



# Explanation of benefits (EOB)

If it's not a bill, then  
what is it?

**An EOB is a recap of what your  
insurance has paid.**

Your EOB is a breakdown of how your benefits apply to the health care services you have received.



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

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 Provider tool on Wellmark.com 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, and if you prefer, sign up to receive your documents online through myWellmark.

# How to read your explanation of benefits

|                       |                     |                                  |                                                 |                |                              |                                        |                                                       |            |             |                    |
|-----------------------|---------------------|----------------------------------|-------------------------------------------------|----------------|------------------------------|----------------------------------------|-------------------------------------------------------|------------|-------------|--------------------|
| PATRICK<br>DOB: 07/14 |                     | 03/07/2024<br>Date(s) of Service | CENTRAL HEALTH HOSPITAL<br>Health Care Provider |                | 002285635174<br>Claim Number | X12345A98765<br>Patient Account Number | APPROVED<br>Claim Status                              |            |             |                    |
| 1                     |                     | 2                                |                                                 | 3              | 4                            | 5                                      | 6                                                     | 7          | 8           |                    |
| Date(s) of Service    | Service Received    | Notes                            |                                                 | Amount Charged | Network Savings              | Medical Plan Paid                      | Copay                                                 | Deductible | Coinsurance | Amount Not Covered |
| 03/07/2024            | Office Medical Care | -                                |                                                 | \$254.00       | \$147.00                     | \$92.00                                | \$15.00                                               | \$0.00     | \$0.00      | \$0.00             |
|                       |                     | 1, 2                             | Total                                           | \$254.00       | \$147.00                     | \$92.00                                | \$15.00                                               | \$0.00     | \$0.00      | \$0.00             |
|                       |                     |                                  |                                                 |                |                              |                                        | 9 Your Responsibility                                 |            | \$15.00     |                    |
|                       |                     |                                  |                                                 |                |                              |                                        | You may have already paid some or all of this amount. |            |             |                    |

Notes regarding this claim submitted to us

1 - Wellmark Health Plan of Iowa, Inc. provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. (ZD6)

2 - We have settled this claim directly with your provider. (ZB4)

## Helpful terms found on your EOB:

- 1

**Service received:** The service you received from your health care provider.
- 2

**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.
- 3

**Network savings:** The amount you saved by receiving services from a health care provider within your health plan's network.
- 4

**Medical plan paid:** The amount your health plan paid to cover the service rendered.
- 5

**Copay:** The fixed dollar amount you pay for certain covered services. Your health care provider may require your copay at the time you receive services.
- 6

**Deductible:** The fixed dollar amount you pay for certain covered services before your benefits are available. Once you reach your deductible, you are still responsible for copays and coinsurance for covered services you receive. Your health care provider may bill you for your deductible.
- 7

**Coinsurance:** The fixed percentage you pay of the cost for certain covered services. Your health care provider may bill you for your coinsurance.
- 8

**Amount not covered:** The portion of the charges not covered under your health plan.
- 9

**Your responsibility:** Your portion of the costs shown on the EOB. You should use this information to coordinate your payment(s) with your provider(s).



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