

## How to Read an Explanation of Benefits (EOB)

*Example Below of an EOB*

<b>Service Date &amp; Type</b>	<b>Amount Billed</b>	<b>Amount Not Covered</b>	<b>Covered Amount</b>	<b>CoPay/Deductible</b>	<b>What your plan paid</b>	<b>Coinsurance</b>	<b>What I Owe</b>
Specialist Office Visit	\$179.50	\$0.00	\$96.65	\$15.00/\$0.00	100%=\$81.65	0%=\$0.00	\$15.00
General Medical Services	\$35	\$0.00	\$29.35	\$0.00/\$0.00	100%=29.35	0%=\$0.00	\$0.00
<b>Total</b>	<b>\$214.50</b>	<b>\$0.00</b>	<b>\$126.00</b>	<b>\$15.00/\$0.00</b>	<b>\$111.00</b>	<b>\$0.00</b>	<b>\$15.00</b>

**Amount Billed** or Billed Charges- The total amount/charge of the bill submitted by the provider

**Amount Not Covered**- This could be a contracted discount for the provider, any amount over usual and customary, services that may not be covered. The explanation of this would be found in the notes section of the EOB.

**Covered Amount**- This is the allowed amount for the specific service outlined

**CoPay/Deductible**- The amount of your copay, \$10 (vision), \$15 on the Point of Service Plan (POS) and Open Access Plan (OAP), or 90% after your plan deductible of \$250 has been met on the Preferred Provider Plan. If you are faculty your copay will be \$20 versus \$15 on the POS or OAP plans.

**What your plan paid**- What CIGNA paid at the reasonable and customary/negotiated rate

**Coinsurance**- This is where coinsurance for your out-of-network coverage or if you are on the Medicare Primary CIGNA PPO plan when coinsurance for your maximum out-of-pocket will be listed.

**\*Other insurance**- This line item may not always show up on your specific EOB unless you have other insurance but it will definitely show up if you are on the Medicare Primary CIGNA PPO Plan. This would be where the amount that Medicare paid or other insurance is outlined in the total.

**What I Owe**- This is where your specific co-pay, plan deductible or coinsurance will be outlined