

EXPLANATION OF BENEFITS (EOB)

ENROLLED IN INDIVIDUAL & FAMILY PLANS



YOU'LL RECEIVE AN EOB DOCUMENT AFTER YOUR VISIT

You've seen your doctor or received care at a clinic, ER or other provider. Now what? How do you know who, when and how much you need to pay? After your visit, you'll receive an EOB from Medica that provides a summary of the services you received (your claim) and how your plan covers them. While the EOB shows your share of the costs, it is not a bill. If you owe money for your visit, you'll get a separate bill from your doctor.

Service Details

4	5	6	7	8	9	10	11	12
Responsibility to Provider	Dates of Service From To	Description	Charges	Allowed Amount	Paid Amount	Provider Responsibility Amount	Amount You Owe	Remark Code
1 Patient Control Number: XXXXXXXXXX		2 Provider: John Smith				3 Claim Number: 00008290075		
Patient Noncovered Amount \$52.75, Deductible Amount \$12.00, Coinsurance Amount \$13.44, Co-pay Amount \$0.00	04/02/20 - 04/02/20	OFFICE VISIT	\$135.00	\$79.19	\$1.00	\$55.81	\$78.19	PR-1, PR-2, PR-96, CO-45, UM-27T1, UM-25T1
Totals			\$135.00	\$79.19	\$1.00	\$55.81	\$78.19	
13 Total Amount You Owe							\$78.19	

Note: Your EOB may be different than the example shown above.

- 1. Patient Control Number:** This is your provider-assigned patient ID number. It should match with what is on your bill from the provider.
- 2. Provider:** Your provider's name.
- 3. Claim Number:** Reference number Medica assigned to the submitted claim.
- 4. Responsibility to Provider:** The amount you owe to your provider.
 - Patient Non-Covered Amount:** Amount you pay the provider because the service is not covered by your plan.
 - Deductible:** Amount of this claim that is applied to your annual deductible. You pay this amount. Note: Patient Non-Covered amounts do not count toward your deductible.
 - Coinsurance:** The portion of the allowed amount that you pay. This is a percentage of the allowed amount.
 - Copay:** A fixed amount you pay up front for certain services.
- 5. Date(s) of Service:** Date of service.
- 6. Description:** Type of service you received
- 7. Charges:** Amount the provider or facility billed for this service.
- 8. Allowed Amount:** Amount the plan has negotiated with the network provider or facility for the service, if applicable.
- 9. Paid Amount:** Amount the plan paid the provider for the service.
- 10. Provider Responsibility Amount:** Amount of the billed charges that the provider covers. Network providers should not bill you for these charges. However, out-of-network providers can bill you for these charges.
- 11. Amount You Owe:** Amount you pay the provider when you receive their bill.
- 12. Remark Code:** Number assigned to a remark code that explains a charge. An explanation is included in the Remark Codes section following the list of charges.
- 13. Total Amount You Owe:** You may owe an amount because you received services not covered by your plan or you have coinsurance, deductibles, or copays due.

Note: Your EOB may be different than the example shown above.

COMPARE YOUR EOB WITH YOUR PROVIDER'S BILL

If you owe money for your visit, you'll get a separate bill from your provider. You should compare your EOB with the bill you received from your provider. Check that the following information is the same:

- » Services received
- » Date of services
- » Provider responsibility (what your health plan paid for)
- » Amount you owe

If the provider's bill matches your EOB, simply 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.

You should save your EOB until you receive the bill from your provider so you can confirm you're paying the right amount.

The bill from your provider 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 Medica. You'll receive your EOB after we process your claim.



Have a question?

Call Customer Service at the number on the back of your Medica ID card.

Medica complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

MEDICA®

© 2020 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Community Health Plan, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.

IFB12137-1-01220

COMIFB-0119-J