provider as follows:
 - A** The amount submitted to Blue Cross for the claim.
 - B** What you saved by being a Blue Cross member.
 - C** What Blue Cross paid.
 - D** Amounts any other insurance paid.
 - E** What you pay. You may have already paid or may still owe this amount. You should never be asked to pay more than this amount.
- 3** Shows the balances to date for your coinsurance maximum and deductible for the current calendar year.
- 4** Customer service information if you have questions about something on your statement.

EXPLANATION OF BENEFIT PAYMENTS THIS IS NOT A BILL

Statement Date : MM/DD/YYYY

009999999-9999
 FIRSTNAME M LASTNAME
 12345 Main Street
 ANYTOWN MI 99999-9999

Patient Name: FIRSTNAME M LASTNAME
Patient Born In: OCTOBER 1953
Enrollee Name: FIRSTNAME M LASTNAME
Enrollee ID: *****1234
Group Name: MICHIGAN PUBLIC SCHOOL EMPLOYE
Group Number: 1234567-0000
Coverage: MEDICAL



**Blue Cross
Blue Shield
of Michigan**

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

4 Customer Service
Web: View your benefits and manage your plan
online at bcbsm.com.
Call: 1-800-422-9146 (toll free)
Mail: MPSERS CUSTOMER SERVICE CENTER L04A
BLUE CROSS BLUE SHIELD OF MICHIGAN
232 S. CAPITOL AVE
LANSING MI 48933-1504

To report suspected fraud, call 1-800-482-3787.

2 Claim Summary (for Claim Detail, see below)

	A	B	C	D	E
Hospital, Doctor or Other Health Care Provider	Total Charges	minus Discount*	Blue Cross Paid	minus Other Insurance Paid	equals Amount You Pay
MI HEALTH CENTER	\$ 251.00	\$ 110.70	\$ 112.24	\$ 0.00	\$ 28.06
	\$ 251.00	\$ 110.70	\$ 112.24	\$ 0.00	\$ 28.06

* Blue Cross discounts are negotiated with hospitals, doctors and other health care providers which saves you money.

3 Summary of Deductibles and Coinsurance Maximum (These totals are based on our information to date and may not reflect all outstanding claims.)

BENEFIT PERIOD: MM/DD/YYYY through MM/DD/YYYY Totals for FIRSTNAME M LASTNAME

In-network deductible:	\$ 800.00
Amount applied to date:	\$ 800.00
Patient deductible is met.	

In-network co-insurance maximum:	\$ 900.00
Amount applied to date:	\$ 106.01

Page 1 of 4

EOB statement details

(continued)

- 5** Important information about your coverage, tips to lower health care costs and ways to improve overall health.
- 6** Detailed information about each claim we processed.
The sum of all claims in this section for the same provider should match the numbers in the Claim Summary section.
- F** Information your provider puts on the claim to identify the medical service you received.
- G** The unique number Blue Cross assigns to a claim. You can reference this number if you need to call us about this claim.

5 Helpful Information	
Log in at bcbsm.com to see a personal snapshot of your coverage. You can see your recent claims, deductible and out-of-pocket balances and other information. To avoid clutter, sign up for paperless EOB statements. We'll send you an email when a new statement is ready to view. It's easy - go to bcbsm.com to log in.	
Because we value your membership and the confidentiality of your health information, we are very serious about protecting the privacy and security of that data. We've always followed strict internal procedures and are only permitted to disclose your protected health information as specified in our Notice of Privacy Practices. A copy is available at bcbsm.com . If you'd rather call to request a paper copy, your customer service number is in the top right corner of page 1.	
6 Claim Detail	
Enrollee ID: *****1234	Patient: FIRSTNAME LASTNAME
6 Provider Name: MI HEALTH CENTER	Total Charge\$ 251.00
Provider Status: PARTICIPATING	
Service Dates: MM/DD/YYYY	Amount approved by Blue Cross for this service..... 140.30
Service Type: SURGERY	Coinsurance you pay - 28.06
Procedure: OFFICE/OUTPATIENT VISIT EST	Blue Cross paid this provider on MM/DD/YYYY..... 112.24
F Procedure Code: 000	Blue Cross discount + 110.70
Claim Received: MM/DD/YYYY	Total Covered\$ 222.94
G Claim Number: 000000	
	Amount You Pay\$ 28.06

Page 2 of your statement shows your appeal rights and what you can do if you disagree with any of the benefit decisions made for a claim. You can also find definitions for terms used on the statement.



Online EOBs

You can easily view recent claims, how much you've paid in deductibles or coinsurance and other information online. Here's how:

1. Go to bcbsm.com/mpsers or the BCBSM mobile app and follow steps to create an online Blue Cross member account.
2. After logging in, select **Claims**.
3. Click on **Explanation of Benefits** statements.



Help us prevent fraud

Checking to make sure you actually received services as shown on the EOB helps us prevent error and fraud. If you have questions about a claim or your EOB, call Customer Service at **1-800-422-9146** Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time. TTY users should call **711**.

Key terms

Coinsurance — The percentage you pay for the cost of covered medical services. The amount of your coinsurance is based on the Blue Cross approved amount for covered services. You pay 10 percent coinsurance for most covered services, and your retirement system pays the remaining 90 percent.

Copay — A flat dollar amount that you pay when you receive certain medical care services. Copays are not included in the annual coinsurance maximum.

Annual coinsurance maximum — The maximum amount you will pay in coinsurance during a calendar year when using in-network providers. You start paying 10 percent coinsurance for most covered services at the beginning of the year when you use in-network providers. Once you reach the coinsurance maximum, most covered services that were paid at 90 percent will be paid at 100 percent for the remainder of the year.

Annual deductible — A fixed dollar amount you must pay during each calendar year before covered services and supplies are paid by your retirement system. The deductible is applied after the coinsurance.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association