


# A quick guide to your Explanation of Benefits statement

## EOB Statement Details

- 1** This identifies who this EOB statement is for.
- 2** Summarizes claims by doctor, hospital, or other health care provider as follows:
- A** This represents the amount submitted to Blue Cross on the claim.
- B** What you saved by being a Blue Cross member.
- C** What we paid and amounts your other insurance(s) paid.
- D** 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 deductibles and out-of-pocket maximums for your current benefit period.
- 4** Important information about your coverage, tips to lower health care costs and ways to improve overall health.

Your Explanation of Benefits, or EOB, statement shows you the costs associated with the medical care you've received. When a claim is filed under your benefit plan, you'll receive an EOB showing what was billed, any Blue Cross discounts, what we paid and what you pay.



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

### EXPLANATION OF BENEFIT PAYMENTS

**THIS IS NOT A BILL**

**Statement Date : 04/22/16**

---

007012345-1234  
JOHN MEMBER  
900 POTTERY CIRCLE  
WISHING WELL MI 99999-9999

**Customer Service**  
Web: View your benefits and manage your plan online at [bcbsm.com](http://bcbsm.com).  
Call: 1-800-999-9999 (toll free)  
Mail: BLUE CROSS BLUE SHIELD OF MICHIGAN  
CUSTOMER SERVICE  
ANYTOWN, MI 99999-9999

**1** **Patient Name:** JOHN MEMBER  
**Patient Born In:** AUGUST 1952  
**Enrollee Name:** JOHN MEMBER  
**Enrollee ID:** \*\*\*\*\*2345  
**Group Name:** COMPANY NAME  
**Group Number:** 007012345-1234  
**Coverage:** MEDICAL

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

---

**2** **Claim Summary** (for Claim Detail, see below)

Hospital, Doctor or Other Health Care Provider	<b>A</b> Total Charges	<b>B</b> minus Discount *	<b>C</b> minus Blue Cross Paid	minus Other Insurance Paid	<b>D</b> equals Amount You Pay
DOCTOR A	\$ 66.00	\$ 41.26	\$ 19.79	\$ 0.00	\$ 4.95
	<b>\$ 66.00</b>	<b>\$ 41.26</b>	<b>\$ 19.79</b>	<b>\$ 0.00</b>	<b>\$ 4.95</b>

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

---

**3** **Summary of Deductibles and Out-of-pocket Maximums**  
(These totals are based on our information to date and may not reflect all outstanding claims.)

BENEFIT PERIOD: Jan. 01, 2016 through Dec. 31, 2016

Totals for Family		Totals for JOHN MEMBER	
In-network out-of-pocket maximum:	\$ 5,000.00	In-network out-of-pocket maximum:	\$ 2,500.00
Amount applied to date:	\$ 1,802.35	Amount applied to date:	\$ 1,802.35

---

In-network deductible:	\$ 1,125.00	In-network deductible:	\$ 375.00
Amount applied to date:	\$ 375.00	Amount applied to date:	\$ 375.00
		Patient deductible is met.	

---

**4** **Helpful Information**

All Explanation of Benefit statements now show only the last four digits of your enrollee ID. We hide the first five digits with \*\*\*\*\*. Your privacy is important to us, and this is one way we're working hard to protect it. We suggest you have your Blue Cross ID card ready if you call us.



Confidence comes with every card.®

The statement shown is general and for illustrative purposes only. Your actual statement may look slightly different depending on your benefit plan.

- 5** This section shows detailed information about each claim we processed.

It provides additional detail about the types of cost sharing applied to the claim. The sum of all claims in this section for the same provider should match the numbers in the Claim Summary section.

- E** Information your provider puts on the claim to identify the medical service you received.

- F** The unique number Blue Cross assigns to a claim. You can reference this number if you need to call us about this claim.

## EXPLANATION OF BENEFIT PAYMENTS THIS IS NOT A BILL



Statement Date : 04/22/16

5 Claim Detail	Enrollee ID: *****1234	Patient: PAUL MEMBER
<b>Provider Name:</b> DOCTOR A <b>Provider Status:</b> PARTICIPATING <b>Service Dates:</b> 03/25/16 <b>Service Type:</b> OTHER MED SERVICES <b>Procedure:</b> INJ IRON DEXTRAN <b>Procedure Code:</b> J1750 <b>Claim Received:</b> 03/30/16 <b>Claim Number:</b> 99999999999999	<b>Total Charge</b> ..... \$ 66.00  Amount approved by Blue Cross for this service ..... 24.74 <b>Coinurance you pay</b> ..... - 4.95 Blue Cross paid this provider on 04/22/16 ..... 19.79 Blue Cross discount ..... + 41.26 <b>Total Covered</b> ..... \$ 61.05  <b>Amount You Pay</b> ..... <b>\$ 4.95</b>	

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.

### Important information you should know about your Explanation of Benefit Payments statement

#### Your appeal rights

If this statement shows a balance for a reduced or denied service, and you disagree with the amount, Customer Service might be able to help. The phone number is on the back of your ID card and the top right corner of page 1 of this form.

If you ask, we must give you access to and copies of the documents related to your claim. We won't charge you for the copies. Within the limits of other privacy laws that we must obey, we'll share treatment and diagnosis codes with you. We'll also include the meaning of the codes reported by health care providers.

To request an internal appeal when you disagree with our decision, we must get a written request no more than 180 days after you receive this notice.

#### Help with terms you might see on this statement

**Amount approved** – Our maximum payment allowed for a service. For some patients, this amount is decided by Medicare or other insurers.

**Amount you pay** – This amount is your share of the cost for health services and is based on the benefits in your Blue Cross health care plan. Your health care provider should not ask you to pay more than this amount.

**Benefit period** – The time period (usually one year) during which your deductibles and coinsurance accumulate.

**Blue Cross paid** – The amount we paid based on the benefits in your health care plan. We tell you who we sent the payment to and when.

Thank you for taking the time to become familiar with your Explanation of Benefits statement. If you have questions, call the number on the front of your statement.



Log in at **bcbsm.com** to see a personal snapshot of your coverage, including recent claims, deductible and coinsurance balances and other information.

And, when you **sign up for paperless EOB statements**, you'll avoid clutter and receive an email notification when a new statement is available online. It's easy – to log in, go to **bcbsm.com**.