

# 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.

**Independence**

1901 Market Street  
Philadelphia, PA  
19103-1480

**Explanation of Benefits**

New! Explanation at a Glance

**THIS IS NOT A BILL**

CONTRACT HOLDER NAME: JOHN DOE	
MEMBER ID: ABC123451284	
GROUP NAME: XYZ COMPANY	
GROUP ID: 123456789	
CLAIM ACTIVITY FOR: JANE DOE	
CLAIM NUMBER: 03363496597	
CLAIM RECEIVED: 12/24/03	

EXPLANATION AT A GLANCE	
DATES OF SERVICE: 12/18/03 - 12/20/03	1
WE SENT CHECK TO: ABC HOSPITAL – A Network Facility	
CLAIM PAYMENT AMOUNT: \$567.79	2
PROVIDER MAY BILL YOU (IF NOT ALREADY PAID): \$221.94	

Provider Date of Service Type of Service Service Code (Number of Services)	Provider Charges	Our Allowance (Covered Charges)	Member Responsibility			Health Plan Pays At	Health Plan Pays	Your Share of Amount Remaining	Amount You Owe Provider
			Your Deductible	Amount Remaining	Health Plan Pays At				
ABC HOSPITAL 12/18/03 - 12/20/03 Inpatient Stay	789.73	789.73	80.00	709.73	80%	567.79	141.94	221.94	
<b>TOTALS</b>	789.73	789.73	80.00	709.73		567.79	141.94	221.94	

Remarks	
We provide administrative claims payment services only and do not assume any financial risk or obligation regarding claims.	

## 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.

- 1** We Sent Check to: Individual/facility that received the IBC reimbursement check.

**2** Provider May Bill You: Summary of what you owe the provider. The individual breakdown is shown in the Member Responsibility section.

**3** Provider Charges: The amount the provider actually charged for services.

**4** 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.

**8** 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.