

# REDESIGNED EOB

The EOB may include additional information after these sections. For example, if a claim is not paid in full, the EOB notes what benefit limitations or exclusions apply in the **Information About Amounts Not Covered** section. Also included are **Information About Appeals**, which explains your rights regarding review of claim denials, and our **Fraud Hotline** number.

As you can see, the EOB statement is an important record of medical services as well as benefit coverage. It's a good idea to keep your EOBs, in case questions arise later about how a particular claim was processed.

Your EOB is also available online! Visit the Blue Access for Members site at [www.bcbsil.com](http://www.bcbsil.com) for quick, convenient and confidential access to medical claim payment and eligibility information.

*The sample EOB in this brochure is intended only as a general guide. Your EOBs may differ, depending on your benefit plan and services provided.*



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.

# Understanding Your EOB

## A Guide to Reading Your Explanation of Benefits Statement



## INTRODUCING OUR

### Explanation of Benefits Statement

An Explanation of Benefits (EOB) Statement is a notification form sent to members every time a health care benefits claim is processed by Blue Cross and Blue Shield of Illinois (BCBSIL). The EOB displays the expenses submitted by the provider and how the claim was processed.

We've redesigned the EOB to make it more comprehensive and reader-friendly. The redesigned EOB has four major sections:

- **Claim Information** includes the member and patient name, the member's group and ID number, and the specific claim number.
- **Summary** highlights the major financial information – the amount billed, total benefits approved and the amount you may owe to the provider.
- **Service Information** identifies the health care facility or physician, dates of service and charges.
- **Coverage Information** shows what was paid to whom, what discounts and deductions apply, and what part of the total expense was not covered.

# SAMPLE EOB

(Items in **bold** are new to the EOB or have been redesigned.)

- ① Account name (member's company or organization).
- ② Date claim was finalized.
- ③ Toll-free number to call for additional information.
- ④ Member's name and mailing address.
- ⑤ **Address of BCBSIL Web site.**
- ⑥ Member name.
- ⑦ **Employer or group identification number.\***
- ⑧ **The member number that appears on the ID card.\***
- ⑨ Number assigned to the claim.\*
- ⑩ The person who received the indicated services.\*
- ⑪ **Summary box, including the total billed by the provider for the services, the benefits approved and paid by BCBSIL, and the remainder you may owe. (See also ⑭, ⑯ and ⑰.)**
- ⑫ Provider name (top line) and description of service (below).
- ⑬ Beginning and end dates of services.
- ⑭ Amount billed by the provider for each service.
- ⑮ Portion of the billed amount not covered by the plan. (A footnoted message indicates the reason.)
- ⑯ **Amount covered by the plan.\***
- ⑰ Grand total of charges included on this claim.
- ⑱ Plan reductions subtracted from billed amount, such as PPO allowances.
- ⑲ Deductible and copayment or coinsurance amounts.
- ⑳ Payment approved before benefits are coordinated with other insurers, such as Medicare.
- ㉑ Amount the member may be responsible for paying.
- ㉒ Total benefit approved for provider.

\* Please provide this information when contacting us about a claim.

Note: Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductibles and copayment amounts vary.



**BlueCross BlueShield of Illinois**  
300 East Randolph  
Chicago, Illinois 60601-5099

- ① Explanation of Benefits (EOB). **This is not a bill.**
- ② HEALTH CARE SERVICE CORP
- ③ 12-12-01

④ ANTHONY DOE  
100 BLUEBIRD LANE  
CHICAGO, IL 60601-7332

③ Customer Service: 1-800-123-4567

⑤ Visit our website at [www.bcbsil.com](http://www.bcbsil.com)



**Claim Information**

⑥ Member Name: Anthony Doe  
⑦ Group No.: 12345  
⑧ Identification No.: ABC123454569  
Claim No.: ⑨ 2020000000000X  
Patient Name: ⑩ Anthony Doe

**Summary**

⑪ Total Billed:	\$45.00
<b>Total Benefits Approved:</b>	<b>\$16.20</b>
Amount You May Owe Provider:	\$1.80

The following shows how this claim was adjusted.

**Service Information**

⑫ Service Description	⑬ Service Date	⑭ Amount Billed	⑮ Not Covered	⑯ Covered
IMAGING RADIOLOGISTS LLC				
Medical Emerg X-Ray	11-14-01	45.00	27.00 (1)	18.00
<b>Totals</b>		<b>\$45.00</b>	<b>\$27.00</b>	<b>\$18.00</b>

**Coverage Information**

<b>Totals</b>	<b>\$45.00</b>	<b>\$27.00</b>	<b>\$18.00</b>
⑱ PARTICIPATING PROVIDER OPTION (PPO REDUCTION)			-\$27.00
<b>Deductions</b>			
⑲ Your 10% Coinsurance Amount.....			1.80
<b>Total Deductions</b>			<b>-\$1.80</b>
<b>Total Benefits Approved</b>			<b>\$16.20</b>
<b>Amount You May Owe Provider</b>			<b>\$1.80</b>
⑳ Total covered benefits approved for this claim: \$16.20 to IMAGING RADIOLOGISTS LLC on 12-12-01.			

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