

# 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.



### **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 <u>could</u> 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.

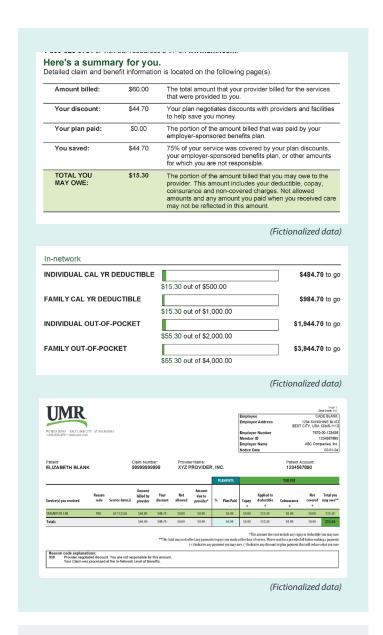
Learn more about other common health insurance terms at **justplainclear.com**.



## 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





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