



... Understand your costs ...

The Explanation of Benefits (EOB) shows you how your health plan benefits are applied to healthcare claims, so you can better understand your bill.

What is an EOB?

Remember your EOB is not a bill, but it can help you understand your medical bills. The EOB groups medical charges from healthcare providers, making it easier to see what is owed to each one. It also helps you track your healthcare claims history. Throughout your EOB, you'll find **helpful definitions**, which explain health insurance terms.

Regular updates

You will receive an EOB every two weeks (if you've had a healthcare claim processed during that time), and all claims from that period will be shown on one EOB.

The EOB cover page summarizes:

- The total amount healthcare providers charge
- How much was paid by your health plan or other coverage
- What (if anything) you owe to healthcare providers

Questions?

If you have any questions about the EOB, please call the customer service number listed on the back of your member ID card.

Explanation of Benefits

For: **John Doe**
Member ID: M0012345678
Document ID: S11234567890123
Date issued: 07/07/2019

Mailed to:
John Doe
123 Main Street
City, AR 72201

Summary

For claims completed: June 12 - July 25, 2020

| | |
|---|-----------------|
| Total charges | \$2,611.01 |
| BlueAdvantage member discount | ~ \$631.25 |
| Your plan(s) paid | ~ \$1,024.57 |
| Your responsibility to provider(s) | \$955.19 |

Need help?

We love to hear from you.

[blueadvantagearkansas.com/eb](#)

1-888-872-2531

PO Box 1460
Little Rock, AR 72203

Find it online

Sign in to your My Blueprint member portal to:

- Track your healthcare costs for the plan year
- View your claims history
- Go paperless

Visit [blueadvantagearkansas.com/myblueprint](#) to sign in or register today!

Helpful definitions

Total charges – The total amount a provider charged for the services, treatment, device or drug

Member discount – We negotiate discounts with providers. As a member, you get the benefit of these negotiated, discounted rates and if you use an in-network provider, they agree not to bill you for anything above your deductible, copay and coinsurance. However, out-of-network providers can bill you for any part of total charges not paid by your plan.

Your plan(s) paid – The amount paid by your benefit plan, based on the terms of your plan.

Your responsibility to provider(s) – Providers can bill you for this amount if you have not already paid.

Explanation of Benefits for John Doe

Document ID: S11234567890123

Provider totals billed by: Your Local Clinic

| Claim # | Provider billed | Member discount | Net charged | Provider adjustment | Other health plan coverage | Your plan paid | Copay | Deductible | Coinsurance | Excluded | Total |
|--|-----------------|-----------------|-------------|---------------------|----------------------------|---------------------|----------|------------|-------------|----------|---|
| Claim #190123145678 Claim received: 07/02/2019 Paid on: 07/16/2020 Service date: 07/06/2020 | | | | | | | | | | | |
| X-Ray exam chest 2 Views | \$135.38 | \$13.53 | \$121.85 | \$0.00 | \$0.00 | \$0.00 | \$121.85 | \$0.00 | \$0.00 | \$0.00 | \$121.85 |
| Emergency room or observation care copay | | | | | | | | | | | |
| Service date: 07/06/2020 | | | | | | | | | | | |
| Anxiety surgery of shoulder | \$1,405.83 | \$140.58 | \$1,265.25 | \$0.00 | \$0.00 | \$950.04 | \$77.70 | \$0.00 | \$207.51 | \$0.00 | \$315.21 |
| Emergency room or observation care copay Member responsible for coinsurance – out-of-network Member's out-of-network deductible (250 Plan) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Net charged total: | \$1,387.10 | | | | | Plan(s) paid total: | \$950.04 | | | | Your responsibility to Your Local Clinic: |
| | | | | | | | | | | | \$437.06 |

Provider totals billed by: Your Local Hospital

| Claim # | Provider billed | Member discount | Net charged | Provider adjustment | Other health plan coverage | Your plan paid | Copay | Deductible | Coinsurance | Excluded | Total |
|--|-----------------|-----------------|-------------|---------------------|----------------------------|---------------------|----------|------------|-------------|----------|---|
| Claim #190123145679 Claim received: 07/04/2019 Paid on: 07/16/2020 Service date: 07/06/2020 | | | | | | | | | | | |
| Office/outpatient visit w/ast | \$187.00 | \$26.41 | \$160.59 | \$0.00 | \$0.00 | \$0.00 | \$121.85 | \$160.59 | \$0.00 | \$0.00 | \$160.59 |
| Emergency room or observation care copay | | | | | | | | | | | |
| Service date: 07/06/2020 | | | | | | | | | | | |
| The orthopedic complete | \$716.00 | \$363.02 | \$352.98 | \$0.00 | \$0.00 | \$6.78 | \$0.00 | \$338.41 | \$6.78 | \$0.00 | \$346.20 |
| Member responsible for coinsurance – out-of-network Member's out-of-network deductible (250 Plan) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Electrocardiogram complete | \$60.00 | \$37.33 | \$22.67 | \$0.00 | \$0.00 | \$11.33 | \$0.00 | \$0.00 | \$11.34 | \$0.00 | \$11.34 |
| Emergency room or observation care copay | | | | | | | | | | | |
| | | | | | | | | | | | |
| Net charged total: | \$536.24 | | | | | Plan(s) paid total: | \$16.11 | | | | Your responsibility to Your Local Hospital: |
| | | | | | | | | | | | \$518.13 |