

Understanding Your Explanation of Benefits (EOB)

What is an Explanation of Benefits?

Commonly referred to as an “EOB,” the Explanation of Benefits document is generated when HMA processes a claim submitted by you or your healthcare provider. The EOB is not a bill, it simply explains how your health plan benefits were applied to that particular claim.

What should I do with this information?

Each time you receive an EOB, review it closely, and compare it to the bill or statement from your healthcare provider. If you have any questions, HMA’s contact information can be found on the first page of every EOB. Information on your appeal rights is included at the end of the document.

How to Read Your EOB

A lot of information is packed into an EOB. An EOB contains three important parts:

- 1 A summary of activity shows the claims processed between the date(s) of treatment, discounts and adjustments, amounts not covered, what the plan paid, amount owed, and the amount saved.

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THIS IS NOT A BILL

SUMMARY OF ACTIVITY

This covers claims processed between 05/12/2019 - 06/13/2019

Total Billed Amount	\$614.00	This is the total amount of charges during this period.
Discount & Adjustments	\$262.15	Sample Plan Administrators negotiates discounts with health care professionals and facilities to help you save money

- 2 An easy-to-read claims breakdown section shows detailed explanations and reason codes. Here you will see more information on what was paid, any copays, and what may be your responsibility to pay.

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DETAILED CLAIM BREAKDOWN FOR JOHN SAMPLE

Provider: FIRST CARE SEATTLE
Claim #: 600000000

Date & Type of Service	Amount Billed	Member Discount	Amount Not Covered	Reason Code	Amount Covered	Other Insurance Paid	Paid		Patient Responsibility		
							Paid At	What Your Plan Paid	Deductible Amount	Co-Insurance Amount	Co-pay Amount
03/20-03/20/2019 PHYSICIAN VISIT	\$266.00	\$98.82	\$0.00	RE	\$167.18	\$0.00	100%	\$172.18	\$0.00	\$0.00	\$25.00
03/20-03/20/2019 SURGEON/OFFICE	\$147.00	\$50.02	\$0.00	RE	\$96.98	\$0.00	100%	\$0.00	\$96.98	\$0.00	\$0.00
03/20-03/20/2019 SURGEON/OFFICE	\$133.00	\$89.04	\$0.00	RE	\$43.96	\$0.00	100%	\$0.00	\$43.96	\$0.00	\$0.00
03/20-03/20/2019 INJECTIONS	\$38.00	\$24.27	\$0.00	RE	\$13.73	\$0.00	100%	\$0.00	\$13.73	\$0.00	\$0.00
TOTALS	\$614.00	\$262.15	\$0.00		\$351.85	\$0.00			\$154.67	\$0.00	\$25.00
Claim Received Date: 04/05/19							COB Credit: \$0.00				
Claim Finalized Date: 05/04/19							Adjustments: \$0.00				
							Plan Paid: \$172.18		Amount You May Owe: \$179.67		

Reason Code/Description
RE REGENCE BLUESHIELD PROVIDER DISCOUNT. THE PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.

- 3 The last sections, My Spend and Family Spend, display how much of the claim was applied toward your deductible. It also shows the remaining amount needed to meet your deductible, as well as how close you are to your out-of-pocket maximum for the year.

MY SPEND

Deductible Medical - In-Network			TOTAL AMOUNT:
2019	\$263.75 Used	\$136.25 Remaining	\$400.00
Out-of-Pocket Dental			TOTAL AMOUNT:
2019	\$706.00 Used	\$1204.00 Remaining	\$2,000.00
Out-of-Pocket Medical/Rx - In-Network			TOTAL AMOUNT:
2019	\$542.87 Used	\$1457.13 Remaining	\$2,000.00

FAMILY SPEND

Deductible Medical - In-Network			TOTAL AMOUNT:
2019	\$263.75 Used	\$936.25 Remaining	\$1,200.00
Out-of-Pocket Dental			TOTAL AMOUNT:
2019	\$706.00 Used	\$1204.00 Remaining	\$2,000.00
Out-of-Pocket Medical/Rx - In-Network			TOTAL AMOUNT:
2019	\$542.87 Used	\$5457.13 Remaining	\$6,000.00

For current and up-to-date accumulators, please visit the member portal online!



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