

Medica's "Explanation of Benefits" form

After you've seen a provider for care, you will likely receive a form in the mail from Medica called the "Explanation of Benefits," or EOB. The EOB is a record of the services you or another covered family member received on a certain date. It includes:

- ▶ A general description of services (for example, "Office Visit" or "Lab")
- ▶ The provider's charge for the services
- ▶ The payment amount the network provider has agreed to accept from Medica, or the full amount charged by an out-of-network provider
- ▶ Medica's share of the costs
- ▶ An estimate of your share of costs, if any

The EOB is not a bill. If you owe money for your share of costs, the provider will bill you separately. The EOB is Medica's way of helping you understand and budget for your out-of-pocket expenses.



BUZZWORDS

Deductible

The amount you pay each plan year before the plan begins to pay.

Coinsurance

A percentage of charges that the member pays when receiving care or filling a prescription.

EXAMPLE

37090

EXPLANATION OF BENEFITS THIS IS NOT A BILL

Patient Name JANE E SMITH
Sub Eff Date 01/01/04
Subscriber Name JANE E SMITH
EOB Date 3/29/06

Sub Number 55555-88888888-00
Group / Policy ABC Company
Sub Term Date 99/99/99
Patient ID 888888888
Claim Number 12345678-00
Provider WELBY, M.D., MARCUS
 1234 HERSTEIN AVE S STE 330
 MINNEAPOLIS, MN 55416-4464

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Claim Number	Provider	Date of Service	Billed Charges	Provider Liability	Allowed Amount	Patient Non-Covered	*	Deductible	Copay	Coinsurance	Paid Amount	Amount You Owe	
12345678-00	P Welby, M.D., Marcus	2/28/2006	95.00	25.00	70.00	0.00		0.00	20.00	0.00	50.00	20.00	
	Office Visit	2/28/2006	80.00	20.00	60.00	0.00		60.00	0.00	0.00	0.00	60.00	
Total Charges			175.00	45.00	130.00	0.00		60.00	20.00	0.00	50.00	80.00	

- 1 **Claim Number** – Provides a reference number that can be used when addressing questions to Customer Service about a claim or when reconciling amounts listed on the EOB with invoices received from the provider.
- 2 **P/N** – "P" means participating provider; "N" means non-participating provider.
- 3 **Provider** – Lists the provider's name and a brief description of the service(s) the patient received.
- 4 **Date of Service** – When service was provided.
- 5 **Billed Charges** – The amount the provider or facility bills for the designated service. Note: this amount does not reflect discounts that Medica has negotiated with the provider or facility.
- 6 **Provider Liability** – Any portion of the billed charges the provider is responsible for absorbing.
- 7 **Allowed Amount** – The contracted rate for the service Medica has negotiated with the provider or facility.

- 8 **Patient Non-Covered** – An amount the member or patient is responsible for paying because it is for a service that is not covered by the member's health plan.
- 9 ***** – Disallowed codes for any expenses that are not covered.
- 10 **Deductible** – A fixed-dollar amount the member is responsible for paying each plan year before the plan begins to pay for covered services. Note: "Patient Non-Covered" amounts don't count toward meeting the yearly deductible.
- 11 **Copay** – Short for "copayment," a fixed amount the member or patient pays up front when receiving a health care service or picking up a prescription.
- 12 **Coinsurance** – A percentage of the "allowed amount" the member or patient is responsible for paying.
- 13 **Paid Amount** – The amount paid by Medica for the service.
- 14 **Amount You Owe** – The amount the member or patient is responsible for paying.