

Understand your Explanation of Benefits (EOB)

Baffled by your EOB? It may seem confusing, but it's a good idea to learn about the information an EOB holds so you're able to:

- See what charges were submitted, what's been paid by your insurance company and what you might owe
- Look for billing errors to avoid paying too much for your health care



➔ SUE'S STORY

Sue had a sore throat that wouldn't go away, so she decided to visit a doctor in her network. At the time of service, Sue presented her medical insurance card and the provider billed the insurance company. Soon after the visit, Sue received an EOB from her insurance company¹. This is what it looked like:

Explanation of Benefits - THIS IS NOT A BILL

Service Code	Service Description	Service Date(s)	Billed Amount	Allowed Amount	Discount Amount	Not Payable by Plan	Deductible	Copay	Pay At	Remarks	Plan Pays
99214	Physician	03/10/2014	\$150.00	\$100.00	\$50.00		\$100.00			0054	\$0.00
TOTALS			\$150.00	\$100.00	\$50.00		\$100.00				\$0.00

\$150
- **\$50**

\$100

\$150 (Sue's billed amount) - \$50 (discount amount) = \$100 (amount Sue owes)

You owe or may have already paid at time of service* \$100.00

**Note: If you paid more at time of service than the amount you owe, please contact your doctor or other health care provider to request a credit refund. If we pay benefits to you for services provided by a non-participating provider, you are responsible for applying this payment to the non-participating provider's bill for services rendered.*

0054 Network benefits applied. Your provider has agreed to the negotiated rate in accordance with the Aetna provider agreement. You should not be billed for the amount in the Discount Amount column.

PLAN ACCUMULATORS

Description	Current Year			
	Individual		Family	
	YTD	Remaining	YTD	Remaining
Network Deductible	\$100.00	\$3,400	\$100.00	\$6,900
Network Out-of-Pocket	\$100.00	\$3,400	\$100.00	\$6,900
Non-Network Deductible	\$0.00	\$3,500	\$0.00	\$7,000
Non-Network OOP	\$0.00	\$3,500	\$0.00	\$7,000

After Sue received the bill from her doctor, she reviewed the accuracy of the billed charges. The charge was correct, so her next step was to verify the amount she needed to pay her provider.

- The **billed amount** of her office visit was \$150.00
- Sue visited a doctor within her network and received a discount of amount \$50.00 on covered services, which brought her plan's **allowed amount** for her office visit down to \$100
- Since she hadn't met her plan's deductible for the year, Sue owes the \$100.00 applied to her deductible
- Sue's doctor, who also received a copy of the EOB, sent her a bill for \$100. Sue paid this amount to her doctor

Sue can look at the **Plan Accumulators** to see how much she has paid toward her deductible for the year so far. Sue's on a plan by herself, so she just refers to the information listed in the individual columns. Since Sue stayed in her network and this was her first claim for the year, \$3,400 still remains of her \$3,500 deductible.

Don't hesitate to call us if you have questions or concerns about the information on your EOB. Call Customer Service at **800.553.7654** Monday-Friday 7 a.m.-6 p.m. Central time

¹: Sue's story is for illustration purposes. Claim and discount amounts are based on an actual 2014 claim. Actual billed charges and discounts may vary.

\$3,500
- **\$100**

\$3,400

\$3,500 (Sue's deductible) - \$100 (amount applied to her deductible) = \$3,400 (Remaining)