# Breakdown of Charges and Benefits

## Fields and Definitions:

- **Date**: Date the EOB was printed.
- **Name**: Member's name.
- **Contract Number**: The member's BCBSNE contract number.
- **Group Number**: The member's health insurance plan group number.
- **Patient/Claim Number**: The name of the patient who received the service and the claim number designated for the purpose of identification.
- **Provider/Type of Service**: The name of the individual or Institution that performed the service and the type of service that was performed.
- **Date of Service**: The date the service was performed.
- **Processed Date**: The date the claim completed processing.
- **Charges Submitted**: The charge billed by your provider for each service.
- **Provider Discount**: The portion of the charge that may have been discounted by your provider.
- **Amount Paid**: The amount the member's coverage paid toward each service.
- **Previously Processed**: Any amount previously processed by this plan, Medicare or another insurance company.
- **Noncovered Charges**: The charges that are noncovered according to the terms set forth in your benefit plan.
- **Deductible**: Specified dollar amount for certain covered services received during the benefit period that is your responsibility to the provider.
- **Plan**: Percentage of the allowed charge for certain covered services that is your responsibility to the provider.
- **Copayment**: Specified dollar amount payable for certain covered services that is your responsibility to the provider.
- **Your Responsibility to the Provider**: The total amount that you are responsible to pay to your provider.
- **Explanation of Notes**: Explanations or descriptions corresponding to the amount(s) noted in the breakdown of charges and benefits (sections 23, 25, 27, 29 and 31 shown above).

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**A Guide to Your Explanation of Benefits**

Please call Member Services with any questions. The phone numbers are listed on the front of your EOB and on the back of your Network BLUE ID card.
### How to Read Your Explanation of Benefits

Each time a claim is processed, we send an Explanation of Benefits (EOB) form. The EOB shows how we processed available benefits according to the terms of your coverage.

If the claims filed were for a spouse or other adult member, the EOB is sent to that person. The EOBs for minor dependents are generally sent to the parent/employer. Most states define an adult as a person 18 years of age or older.

A sample EOB is provided on the following pages. The major sections of the EOB include:

1. **Address** - The mailing address and website for BCBSNE.
2. **This is Not a Bill** - Please do not send payment for this service to BCBSNE. Please keep this form for your records.
3. **Member's Name and Address** - The name and address of the member as shown on our records. If not correct, please call Member Services at the numbers shown on the back of your ID card or on your EOB form.
4. **Date** - Date the EOB is printed.
5. **Contract Number** - The member's BCBSNE contract number.
6. **Member Services Phone Numbers** - The numbers you should call with questions about this EOB.
7. **Patient/Claim Number** - The number of the patient who received the service and the claim number designated for the purpose of identification.
8. **Paid To** - The name of the individual or institution that was paid for the service.
9. **Total Charge** - The total charge associated with the claim.
10. **Covered Amount** - The portion of the claim that has been discounted or paid by this plan.
11. **Previously Processed** - Any amount previously processed by this plan, Medicare or another insurance company.
12. **Your Responsibility** - The portion of the claim that you are responsible to pay to your provider.
13. **Your Responsibility to the Provider** - The total amount that you are responsible to pay to your provider.
14. **Year-to-Date Cost Sharing Status** - The total deductible, coinsurance, and/or copayment that you have accumulated to date. These totals may reflect claims in process for which you have not yet received an EOB.
15. **Important Message** - This space has been reserved for general messages that may apply to you.
16. **For Breakdown of Charges and Benefits** - A detailed breakdown of how your claim was processed is included on the reverse side of your EOB.

### EXPLANATION OF BENEFITS

**1. BCBS of Nebraska**

**2. THIS IS NOT A BILL**

(please keep this form for your records)

**EXPLANATION OF BENEFITS**

**3. JANE R DOE** 14243 STONE BARN LN ELE CITY, NE 68917-1245

**4. Date: 03/17/08**

Contract Number: YD101243078
Page Number: 1 of 2

**5. Member Services**

(TOLL FREE) 877-255-1888

**6. Payment Summary**

<table>
<thead>
<tr>
<th>Patient/Claim Number</th>
<th>Paid To</th>
<th>Total Charge</th>
<th>Covered Amount</th>
<th>Previously Processed</th>
<th>Your Responsibility</th>
<th>Your Responsibility to the Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANE R DOE 6918355508/62</td>
<td>WEST BROADWAY</td>
<td>12.00</td>
<td>12.00</td>
<td>0.00</td>
<td>0.00</td>
<td>20.00</td>
</tr>
<tr>
<td>JANE R DOE 6918355508/62</td>
<td>WEST BROADWAY</td>
<td>14.00</td>
<td>14.00</td>
<td>0.00</td>
<td>0.00</td>
<td>20.00</td>
</tr>
</tbody>
</table>

**7. **

12. YOU ARE RESPONSIBLE TO THE PROVIDER: $7.00

*This Explanation of Benefits (EOB) does not reflect any payments you may have made to the provider. Also, this EOB does not reflect any payment that may have been made to you or the provider by Medicare or another insurance carrier.*

**8. YEAR TO DATE COST SHARING STATUS: 2009**

Applied to $250 per member deductible: JUNE 1 17.00

Applied to $750 per member coinsurance: JUNE 1 17.00

$17.00 has accumulated toward family deductible maximum.

$0.00 has accumulated toward family coinsurance maximum.

**9. IMPORTANT MESSAGE:**

For a brochure with step-by-step instructions on how to read BCBSNE's Explanation of Benefits (EOB) form, please contact Member Services at the phone numbers listed above.

This benefit plan is that of your employer. Blue Cross Blue Shield of Nebraska is serving only as the Claims Administrator and does not assume any financial risk.

If you have prescription drug coverage, avoid year-end delays: file your drug claims early.

This claim has been processed in accordance with the BlueCard Program. The provider in the state whose services were performed has been notified by the initial Blue Cross and Blue Shield Plan of the final benefit determination.

**10. FOR BREAKDOWN OF CHARGES AND BENEFITS...SEE BACK >>**