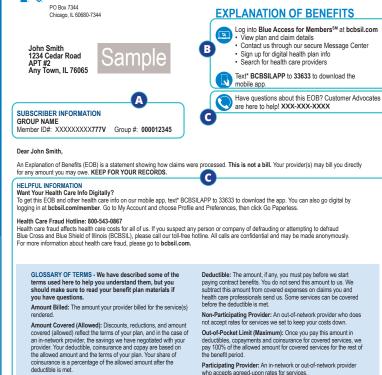


Understanding Your Explanation of Benefits

Your **Explanation of Benefits (EOB)** lets you know when and how we process your claims. It isn't a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

Page One Covers the Basics

- A. Confirm your policy ID.
- **B.** Learn how to download the mobile app and access your claims online.
- C. Find helpful contacts and a glossary.



Your Total Costs: This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill

you are not part of this

cess/mobile/text-messaging. me any financial risk or obligation with

Coinsurance: The percentage of the allowed amount you pay as your share of the bill. For example, if your plan pays 80% of the allowed amount, 20% would be your coinsurance.

Copay Amount (Also known as Copayment): The set fee you pay each time you receive a certain service. Some plans do not have copayments.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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BlueCross BlueShield of Illinois BlueCross BlueShield of Illinois GROUP NAME Member ID#: XXXXXXX777V Group #: 000012345 Customer Advocates are here to help! XXX-XXX-XXXX										
CLAIM DETAIL (1 OF 1) PATIENT: JOHN SMITH D PROVIDER: RALPH JOHNSTON IE CLAIM # XXXXXXXXXXXXX			Sample DATE PROCESSED: 06/20/2022			Amount Billed Discounts and Reductions Health Plan Responsibility				\$7,850.00 - \$3,930.00 - \$2,219.00 - \$0.00 \$1,701.00
	YOUR BENEFITS APPLIED			YOUR RESPONSIBILITY						
Service Description	Service Dates	Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Your Total Costs
Surgical Charges	04/04/2022	G 4,000.00	H (1) 1,800.00	2,200.00	960.00	1,000.00	0	240.00		1,240.00
Recovery Room	04/04/2022	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2022	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2022	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2022	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2022	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2022	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
CLAIM TOTALS	CLAIM TOTALS		\$3,930.00	\$3,820.00	\$2,219.00	\$1,000.00	\$65.00	\$536.00	\$100.00	\$1,701.00
Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-22.										

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference

(2) Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

For your up-to-date Medical Spending summary, visit Blue Access for Members[™] on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

JOHN SMITH - Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$2,900.00 of her/his \$2,900.00 Out-of-pocket Expense. Benefit Period: 01-01-22 Through 12-31-22 To date \$3,870.78 of the Family \$5,800.00 Out-of-pocket Expense has been met.

On Page Two You Can:

At a glance, confirm the:

D. Patient **E.** Provider

ovider **F.** Policy Information

Get the Details

YOUR BENEFITS APPLIED – This section shows your list of services and how they're covered.

- **G.** Amount Billed is the total amount your provider billed for the services.
- I. Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).
- J. Health Plan Responsibility is the portion we paid to your provider.

See Your Cost Share

YOUR RESPONSIBILITY – This section shows your member cost-share amounts, including:

K. Deductible L. Copays

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M. Coinsurance
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Sign up to get your EOBs online on **Blue Access for Members**™ or text* **BCBSILAPP to 33633** to download the mobile app.

* Message and data rates may apply. See terms and conditions and our privacy policy at bcbsil.com/member/account-access/mobile/text-messaging.

O. Your Total Costs details the amount shown in O², and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments up front. It also includes amounts not covered by your health plan (N). It does not include charges that a non-participating provider may bill you. If your benefits feature a Health Care Account (HCA), or other Health Savings Account (HSA), any payments from those accounts will be reflected in this line (O³). HCAs and HSAs do not apply to all benefit plans.

Get More Information

Your EOB may include a little more information about:

- J². Total covered benefits approved This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).
- P. See discounts and reductions (H), and any amounts that aren't covered (N).
- **Q.** Track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

EOB samples are for illustrative purposes only. Not all EOBs are the same. The format and content of an EOB depends on your benefit plan and the services provided.

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