

Welcome to your Explanation of Benefits statement

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.



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.

EXPLANATION OF BENEFIT PAYMENTS

THIS IS NOT A BILL

Statement Date : 05/10/14

0012345-1234
PAUL MEMBER
12345 MAIN STREET
HEALTH WAY MI 99999-9999

Customer Service
 Web: View your benefits and manage your plan online at bcbsm.com.
 Call: 1-800-999-9999 (toll free)
 Mail: BLUE CROSS BLUE SHIELD OF MICHIGAN
 CUSTOMER SERVICE
 ANY TOWN MI 99999-9999

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Patient Name: PAUL MEMBER
Patient Born In: JULY 1990
Enrollee Name: PAUL MEMBER
Enrollee ID: *****1234
Group Name: COMPANY NAME
Group Number: 0012345-1234
Coverage: MEDICAL

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

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Claim Summary (for Claim Detail, see below)

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

* Blue Cross negotiates discounts with hospitals, doctors and other health care providers to help save you money.

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

Totals for Family
 BENEFIT PERIOD: Jan. 01, 2014 through Dec. 31, 2014

| | |
|---|-----------|
| In-network deductible applied to date: | \$ 500.00 |
| In-network out-of-pocket maximum applied to date: | \$ 524.13 |

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Helpful Information

Did you know that good oral health impacts your overall health? Gum disease can increase the severity of diseases like heart disease and diabetes. See your dentist for a healthier you!

Make your life easier! Get all your benefit statements online. It's simple. It's safe. It's secure. Your EOB statements are available to you any time, any day, whenever you choose. Register now at BCBSM.com/login.

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 : 05/10/14

| 5 Claim Detail | Enrollee ID: *****1234 | Patient: PAUL MEMBER |
|--|---|----------------------|
| Provider Name: DOCTOR A | Total Charge | \$ 66.00 |
| Provider Status: PARTICIPATING | Amount approved by Blue Cross for this service | 24.74 |
| Service Dates: 00/00/00 | Coinsurance you pay | 4.95 |
| Service Type: OTHER MED SERVICES | Blue Cross paid this provider on 00/00/00 | 19.79 |
| E Procedure: INJECTION IRON DEXTRAN | Blue Cross discount | + 41.26 |
| Procedure Code: 00000 | Total Covered | \$ 61.05 |
| F Claim Received: 00/00/00 | Amount You Pay | \$ 4.95 |
| Claim Number: 9999999999991 | | |

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, upon request, we'll share treatment and diagnosis codes with you. We'll also include the meaning of the codes reported by health care providers.

To ask for an internal appeal when you disagree with our decision, you must

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**.