



A UnitedHealthcare Company

Understanding your EOB, as easy as 1, 2, 3

An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. You'll receive a bill from your provider for any amount you may owe.

1 Cost summary

The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

2 Benefits update

On the next page, you'll find a breakdown of how much you and/or your family have applied toward your annual deductibles and out-of-pocket amounts.

Deductible: The amount you have to pay before your plan pays for specific services. Deductibles are usually an annual set amount.

Out-of-pocket: The most you could pay during a coverage period (usually 1 year) for your share of the costs of covered services. After you reach your "to go" amount, the plan will usually pay 100% of the allowed amount.

Learn more about other common health insurance terms at [justplainclear.com](https://www.justplainclear.com).

3 Service and payment details

This section includes information about who received the medical service, the name of the provider and what types of care they received. It gives you a breakdown of how the claim was processed, including:

- How much your provider billed
- Your network discount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including copays, deductibles and out-of-pocket amounts

Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).

Amount billed:	\$60.00	The total amount that your provider billed for the services that were provided to you.
Your discount:	\$44.70	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	\$0.00	The portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	\$44.70	75% of your service was covered by your plan discounts, your employer-sponsored benefits plan, or other amounts for which you are not responsible.
TOTAL YOU MAY OWE:	\$15.30	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, copay, coinsurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.

(Fictionalized data)

In-network

INDIVIDUAL CAL YR DEDUCTIBLE	<div><div></div></div>	\$484.70 to go
	\$15.30 out of \$500.00	
FAMILY CAL YR DEDUCTIBLE	<div><div></div></div>	\$984.70 to go
	\$15.30 out of \$1,000.00	
INDIVIDUAL OUT-OF-POCKET	<div><div></div></div>	\$1,944.70 to go
	\$55.30 out of \$2,000.00	
FAMILY OUT-OF-POCKET	<div><div></div></div>	\$3,944.70 to go
	\$55.30 out of \$4,000.00	

(Fictionalized data)

PO BOX 80541 SALT LAKE CITY UT 84180-0541
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Page 1
Date: 08/01/2025

Employee: CADE BLANK
Employee Address: 1234 DUNDRAKE BLVD
BEST CITY, USA 12345-1112
Employee Number: 7670-00-123456
Member ID: 1234567890
Employee Name: ABC Company, Inc.
Notice Date: 02-01-24

Patient: ELIZABETH BLANK
Claim Number: 9999999999
Provider Name: XYZ PROVIDER, INC.
Patient Account: 1234567890

Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	Not allowed	Amount due to provider*	PLAN PAID		YOUR PAY			
							%	Plan Paid	Applied to deductible	Copay	Coinsurance	Not covered
URGENT CARE	900	01/17/24	\$60.00	\$44.70	\$0.00	\$0.00	\$0.00	\$0.00	\$15.30	\$0.00	\$0.00	\$15.30
Totals			\$60.00	\$44.70	\$0.00	\$0.00	\$0.00	\$0.00	\$15.30	\$0.00	\$0.00	\$15.30

Reason code explanations:
900 Provider regulated discount. You are not responsible for this amount.
Your Claim was processed at the In-Network Level of Benefits.

**This total may not reflect any payments (copay) you made at the time of service. Please wait for a provider bill before making a payment.
(+) indicates any payment you may owe. (-) indicates any discount or plan payment that will reduce what you owe.

*This amount does not include any copay or deductible you may owe.

(Fictionalized data)



Go paperless on umr.com.

Receive email reminders for every new EOB, more details about your claim, and the next steps to take.