Sutter Health

Explanation of Benefits (EOB) Walkthrough

The EOB is a document that provides details about a medical insurance claim. It explains the cost of the medical services, how much was paid by your insurer, and what amount you may still owe. **The EOB is not a bill.** If you owe a payment as indicated on the EOB, your healthcare provider will send a bill for that amount and you will make any payments directly to the provider.

This is an example of an Explanation of Benefits. Different health insurance companies' EOBs will look different.

Your Healthcare Company's Name — **Explanation of Benefits**

SAMPLE

This is not a bill.

1 — **Patient Information**
First: John A
Last: Doe
Account Number: XXXXXXXXX
Subscriber ID: XXXXXXXXX   **Group:** XXXXX   **Group Number:** XXXXXXXXX

2 — **Provider:** XXXXXXXXX   **Payee:** XXXXX   **Claim Number:** XXXXXXXXX

Claim Detail			What Your Provider Can Charge You			Your Responsibility			Total Claim Cost		
Line No.	Service Date	Service Description	Claim Status	Provider Charges	Allowed Amount	Co-pay	Deductible	Co-Insurance	Paid by Insurer	What You Owe	Remark Code
1	4/22/19	Office visit	Paid	$400.00	$300.00	$20.00	$0.00	$0.00	$280.00	$20.00	01, 02
2	4/22/19	Immunization	Paid	$150.00	$100.00	$0.00	$0.00	$0.00	$100.00	$0.00	01
3	4/22/19	Vitamin D Lab Test	Denied	$200.00	$0.00	$0.00	$0.00	$0.00	$0.00	$200.00	05
4	5/05/19	Ultrasound Abdomen	Paid	$600.00	$400.00	$0.00	$200.00	$20.00	$180.00	$220.00	01, 03, 04

(Callouts: 3 — rows; 4 — Provider Charges/Allowed Amount; 5 — Your Responsibility; 6 — Paid by Insurer; 7 — What You Owe; 8 — Remark Code)

Explanation of Remark Codes:
01 – Charge exceeds maximum allowable amount. Provider negotiated discount.
02 – Co-payment amount.
03 – Deductible amount.
04 – Co-insurance amount.
05 – Non-covered service.

1. Generally, the top of the form will list the insurance company and plan information, including the name of the member – or patient – who received these services.
2. The claim detail section provides information such as the provider (practitioner or facility name), the dates of service and the service descriptions.
3. It's common to see multiple rows of charges for the same day of service. Services are split up based on how they are charged by the provider and paid by the insurance company.
4. Charges
   - **Provider Charges:** Amount billed by the healthcare provider to the insurance company for services rendered.
   - **Allowed Amounts:** Amount that the contracted insurance company will allow for a covered service. If a provider charges more than the insurance company's allowed amount, you may have to pay the difference. If your insurance company is not contracted with Sutter Health, you may have to pay up to 100% of the service cost.
5. Your Responsibility
   - **Co-Pay:** The fixed amount you owe for the type of service being billed.
   - **Deductible:** Outstanding deductible amount which applies to the service. A deductible is the amount you are responsible for paying during a coverage period (typically a year) before cost-sharing begins between you and your insurance. A deductible applies to most, but not all, types of services.
   - **Co-Insurance:** Your portion of the cost-sharing for this service. This amount is calculated based on the co-insurance percentage determined by your plan.
6. **Paid by Insurer**: Amount paid by your insurance for the service. This amount includes your insurance company's portion of the cost-sharing (as a percentage) and any charges beyond your plan's Out of Pocket Maximum. The Out of Pocket is the total amount you could possibly pay for covered health services within a coverage period (typically a year).
7. **What You Owe:** Your total responsibility for the service. It's the sum of the co-pay, deductible, and co-insurance columns.
8. **Remark Code and Remark Code Explanations:** If a Remark Code is displayed, there will be information at the bottom of the EOB providing more detail about the charges or cost responsibility in that row.

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