

Understanding Your Explanation of Benefits (EOB)

What is an Explanation of Benefits?

Commonly referred to as an “EOB,” the Explanation of Benefits document is generated when HMA processes a claim submitted by you or your healthcare provider. The EOB is not a bill, it explains how your health plan benefits were applied to the claim.

What should I do with this information?

Each time you receive an Explanation of Benefits (EOB), review it closely, and compare it to the bill or statement from your healthcare provider. If you have any questions, HMA’s contact information can be found on the first page of every EOB. Information on your appeal rights is included at the end of the document.

How to Read Your EOB

An EOB contains three important parts:

- 1 A summary of activity shows the claims processed between the date(s) of treatment, discounts and adjustments, amounts not covered, what the plan paid, amount owed, and the amount saved.

Page 2 of 3
THIS IS NOT A BILL

SUMMARY OF ACTIVITY
This covers claims processed between 05/12/2023 – 06/13/2023

| | | |
|-----------------------------------|----------|---|
| Total Billed Amount | \$193.52 | This is the total amount of charges during this period. |
| Discount & Adjustments | \$85.09 | Sample Plan Administrators negotiates discounts with health care professionals and facilities to help you save money. |

- 2 An easy-to-read claims breakdown section shows detailed explanations and reason codes. Here you will see more information on what was paid, any copays, and what may be your responsibility to pay.

Page 3 of 3
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DETAILED CLAIM BREAKDOWN FOR JOHN SAMPLE

Provider: DOCTOR DOCTOR MD
Claim #: 0000000-01

| Date & Type of Service | Amount Billed | Member Discount | Amount Not Covered | Reason Code | Amount Covered Insurance | Other Insurance Paid | Paid | | Patient Responsibility | | | |
|--------------------------------------|-----------------|-----------------|--------------------|-------------|--------------------------|----------------------|--------------|---------------------|------------------------|---------------------|---------------|--|
| | | | | | | | Paid At | What Your Plan Paid | Deductible Amount | Co-Insurance Amount | Co-pay Amount | |
| 05/12-06/13/2023 LABORATORY | \$185.00 | \$85.09 | \$0.00 | PD | \$99.91 | \$0.00 | 80% | \$79.93 | \$0.00 | \$19.98 | \$0.00 | |
| 05/12-06/13/2023 ADMINISTRATION FEES | \$5.00 | \$0.00 | \$0.00 | SF | \$5.00 | \$0.00 | 100% | \$5.00 | \$0.00 | \$0.00 | \$0.00 | |
| 05/12-06/13/2023 ADMINISTRATION FEES | \$3.62 | \$0.00 | \$0.00 | SF | \$3.62 | \$0.00 | 100% | \$3.62 | \$0.00 | \$0.00 | \$0.00 | |
| TOTALS | \$193.52 | \$85.09 | \$0.00 | | \$108.43 | \$0.00 | | | \$0.00 | \$19.98 | \$0.00 | |
| | | | | | | | COB Credit: | \$0.00 | | | | |
| | | | | | | | Adjustments: | \$0.00 | | | | |
| | | | | | | | Plan Paid: | \$88.45 | Amount You May Owe: | \$19.98 | | |

Reason Code/Description
 PD PREFERRED PROVIDER DISCOUNT. THE PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.
 SF BLUECARD ACCESS FEE. FOR INTERNAL USE ONLY.

- 3 The last sections, "My Spend" and "Family Spend", display how much of the claim was applied toward your deductible. It also shows the remaining amount needed to meet your deductible, as well as how close you are to your out-of-pocket maximum for the year.

My Spend

| | | | |
|--|--------------|---------------------|------------------------------------|
| Out-of-Pocket Medical/Rx - In-Network 2023 | \$90.00 Used | \$6260.00 Remaining | TOTAL AMOUNT: \$6,350.00 |
|--|--------------|---------------------|------------------------------------|

My Spend

| | | | |
|--|---------------|--------------------|------------------------------------|
| Deductible Medical - In-Network 2023 | \$237.55 Used | \$762.45 Remaining | TOTAL AMOUNT: \$1,000.00 |
|--|---------------|--------------------|------------------------------------|

Out-of-Pocket Medical/Rx - In-Network
2023

| | | |
|----------------|---------------------|------------------------------------|
| \$1330.23 Used | \$5019.77 Remaining | TOTAL AMOUNT: \$6,350.00 |
|----------------|---------------------|------------------------------------|

Family Spend

| | | | |
|--|---------------|---------------------|------------------------------------|
| Deductible Medical - In-Network 2023 | \$237.55 Used | \$2762.45 Remaining | TOTAL AMOUNT: \$3,000.00 |
|--|---------------|---------------------|------------------------------------|

Out-of-Pocket Medical/Rx - In-Network
2023

| | | |
|----------------|----------------------|-------------------------------------|
| \$1420.23 Used | \$11279.77 Remaining | TOTAL AMOUNT: \$12,700.00 |
|----------------|----------------------|-------------------------------------|

For current and up-to-date accumulators, please visit the member portal online!