

EXPLANATION OF BENEFITS IF IT'S NOT A BILL, THEN WHAT IS IT?

AN EXPLANATION OF BENEFITS (EOB) IS A RECAP OF WHAT YOUR INSURANCE HAS PAID.



How much your
provider charged for
each service



How much your
health insurance
company paid for
each service



How much you
saved by staying
in-network



How much you are
responsible for
paying
out-of-pocket

Remember, your EOB is not a bill. If your EOB shows that you are responsible for some of the cost, your provider will bill you separately. When you receive your EOB it is important to review your statement to make sure that you are getting the most value out of your health care spending.

HERE ARE THREE TIPS THAT COULD HELP REDUCE THE AMOUNT YOU PAY OUT-OF-POCKET:



TIP 1

Select an in-network provider.

Use the Find a Doctor or Hospital tool on Wellmark.com to find an in-network provider, so you can get the best savings from your health plan.



TIP 2

Compare charges.

If you receive a bill from your provider, compare charges on your EOB to charges listed on the provider bill to confirm that services and charges listed are correct.



TIP 3

Register for myWellmark.

Review your health plan information online, so you are familiar with your plan. myWellmark is your personalized site to make the most of your coverage.

HOW TO READ YOUR EXPLANATION OF BENEFITS



PO Box 9232, Des Moines, Iowa 50306-9232

This is your Explanation of Health Care Benefits. This statement shows how we applied your coverage to claim(s) submitted to us. If you have a question, call the customer service number shown at the bottom of this page. This is **NOT** a bill.

PATIENT NAME: YOUR NAME HERE

ISSUE DATE: 06/10/14

WELLMARK ID #: 123AD4567

1	2	3	4	5	6	7	8			
Date of Service	Patient Account Number Health Care Provider	Claim Number Type of Service	Amount Charged	Network Savings	Amount Paid by Health Plan	Deductible	Copayment	Coinsurance	Amount Not Covered	Notes
05/19/2014	11223-11223344 Physician Name	00000000000000 Office Medical Care	\$102.00	\$5.00	\$82.00	\$0.00	\$15.00	\$0.00	\$0.00	
		Office Laboratory	\$36.00	\$15.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Office Laboratory	\$30.00	\$20.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	
Claim Total:			\$168.00	\$40.00	\$113.00	\$0.00	\$15.00	\$0.00	\$0.00	1,2
Other Insurance Paid:			\$8.62			10 You are responsible for \$15.00				

Notes regarding the claim(s) submitted to us:

- 1 - Wellmark provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. (Z110)
- 2 - We have settled this claim directly with your provider. (Z195)

Helpful terms found on your EOB:

- PATIENT ACCOUNT NUMBER:** Your account number with your health care provider.
- AMOUNT CHARGED:** The total amount charged by a health care provider for services you received, whether or not the services are covered under your health plan.
- NETWORK SAVINGS:** The amount you saved by receiving services from a health care provider within the Wellmark Blue Cross and Blue Shield provider network or the BlueCard® Preferred Provider Organization (PPO).
- AMOUNT PAID BY HEALTH PLAN:** The amount paid to you or your health care provider.
- DEDUCTIBLE:** The fixed dollar amount you pay for certain covered services before benefits are available. Your health care provider may bill you for these charges.
- COPAYMENT:** The fixed dollar amount you pay for certain covered services. Your health care provider may require this payment when you receive services.
- COINSURANCE:** The amount, calculated using a fixed percentage, you pay for certain covered services. Your health care provider may bill you for these charges.
- AMOUNT NOT COVERED:** The portion of the charges not covered under your health plan. Examples of Amount Not Covered include any of the following:
 - Amounts for services that are not medically necessary.
 - Amounts for services that are not covered by your health plan.
 - Amounts for services that have reached contract or benefit maximums.
 - If you receive services from a non-participating health care provider, any difference between the amount charged and the maximum allowable fee for the service. Maximum allowable fee is the amount we establish for covered services or supplies.
 - Benefit reductions for services that are not properly pre-certified, if required.
 - Benefit reductions for receiving inpatient hospital services from a non-network hospital.
- OTHER INSURANCE PAID:** If you have coverage with another health plan, this is the amount that the other plan has agreed to pay.
- YOU ARE RESPONSIBLE FOR:** Your share of the cost for the services shown on the EOB. You should use this information to coordinate your payment(s) to your providers.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意: 如果您说普通话, 我们可免费为您提供语言协助服务。请拨打 800-524-9242 或 (听障专线: 888-781-4262)。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.