

HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)

When you visit a doctor or hospital, they work with Blue KC to file a claim on your behalf. These claims are outlined on your EOB. It's your go-to reference for important information like how much of your care was covered and how much you may still need to pay.

2301 Main Street
P.O. Box 419169
Kansas City, MO 64141-6169

Forwarding Service Requested

24 0-5362 SP 0-370 SINGLE PIECE

John Q. Customer
1324 S. Main Street
Anytown City, MO 12345

Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association.

1 Member ID: **05K101010-00**

Patient: **John Q. Customer**

Birth Date: 01/01/1961

Group Number: 10101010

Plan Name: Preferred Care

Date(s) of Service: 07/06/2016

Claim Number: 06226Z111100

Claim Received On: 08/14/2016

Claim Processed On: 08/14/2016

Provider of Service: **Kansas City Hospital**

2 This is your Explanation of Benefits

THIS IS NOT A BILL

Keep this document for your record of benefits received.

Dear John Q. Customer:

3 The following is an Explanation of Benefits (EOB) for a claim processed by Blue Cross and Blue Shield of Kansas City (BCBSKC) on your behalf. This claim represents services received from Kansas City Hospital, an In-Network Provider on July 6, 2016. **THE TOTAL AMOUNT YOU OWE FOR THIS CLAIM IS \$476.32.** This amount may include a previous payment you have already made to your provider. You may still have additional charges from this provider that are not yet determined. You may be billed separately by your provider for these charges.

If you have any questions, or need additional information, please contact your provider or our Customer Service Center at 816-395-3605 or toll free 800-340-0117. Thank you for choosing Blue Cross and Blue Shield of Kansas City. We appreciate the opportunity to serve you.

4 CLAIM-AT-A-GLANCE

Total Billed Charges:

Minus Member Savings/Discounts

Minus Other Not-Eligible Charges:

Leaving an Allowable Provider Charge:

Minus Plan Payment of:

Leaving a Balance you may owe:

COPAY: \$0.00 DEDUCTIBLE: \$0.00

5 DETAILED EXPLANATION OF THIS CLAIM

Claim #: 06226Z111100 **6** Less Not-Eligible Charges **7** Other Charges **8** Allowable Charges **9** Copay **10** Deductible **11** Co-insurance **12** Plan Payment

Date of Service	Type of Service	Billed Charges	BCBSKC Member Savings	Other	Ref #	Allowable Charges	Copay	Deductible	Co-insurance	Plan Payment
07/06/2016	See Below	\$3,092.80	\$686.60	\$0.00	1	\$2,406.20	\$0.00	\$261.89	\$214.43	\$1,929.88
Totals This Claim:		\$3,092.80	\$686.60	\$0.00		\$2,406.20	\$0.00	\$261.89	\$214.43	\$1,929.88

BCBSKC Plan Payment to your Provider: \$1,929.88
YOUR Responsibility To Kansas City Hospital: \$476.32

PAYMENT MADE TO YOUR PROVIDER

Explanation Code/Type Of Service Description
OUT - Outpatient Ancillary Services

Explanation of Not Eligible Charges

Ref #	Message	Other		
		Provider Responsibility	Your Responsibility	To Be Determined
1	This charge has been processed based upon the provider's participation status and your contract terms.	\$686.60		

