



# Understanding your EOB, as easy as 1, 2, 3

An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. You'll receive a bill from your provider for any amount you may owe.

## 1 Cost summary

The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

## 2 Benefits update

On the next page, you'll find a breakdown of how much you and/or your family have applied toward your annual deductibles and out-of-pocket amounts.

**Deductible:** The amount you have to pay before your plan pays for specific services. Deductibles are usually an annual set amount.

**Out-of-pocket:** The most you could pay during a coverage period (usually 1 year) for your share of the costs of covered services. After you reach your "to go" amount, the plan will usually pay 100% of the allowed amount.

Learn more about other common health insurance terms at [justplainclear.com](http://justplainclear.com).

## 3 Service and payment details

This section includes information about who received the medical service, the name of the provider and what types of care they received. It gives you a breakdown of how the claim was processed, including:

- How much your provider billed
- Your network discount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including copays, deductibles and out-of-pocket amounts

### Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).


Amount billed:	\$60.00	The total amount that your provider billed for the services that were provided to you.
Your discount:	\$44.70	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	\$0.00	The portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	\$44.70	75% of your service was covered by your plan discounts, your employer-sponsored benefits plan, or other amounts for which you are not responsible.
<b>TOTAL YOU MAY OWE:</b>	<b>\$15.30</b>	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, copay, coinsurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.

(Fictionalized data)

### In-network

INDIVIDUAL CAL YR DEDUCTIBLE	<input type="text" value="\$15.30 out of \$500.00"/>	\$484.70 to go
FAMILY CAL YR DEDUCTIBLE	<input type="text" value="\$15.30 out of \$1,000.00"/>	\$984.70 to go
INDIVIDUAL OUT-OF-POCKET	<input type="text" value="\$55.30 out of \$2,000.00"/>	\$1,944.70 to go
FAMILY OUT-OF-POCKET	<input type="text" value="\$55.30 out of \$4,000.00"/>	\$3,944.70 to go

(Fictionalized data)



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1-800-525-9371 www.umar.com

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Date: 08/01/2024

Employee	CADE BLANK
Employee Address	1234 SUNSHINE BLVD BEST CITY, USA 12345-6789
Employee Number	7670-00-123456
Member ID	1234567890
Employer Name	ABC Company, Inc.
Notice Date	02-01-24

Patient: ELIZABETH BLANK      Claim Number: 9999999999      Provider Name: XYZ PROVIDER, INC.      Patient Account: 1234567890

Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	Not allowed	Amount due to provider*	PLANPAID		YOU PAID		Total you may owe**	
							%	Plan Paid	Applied to deductible	Copay +		Coinsurance +
LABORATORY LAB	908	01/17/24	\$60.00	\$44.70	\$0.00	\$0.00	\$0.00	\$0.00	\$15.30	\$0.00	\$0.00	\$15.30
<b>Totals</b>			\$60.00	\$44.70	\$0.00	\$0.00	\$0.00	\$0.00	\$15.30	\$0.00	\$0.00	\$15.30

\*This total may not reflect any payments/copay you made at the time of service. Please wait for a provider bill before making payment.  
 (+) Indicates any payment you may owe. (-) Indicates any discount or plan payment that will reduce what you owe.

Reason code explanations:  
 908 Provider negotiated discount. You are not responsible for this amount.  
 Your Claim was processed at the In-network Level of Benefits.

(Fictionalized data)



**Go paperless on umr.com.**  
Receive email reminders for every new EOB, more details about your claim, and the next steps to take.