



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.™

Understanding Your EOB

*A Guide to Reading Your
Explanation of Benefits Statement*

An Explanation of Benefits (EOB) statement is a form created for members when 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 shows how the claim was processed.

The EOB has four major sections:

- ◆ **Claim Information** includes the member and patient name, the member's group and ID numbers, and the claim number.
- ◆ **Summary** highlights the financial information – the amount billed, total benefits approved and the amount you may owe 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.

The EOB may include additional information.

- ◆ **Information About Amounts Not Covered** will show what benefit limitations or exclusions apply.
- ◆ **Information About Out-Of-Pocket Expenses** will show deductible and/or out-of-pocket maximums that have been satisfied.
- ◆ **Information About Appeals** explains your rights regarding claim denial reviews.
- ◆ **Fraud Hotline** is a toll-free number you can call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.

Your EOBs are Always Available Online

Reviewing your EOB statements online is a quick, convenient and confidential way to access your claim information and history. It's also environmentally friendly. Simply visit our Web site at www.bcbsil.com and sign up for Blue Access® for Members (BAM). From here, you can opt out of all paper EOBs.

New for 2009 – Beginning this year, all members in new group plans will access their EOBs online. Members who prefer to receive an EOB by mail can set that up by calling us at (800) 316-1150. Members in group plans that renew during 2009 will also begin managing their EOBs online after the renewal date.

Are you getting EOBs through the mail and want to switch now?

Just go to www.bcbsil.com, sign up for BAM and opt out of paper EOBs today.





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
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



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

11

Summary	
Total Billed:	\$45.00
Total Benefits Approved:	\$16.20
Amount You May Owe Provider:	\$1.80

The following shows how this claim was adjusted.

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
Totals		\$45.00	\$27.00	\$18.00

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

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151,247 002573

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 10, 20 and 21.)
- 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.