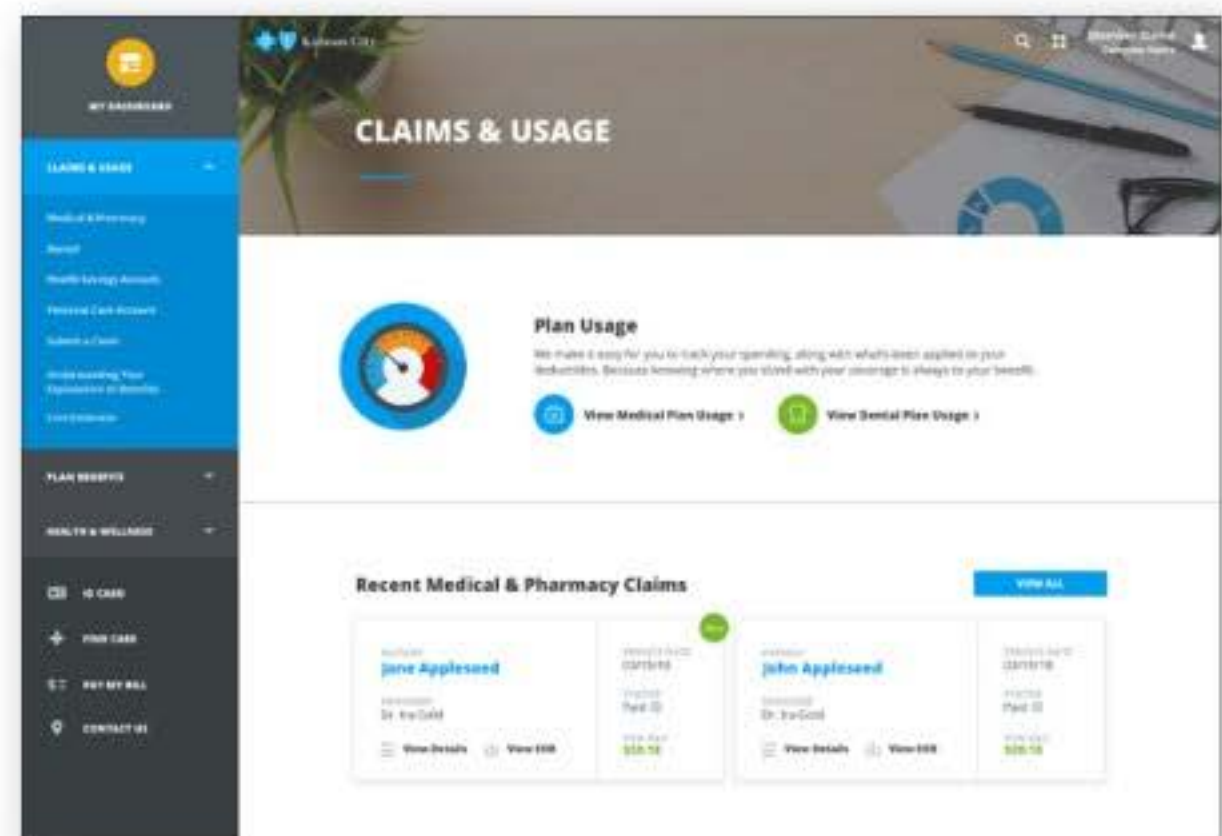
13 Deductible Information

2016 2006	Individual			Family		
	Plan Deductible	Deductible Met	Deductible Remaining	Plan Deductible	Deductible Met	Deductible Remaining
Medical	\$300.00	\$300.00	\$0.00	\$900.00	\$300.00	\$600.00

For a detailed explanation of deductibles, go to bcbskc.com

- 1. Member Information Section** – Information about you and your recent claim.
- 2. This Is Not A Bill** – Your EOB is just a documentation of how Blue KC has processed your claim. If you do receive a bill from your provider, you can use your EOB to ensure the amount billed is correct based on your Blue KC coverage.
- 3. Narrative** – A brief overview of how your claim was processed.
- 4. Claim-at-a-Glance** – A simple equation to show how your claim is paid. Please review the Detailed Explanation section for further details.
- 5. Detailed Explanation of this Claim** – This area combines critical payment information into one convenient summary. Please review this carefully as it clearly outlines the Blue KC negotiated savings as well as any fees and services for which you are responsible.
- 6. Blue KC Member Savings** – Blue KC has negotiated these savings with providers on your behalf. This is one of the most valuable aspects of having coverage with Blue KC.
- 7. Other** – Amounts deducted from the Billed Charges for a variety of reasons. Amounts in this column may reduce your out-of-pocket expenses.
- 8. Allowable Charges** – This is the total of the claim after all discounts and other reductions. Deductible and coinsurance amounts are calculated from this figure.
- 9. Copay** – The amount a member must pay each time a specific covered service is received, if your policy includes copayments.
- 10. Deductible** – The portion of the claim being applied to your plan deductible. This amount must be paid by you before benefits become payable by Blue KC.
- 11. Coinsurance** – The percentage of an allowable charge you must pay for a covered service. Generally, the deductible must be met before your coinsurance applies.
- 12. Plan Payment** – This is the amount that Blue KC will pay to the provider or member for the claim.
- 13. Deductible Information** – This area documents what your deductible status was at the time the claim was processed. Many times, this information will be outdated by the time you receive an EOB. You can get your most recent and up-to-date deductible information in your member portal at MyBlueKC.com under the Benefits section.

Your Explanation of Benefits (EOB) online
Your EOBs are always available in your member portal on MyBlueKC.com, under the Claims & Usage section.



WANT YOUR EOB ELECTRONICALLY INSTEAD OF VIA MAIL?

If you want to opt-out of receiving paper copies of your EOB, simply manage the communication preferences in the profile section of your member portal on MyBlueKC.com.

