



Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Texas (BCBSTX). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.



THE EOB HAS THREE MAJOR SECTIONS:

- **Subscriber Information and Total of Claim(s)** includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- **Service Detail** for each claim includes:
 - Patient and provider information
 - Claim number and when it was processed
 - Service dates and descriptions
 - The amount billed
 - The discounts or other reductions subtracted from amount billed
 - Total amount covered
 - The amount you may owe (your responsibility)
- **Summary** - Shows you what the plan covers for each claim and your responsibility including:
 - Plan Provisions**
 - The amount covered
 - Less any amounts you may owe, like deductible, copay and coinsurance
 - Your Responsibility**
 - Deductible and copay amount
 - Your share of coinsurance
 - Amount not covered, if any
 - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- **An explanation** of your right to appeal if your health plan doesn't cover a health care claim.

Available in English and Spanish

Your EOBs Are Available Online!

Sign up for Blue Access for MembersSM (BAMSM) at <https://mybenefits.county.org> for convenient and confidential access to your claim information and history. Click on **Benefits**, then select **Links & Contacts** and Go to **Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

<https://mybenefits.county.org>

EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. This is not a bill. Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

1 **Jon Smith**
 1234 Cedar Road
 APT #2
 Any Town, TX 76065

Sample

2 Log in to Blue Access for MembersSM at bcbsbx.com to see plan and claim details or to contact us through our secure Message Center.

3 Have questions about this EOB? Customer Advocates are here to help! 800-409-9462

4 **SUBSCRIBER INFORMATION**
 GROUP NAME HERE

5 Member ID# BCS88899977V Group # 000012345

6 **TOTAL OF CLAIM(S)**

Amount billed	\$7,850.00
Discounts, reductions and payments	-\$6,149.00
You may have to pay your provider	\$1,701.00

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

7 **SERVICE DETAIL - CLAIM (1)**

8 **PATIENT: JON SMITH**
 SERVICE DATE: 04/04/2016

9 **PROVIDER: Ralph Johnston M.D.**

10 **CLAIM # 012345687**
 Processed: 06/20/2016

8 Service Description	9 Amount billed	10 PLAN PROVISIONS		11 YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed)	Deductible and copay amount	Coinsurance	Amount not covered
Surgical Charges	4,000.00	(1) 1,800.00	2,200.00	1,000.00	240.00	
Recovery Room	900.00	(1) 410.00	490.00		98.00	
Med/Surg Supplies	300.00	(1) 140.00	160.00		32.00	
Med/Surg Supplies	100.00					(2) 100.00
Laboratory Services	1,200.00	(1) 820.00	380.00		76.00	
Laboratory Services	200.00	(1) 160.00	40.00		8.00	
MRI Outpatient	850.00	(1) 440.00	410.00		82.00	
Drugs	200.00	(1) 110.00	90.00	50.00		
Muscle Manipulation	100.00	(1) 50.00	50.00	15.00		
CLAIM TOTALS	\$7,850.00	\$3,930.00	\$3,820.00	\$1,065.00	\$536.00	\$100.00

*Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

1 The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

2 Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-16.

12 **SUMMARY - CLAIM (1)**

PLAN PROVISIONS	YOUR RESPONSIBILITY
Amount covered (allowed)*	Deductible and copay amount
\$3,820.00	+\$1,065.00
Deductible and copay amount	Coinsurance
-\$1,065.00	+\$536.00
Coinsurance	Amount not covered
-\$536.00	+\$100.00
Total	You may have to pay your provider
\$2,219.00	\$1,701.00

14 **Health Care Fraud Hotline: 800-543-0867**
 Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbsbx.com

13 **Benefit Period: 01-01-16 Through 12-31-16** To date this patient has met \$1,000.00 of her/his \$1,000.00 Health Care Plan Deductible.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Sample EOB

1. Member's name and mailing address
2. Member ID and group number
3. Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
4. Detailed claim information for each claim
5. Patient name and service date
6. Provider information
7. Claim number and date the claim was processed
8. Service description
9. Amount billed for each service
10. The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
11. Your share of the costs
12. Claim summary with amount covered less your responsibility
13. Deductible and/or out-of-pocket expense information
14. Health Care Fraud Hotline

* Please provide this information when contacting us about a claim.

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.

Find what you need with Blue Access for Members

The screenshot shows the Blue Access for Members website interface. At the top, there is a navigation bar with links for Home, My Coverage, Claims Center, My Health, Doctors & Hospitals, and Forms & Documents. A secondary navigation bar includes 'Información en español', 'Help', and 'Contact Us'. The main content area is divided into several sections: a 'Message Center' on the left, a 'MY COVERAGE' section in the center, and a 'Quick Links' section on the right. The 'MY COVERAGE' section displays details for a PPO plan, including the Group Number (0000) and ID Number (XOF00000DEMO). Below this, there is a table of 'In Network Benefits' with columns for the benefit name and the amount. The 'Quick Links' section lists options like 'Get a Temporary ID Card', 'Member Discount Program', and 'Manage preferences'. A 'Proud to have Blue?' banner is also visible on the left side of the main content area.

- 1 **My Coverage:** Review your benefit details.
- 2 **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider and get driving directions.
- 5 **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 **Message Center:** Learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at any time.
- 9 **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find [Health Care School](#) articles and videos.
- 10 **Contact Us:** Submit a question and a Customer Advocate will respond by phone or through the Message Center.