



UNDERSTANDING YOUR BENEFITS, IS AS EASY AS...1,2,3

An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. By registering on myGilsbar.com, you are automatically enrolled in electronic EOBs. An electronic EOB notification will be emailed to you each time a claim is handled.

1 COST SUMMARY

The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

Amount billed:	\$500.00	This is the total amount that your provider billed for the services that were provided to you.
Your discount:	\$100.00	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	\$260.00	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	\$360.00	72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.
TOTAL YOU MAY OWE:	\$140.00	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.





2 BENEFITS UPDATE

On the next page, you'll find a breakdown of how much you and/or your family have applied toward your annual deductibles and out-of-pocket amounts.

Deductible: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount.

Out-of-pocket: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you reach your "to go" amount, the plan will usually pay 100% of the allowed amount.

In-network

INDIVIDUAL CAL YR DEDUCTIBLE		\$0.00 to go \$2,500.00 out of \$2,500.00
INDIVIDUAL OUT-OF-POCKET W/ INTEGRATION		\$2,126.86 to go \$2,873.14 out of \$5,000.00
FAMILY CAL YR DEDUCTIBLE		\$1,156.95 to go \$3,843.05 out of \$5,000.00
FAMILY OUT-OF-POCKET W/ INTEGRATION		\$7,126.86 to go \$873.14 out of \$8,000.00





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Employee: Cade Blank
Employee address: 1234 Sunshine Blvd
 Suite 10293
 Best City, USA 12345-1112
Group number: 76-9999999
Member ID: 999999999
Employer name: ABC Companies, Inc.
Notice date: 03/28/2019

Patient: Elizabeth Blank **Claim number:** 999999999 **Provider name:** XYZ Provider Inc. **Patient account:** 1234567890

Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	1 Not allowed	Amount due to provider	PLAN PAYS		YOU PAY				6 Total you may owe*
							2 %	3 Plan paid	4 Co-pay	5 Applied to deductible	Co-insurance	Not covered	
Emergency Care	908	03/14 - 03/19/19	\$500.00	\$100.00	\$0.00	\$400.00	80	\$260.00	\$25.00	\$50.00	\$85.00	\$0.00	\$140.00
Totals			\$500.00	\$100.00	\$0.00	\$400.00		\$260.00	\$25.00	\$50.00	\$80.00	\$0.00	\$140.00

**This total may not reflect any payments/co-pays you made at the time of service. Please wait for a provider bill before making a payment. (+) Indicates any payment you may owe. (-) Indicates any discount or plan payment that will reduce what you owe.*

7 Reason code explanations:
 908 Provider negotiated discount. You are not responsible for this amount

Plan payment(s) made on this EOB: **Payment** XYZ Provider Inc. **Payment date:** 03/28/2019 **Payment** \$260.00 **8**

HOW TO READ YOUR EOB

- 1. Not Allowed:**
Charges not eligible, which could be a discount written off by the provider, or a charge you are responsible for paying.
- 2. Paid At:**
The coinsurance paid by the plan.
- 3. Plan Paid:**
The amount of the charge that is allowed by the plan.
- 4. Co-Pay:**
The amount you are responsible for paying a PPO provider when a service is rendered.
- 5. Applied to Deductible:**
The amount of the charge applied to the deductible.
- 6. Total You May Owe:**
This could include an amount applied to your deductible, a co-pay amount paid to a provider, coinsurance (your percentage of shared costs), or a charge excluded by the plan.
- 7. Reason Code Explanations:**
An explanation by line number of the reasons certain charges were excluded.
- 8. Plan Payment:**
The covered expense multiplied by the paid at percentage; this is the amount paid by the plan.