



How to read your explanation of benefits

After you see a provider, you'll get an explanation of benefits (EOB). You may get your EOB by mail or email, or you may access it online.

An EOB is not a bill. An EOB shows details about a health care service you received. These details include the total cost of your visit, how much your plan will pay and what you may owe when you get the bill.

What does an EOB include?

Most EOBs include the same basic info. We've included a picture of an example EOB. Keep in mind that your EOB may not look the same.

Explanation of Health Care Benefits

THIS IS NOT A BILL. This is an explanation of the claim processed based on your plan benefits in effect when the service was performed. Please keep this form for your tax records.

Claim Number: 12345678910 Patient ID: 01234567890 Patient Control Number: 1234567890123 Group Number: 12345678
 Group Name: ABC CORP.
 Provider: MEDICAL CENTER

Dates of Service/Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
05/12/2015 - 05/12/2015 OFFICE VISIT	100.00	57.25	42.75	.00	.00	.00	40.00	.00	2.75	40.00	
05/12/2015 - 05/12/2015 BIOPSY	200.00	169.03	30.97	.00	.00	30.97	.00	.00	.00	30.97	X5018
05/12/2015 - 05/12/2015 THERAPEUTIC INJECTION	200.00	125.38	74.62	.00	.00	74.62	.00	.00	.00	74.62	X5018
05/12/2015 - 05/12/2015 PHYSICAL MEDICINE	17.00	17.00	.00	.00	.00	.00	.00	.00	.00	.00	H5031
TOTAL	517.00	368.66	148.34	.00	.00	105.59	40.00	.00	2.75	145.59	

Claim Information

Subscriber Name: SAMUEL SAMPLE
 Patient Name: SAMUEL SAMPLE

Note:

H5031 This is an add-on Procedure Code and must be submitted with a primary procedure. The member ID, relationship and date of service must match those submitted with the primary procedure charge and the performing provider must be associated with the billing provider.

X5018 The allowance for this service has been applied to the dollar deductible amount required under the patient's coverage.

Explanation of health care benefits [Image]. (2016, June). Blue Cross and Blue Shield of Minnesota. https://www.bluecrossmnonline.com/redesign/pdfs/mhs/MINCR_about_eob.pdf

Info about you and your health plan


- **Subscriber Name:** The person who holds the insurance policy.
- **Patient Name:** The person who got the services listed on the EOB. For this example, we'll assume it's you.
- **Patient ID (or Member ID):** The number on your member ID card.
- **Group Number:** The group number on your member ID card.
- **Group Name:** The name of your employer.


Details about your claim(s)


- **Claim Number:** The number the health plan's system assigned to your claim to track it.
- **Patient Control Number:** The number your provider assigns to track the claim.
- **Provider:** The professional (like a doctor) or facility (like a hospital) that gave the care listed on the claim.
- **Dates of Service:** The day(s) when the care was given.
- **Description:** Info about what service(s) you had, like a medical visit, lab test or screening.

See your drug and plan info online

Go to **MyPrime.com** and sign in or make an account. Using this site, you can see your drug costs and coverage, based on your plan. You can also:

 Compare costs for your medicines

 Find the nearest pharmacy in your network

 See your prescription history

Info about costs and coverage

- **Charges:** The amount your provider charges your health plan for your visit.
- **Provider Responsibility Amount:** The amount your provider must pay your health plan.
- **Allowed Amount:** The most your plan lets a provider charge for the service.
- **Patient Non-covered Amount:** The amount you will have to pay when you get billed.
- **Amount Pd By Other Ins:** The amount your other insurance paid, if you have some.
- **Deductible Amount:** The amount you must pay before your plan will start to pay.
- **Copay Amount:** A fixed dollar amount you may have had to pay at the time you got care.
- **Coinsurance Amount:** The amount you must pay based on your coinsurance. Your coinsurance is a percentage of the cost you must pay for a service. You only have a coinsurance once you meet your deductible for the plan year.
- **Amount You Owe:** The total amount you will owe. This includes any deductible, copay or coinsurance amounts.
- **Notes ID:** Codes that explain why any payment was approved or denied.

Reach out if something isn't right

Always look at any EOBs you receive. Check for anything that seems suspicious, like:

- Doctors you didn't see
- Drugs you didn't take or are not prescribed
- Lab tests you did not authorize
- Other services, charges or info you don't recognize

If you see info you don't recognize:

1. Call the number on the back of your member ID card.
2. Report it to Prime's Special Investigations Unit. You can send us an email at **FraudTipHotline@PrimeTherapeutics.com** or call us at **800.731.3269**.

