

# Explanation of benefits (EOB)

You will receive an explanation of benefits when you use your health insurance. This shows you the total cost of the care you received, how your insurance was applied and the discounts you received, how much was paid by your health plan and provider and what remaining costs (if any) are owed. **This is not a bill.** It is a simple way for you to see all of your claims in a given period and how your insurance is being used.

## 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

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**Summary**  
 For claims completed: June 12 - July 25, 2020

Total charges	\$2,611.01
Member discount	\$631.25
Your plan(s) paid	\$1,024.57
<b>Your responsibility to provider(s)</b>	<b>\$955.19</b>

**Helpful definitions**

**Total charges** – The total amount providers charged for the services, treatment, device or drug.

**Member discount** – Discounts are negotiated with providers. As a member, you get the benefit of these negotiated, discounted rates and if you use an in-network provider, they agree to provide you for any covered service above your deductible, copay and coinsurance. However, out-of-network providers may 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 a balance billing situation.

**Need help?**  
 We love to hear from you.

[arkbluecross.com/eob](http://arkbluecross.com/eob)

1-800-238-8379

PO Box 1460  
 Little Rock, AR 72203

**Find it online**  
 Sign in to your Blueprint Portal member portal to:

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

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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
#190123T45678 Claim received: 07/24/2019 Paid on: 07/16/2020											
Service date: 07/08/2020											
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: 07/09/2020											
Anesth surgery of shoulder	\$1,405.83	\$140.58	\$1,265.25	\$0.00	\$0.00	\$950.04	\$77.70	\$0.00	\$237.51	\$0.00	\$315.21
Emergency room or observation care copay Member responsible for coinsurance - in-plan											
<b>Net charged total:</b>			<b>Plan(s) paid total:</b>			<b>Your responsibility to Your Local Clinic:</b>					
<b>\$1,387.10</b>			<b>\$950.04</b>			<b>\$437.06</b>					

**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
#190123T45679 Claim received: 07/24/2019 Paid on: 07/16/2020											
Service date: 07/08/2020											
Office/outpatient visit est	\$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											
Tte w/doppler complete	\$716.00	\$363.02	\$352.98	\$0.00	\$0.00	\$6.78	\$0.00	\$339.41	\$6.79	\$0.00	\$346.20
Member responsible for coinsurance – out-of-network Member's out-of-network deductible (OA Plans)											
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											
<b>Net charged total:</b>			<b>Plan(s) paid total:</b>			<b>Your responsibility to Your Local Hospital:</b>					
<b>\$536.24</b>			<b>\$18.11</b>			<b>\$518.13</b>					

Under the Consolidated Appropriations Act of 2020, if you are not covered by a retiree only plan, you may be protected from surprise or balance billing if you were treated by an out of network provider that you had no choice in using while being treated in an emergency room, a stand-alone emergency center, or in certain instances during a planned procedure at one of our in network facilities. Generally, in situations like these where you have not signed a document waiving these protections, you are only responsible for paying your share of the costs as if the provider were in network. If in-network deductible and/or out-of-pocket limits apply when these services are rendered by in-network providers, cost sharing would apply toward those limits in this instance. If you would like to learn more or believe that you have been wrongly billed, you may contact us at the customer service number listed on your ID Card. If you believe that your provider has violated these requirements, you may also contact the Arkansas Insurance Department at (501)371-2600 or the No Surprises Help Desk at 1-800-985-3059. Visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.



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Learn more about health insurance at [hub.arkansasbluecross.com/health-insurance-basics](http://hub.arkansasbluecross.com/health-insurance-basics)

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