## How to read your new Explanation of Benefits (EOB)

Your EOB helps you understand your out-of-pocket costs when you receive covered services. The new, easier-to-read format lets you quickly find out how much a provider charged for services, what your Independence Blue Cross (IBC) health plan paid, and how much you owe.

			New! Explanation at a Glance					
Philadelphia, PA						THIS IS N	OT A BILL	
						11113 13 13	OI A BILL	
CONTRACT HOLDER NAME: JOHN DOE				EXPLANATION AT A GLANCE				
MEMBER ID: ABC123451284				DATES OF SERVICE: 12/18/03 12/20/03				
GROUP NAME: XYZ COMPANY				WE SENT CHECK TO: ABC HOSPITAL - A				
				Network Facility				
GROUP ID: 123456789 CLAIM ACTIVITY FOR: JANE DOE								
02262406507			1 4	PAID): \$2	21.94			
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Provider	Our				Health Plan Part	Vour Sham of	Amount You Ow	
Charges	Allowance (Covered Charges)	Deductible			Treater Finn Fays	Amount Remaining	Provider	
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789.73	789.73	80.00	709.5	13	567.79	141.94	221.9	
	3C123451284 XYZ COMPANY 56789 Y FOR: JANE D 2: 03363496597 TD: 12/24/0 TD: 12/	3C123451284       XYZ COMPANY       56789       Y FOR: JANE DOE       3C123451284       Classifier       TD: 12/24/03       TO: 12/24/03 <	3C123451284       XYZ COMPANY       56789       Y FOR: JANE DOE       2: 03363496597       TD: 12/24/03       TD: 12/24/03       Alleware (Covered Charges)       789.73       789.73       789.73       789.73	3C123451284       XYZ COMPANY       56789       Y FOR: JANE DOF.       2: 03363496597       TD: 12/24/03       4       Provider       Charges       Alloware (Charges)       789.73       789.73       789.73       789.73       789.73	3C123451284     DATES OF       XYZ COMPANY     WE SENT       56789     CLAIM P/       Y FOR: JANE DOE     PROVIDE       20363496597     TO: 12/24/03       TD: 12/24/03     4       Member Responsibility     Member Responsibility       Provider     Over Charges       Allowares     Deductible       789.73     789.73       789.73     789.73	3C123451284 DATES OF SERVICE: 12   XYZ COMPANY WE SENT CHECK TO: AI   56789 CLAIM PAYMENT AMOI   Y FOR: JANE DOE CLAIM PAYMENT AMOI   2: 03363496597 TO: 12/24/03   TD: 12/24/03 4   Member Responsibility 55   Member Responsibility 56   Provider Doer   Charges Our   Our Claurelike   Claures Doer   Our Claurelike   Charges Doer   789.73 789.73   789.73 789.73	3C123451284     DATES OF SERVICE: 12/18/03 12/20/       XYZ COMPANY     WE SENT CHECK TO: ABC HOSPITA       S6789     CLAIM PAYMENT AMOUNT: \$567.7       Y FOR: JANE DOF     CLAIM PAYMENT AMOUNT: \$567.7       10: 12/24/03     4       50     5       10: 12/24/03     4       50     Member Reposibility       76     Our Charges       10: Our Charges     Deductible       10: 12/24/03     Carges       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03       10: 12/24/03     10: 12/24/03	

## New paperless EOB option

You can view your EOB online at **ibxpress.com** or have it sent to you by email. You can also continue to receive a paper copy by mail. Just log in to **ibxpress.com** and choose *Settings* on your homepage to select your preferences.

- We Sent Check to: Individual/facility that received the IBC reimbursement check.
- Provider May Bill You: Summary of what you owe the provider. The individual breakdown is shown in the Member Responsibility section.
- Provider Charges: The amount the provider actually charged for services.
  - Our Allowance: Amount covered by IBC.

- 5
  - Health Plan Pays: The actual dollar calculation of the amount IBC pays.
- 6
  - Your Share of Amount Remaining: The amount remaining after IBC's payment has been subtracted.
- 7
- Amount You Owe Provider: The total of all of member responsibilities. This includes any deductible, coinsurance, or copayment amounts, plus any remaining amount.



Remarks: Explains why certain charges were not covered (if any).

## Questions about your EOB?

Call the phone number on the back of your member ID card. Be sure to have your member ID number and EOB ready when you call.

## Independence 💩