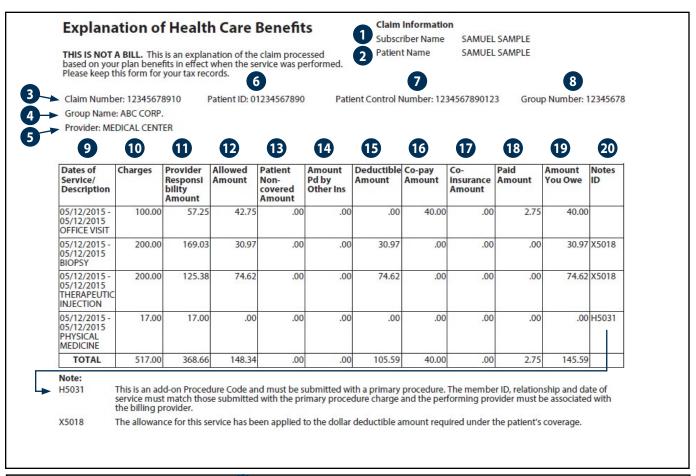


How to Read Your Medical Explanation of Benefits (EOB)

An EOB is not a bill. It explains how your benefits have been applied to your health care services and details what you may owe after your health insurance claim has been processed. If you have questions about your EOB, we're here to help. Call Member Services at 1-800-442-2376, Monday through Friday, 8 a.m. to 5 p.m., TTY: 711, TDD: 1-800-696-4710. Get your medical EOBs electronically from your account on *YourWyoBlue.com*.



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Plan (or Program) Benefits Summary

Patient: SAMPLE SAMUEL

Benefit Period: 01/01/2019 - 12/31/2019

You have satisfied \$517.61 of your \$1,000.00 individual in network deductible.

\$517.61 has been applied to your \$2,500.00 individual in network out-of-pocket limit.

Please refer to your benefit booklet for further information. Amount(s) shown may include totals from claims which are still being processed and for which you have not been notified.





- **1. Subscriber Name:** the policyholder
- **2. Patient Name:** the member on your plan who received the services
- **3.** Claim Number: the number assigned to the claim for identification purposes
- **4. Group Name:** the name of your employer group, if applicable
- **5. Provider:** the facility or professional providing the services, such as a hospital or a doctor
- **6. Patient ID:** your member identification number
- **7. Patient Control Number:** this is a provider-assigned number used to track the claim
- **8. Group Number:** the number assigned to your health plan
- **9. Dates of Service/Description:** the date(s) and a brief description of the services
- **10. Charges:** the amount the provider charged for the services
- 11. **Provider Responsibility Amount:** the provider is responsible for this difference between the charged amount and the amount allowed by BCBSWY. A BCBSWY network provider will not bill you for this amount. However, you may be responsible for this amount if you received services from an out of network provider.
- **12. Allowed Amount:** the amount BCBSWY allows for covered services
- **13. Patient Non-Covered Amount:** the charges for services not covered by your health plan will be your responsibility
- **14. Amount Pd by Other Ins:** the amount paid by other health insurance you may have
- **15. Deductible Amount:** the amount shown will be applied toward your deductible. The deductible is the amount you pay for covered services before BCBSWY begins to pay.
- **16. Co-pay Amount:** the fixed amount you pay for covered services like office visits or emergency room visits
- **17. Co-Insurance Amount:** reflects a percentage of the cost you pay for covered services after you have met your deductible
- **18. Paid Amount:** the total amount BCBSWY will pay for covered services
- **19. Amount You Owe:** the total amount you will owe, including any deductible, coinsurance or copay amounts
- **20. Notes ID:** these codes correspond to additional information provided under "**Note:**"
- **21. Plan (or Program) Benefits Summary:** the amounts recently applied to the patient's individual benefits are described in the *Plan Benefits Summary*. The amounts recently applied to the family (or overall) benefits are described in the *Program Benefits Summary*. The summaries may include amounts shown on the EOB, and/or amounts from other EOBs, and/or amounts from claims still being processed.
- **22.** Amounts shown in the Benefits Summaries may include amounts that are not shown on this particular EOB. The summaries may include amounts from other EOBs or amounts from claims still being processed.