

Your explanation of benefits (EOB): What it means



What's an EOB?

After you visit a provider for care, we'll send you a document called an "Explanation of Benefits" (EOB). It describes how your plan covered the services you received. But note: While it also shows your share of the cost, it's not a bill.

Here's a look at a sample EOB.

EXPLANATION OF BENEFITS - THIS IS NOT A BILL																																																						
Patient Name: James Jones			Patient ID: xxxxx-xxxxxxxx-xx			Group/Policy: Group ABC																																																
Subscriber Name: James Jones			Subscriber Nbr: -xxxxxxxx			EOB Date: 02/2021																																																
PAGE 2 OF 3																																																						
<table border="1"> <thead> <tr> <th>Claim Number: 77033051-00</th> <th>Par/Non:</th> <th>P</th> <th>Provider: Welby MD, Marcus</th> <th colspan="7"></th> </tr> <tr> <th>Date(s) of Service / Description</th> <th>Charges</th> <th>Allowed Amount</th> <th>Patient Non-Covered</th> <th>Provider Responsibility</th> <th>Notes ID</th> <th>Deductible</th> <th>Copay</th> <th>Coinsurance</th> <th>Paid Amount</th> <th>Amount You Owe</th> </tr> </thead> <tbody> <tr> <td>01/15/21 OFFICE VISIT</td> <td>204.00</td> <td>168.07</td> <td>0.00</td> <td>35.93</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>33.61</td> <td>134.46</td> <td>33.61</td> </tr> <tr> <td>TOTALS</td> <td>204.00</td> <td>168.07</td> <td>0.00</td> <td>35.93</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>33.61</td> <td>134.46</td> <td>33.61</td> </tr> </tbody> </table>											Claim Number: 77033051-00	Par/Non:	P	Provider: Welby MD, Marcus								Date(s) of Service / Description	Charges	Allowed Amount	Patient Non-Covered	Provider Responsibility	Notes ID	Deductible	Copay	Coinsurance	Paid Amount	Amount You Owe	01/15/21 OFFICE VISIT	204.00	168.07	0.00	35.93	0.00	0.00	0.00	33.61	134.46	33.61	TOTALS	204.00	168.07	0.00	35.93	0.00	0.00	0.00	33.61	134.46	33.61
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Note: Your EOB may look different than the example shown above.

Claim Number: Reference number we assigned to the submitted claim.

Par/Non: "P" means participating (or network) provider; "N" means non-participating (or non-network) provider.

Provider: Your provider's name.

Date(s) of Service/Description: Date and type of service.

Charges: Amount the provider or facility billed for the service.

Allowed Amount: Amount we negotiated with the network provider or facility for the service.

Patient Non-Covered: Amount you pay the provider because your plan doesn't cover the service.

Provider Responsibility: Amount of the billed charges that the provider covers. Network providers shouldn't bill you for these charges — but out-of-network providers can bill you for them.

Notes ID: Number assigned to a note that explains a charge. The notes section follows the list of charges.

Deductible: Amount of this claim that's applied to your annual deductible. You pay this amount. **Note:** "Patient Non-Covered" amounts don't count toward your deductible.

Copay: A fixed amount you pay up front for certain services.

Coinsurance: Amount you pay the provider because your plan doesn't cover the service.

Paid Amount: Amount we paid the provider for the service.

Amount You Owe: You may owe an amount because you received services that your plan doesn't cover, or if you have coinsurance, deductibles, or copays due.

Compare your EOB with your provider's bill

If you owe money for your visit, your provider will send you a separate bill. You should compare your EOB with the provider's bill. Check that this information is the same:

- Services received
- Date of services
- Provider responsibility
- Amount you owe

If the provider's bill matches your EOB, go ahead and pay the provider. If you notice any difference between the two, contact your provider or Customer Service at the number on the back of your Medica ID card.

Keep in mind

- You may get more than one EOB if you received multiple services or your services were on different days.
- Save your EOB until you get the provider's bill so you can confirm you're paying the right amount.
- The provider's bill should break down the services you received and the cost for each.
- If you visit an out-of-network provider, you may need to submit your claim to us. You'll get your EOB after we process your claim.

Manage your health plan benefits online

Your member site

If you haven't checked out your Medica member website, now's the time! [Medica.com/SignIn](https://www.Medica.com/SignIn) is your one-stop resource to help you manage your health plan benefits. You can track your claims and check to see if a doctor or other health care provider is in your plan's network. You can also order ID cards, find out what's covered by your plan, and much more.



Have a question?

Call Customer Service at the number on the back of your Medica ID card. (TTY: 711).