BlueCross BlueShield of Montana

Understanding Your Explanation of Benefits

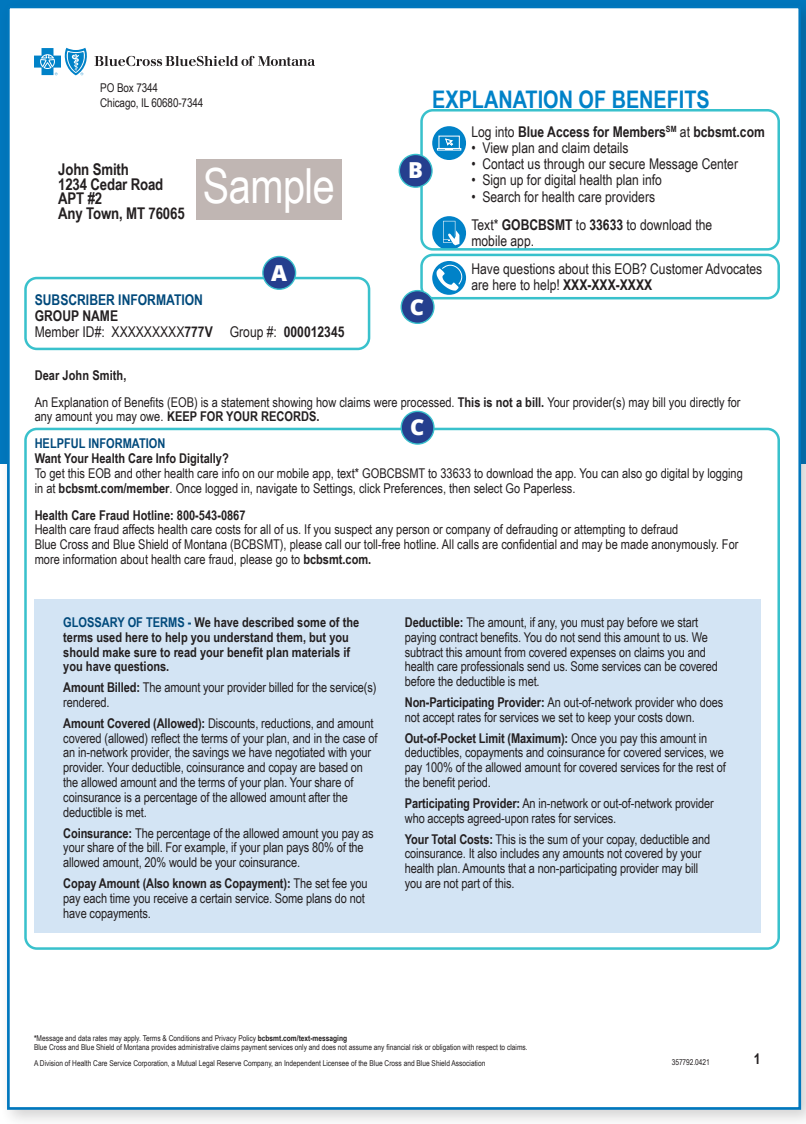
Your **Explanation of Benefits (EOB)** lets you know when and how we process your claims. It isn't a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

Page One Covers the Basics

A. Confirm your policy ID.

B. Learn how to download the mobile app and access your claims online.

C. Find helpful contacts and a glossary.



BlueCross BlueShield of Montana

PO Box 7344
Chicago, IL 60680-7344

EXPLANATION OF BENEFITS

John Smith
1234 Cedar Road
APT #2
Any Town, MT 76065

Sample

B

Log into **Blue Access for Members℠** at **bcbsmt.com**
- View plan and claim details
- Contact us through our secure Message Center
- Sign up for digital health plan info
- Search for health care providers

Text* **GOBCBSMT** to **33633** to download the mobile app.

Have questions about this EOB? Customer Advocates are here to help! **XXX-XXX-XXXX**

C

A

SUBSCRIBER INFORMATION
GROUP NAME
Member ID#: XXXXXXXX**777V** Group #: **000012345**

Dear John Smith,

An Explanation of Benefits (EOB) is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

C

HELPFUL INFORMATION
Want Your Health Care Info Digitally?
To get this EOB and other health care info on our mobile app, text* GOBCBSMT to 33633 to download the app. You can also go digital by logging in at **bcbsmt.com/member**. Once logged in, navigate to Settings, click Preferences, then select Go Paperless.

Health Care Fraud Hotline: 800-543-0867
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Montana (BCBSMT), please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to **bcbsmt.com.**

GLOSSARY OF TERMS - We have described some of the terms used here to help you understand them, but you should make sure to read your benefit plan materials if you have questions.

Amount Billed: The amount your provider billed for the service(s) rendered.

Amount Covered (Allowed): Discounts, reductions, and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we have negotiated with your provider. Your deductible, coinsurance and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

Coinsurance: The percentage of the allowed amount you pay as your share of the bill. For example, if your plan pays 80% of the allowed amount, 20% would be your coinsurance.

Copay Amount (Also known as Copayment): The set fee you pay each time you receive a certain service. Some plans do not have copayments.

Deductible: The amount, if any, you must pay before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on claims you and health care professionals send us. Some services can be covered before the deductible is met.

Non-Participating Provider: An out-of-network provider who does not accept rates for services we set to keep your costs down.

Out-of-Pocket Limit (Maximum): Once you pay this amount in deductibles, copayments and coinsurance for covered services, we pay 100% of the allowed amount for covered services for the rest of the benefit period.

Participating Provider: An in-network or out-of-network provider who accepts agreed-upon rates for services.

Your Total Costs: This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill you are not part of this.

*Message and data rates may apply. Terms & Conditions and Privacy Policy **bcbsmt.com/text-messaging**
Blue Cross and Blue Shield of Montana provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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BlueCross BlueShield of Montana

F SUBSCRIBER INFORMATION
GROUP NAME
Member ID#: XXXXXXXXX**777V** Group #: **000012345**
Customer Advocates are here to help! **XXX-XXX-XXXX**

CLAIM DETAIL (1 OF X)
PATIENT: John Smith **D**
PROVIDER: Ralph Johnston M.D. **E**

Sample

CLAIM # XXXXXXXXXXXX **DATE PROCESSED:** 06/20/2020

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield of Montana (BCBSMT) has negotiated discounts with this provider. The following shows how this claim was adjusted.

O²

Amount Billed	$7,850.00
Discounts and Reductions	- $3,930.00
Health Plan Responsibility	- $2,219.00
You may owe your health care provider for these services	**$1,701.00**

		YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				
Service Description	Service Dates	Amount Billed **G**	Discounts and Reductions **H**	Amount Covered (Allowed) **I**	Health Plan Responsibility **J**	Deductible Amount **K**	Copay Amount **L**	Coinsurance **M**	Amount Not Covered **N**	Your Total Costs **O**
Surgical Charges	04/04/2020	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2020	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2020	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2020	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2020	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2020	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2020	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
CLAIM TOTALS		**$7,850.00**	**$3,930.00**	**$3,820.00**	**$2,219.00**	**$1,000.00**	**$65.00**	**$536.00**	**$100.00**	**$1,701.00**

Total covered benefits approved for this claim: $2,219.00 to Ralph Johnston M.D. on 06-20-20. J²

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

(2) Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made. **P**

Your health care plan has a calendar year maximum for x-rays and laboratory services performed in the outpatient department of a hospital, a clinic or a doctor's office. When this maximum has been reached, the balance is eligible under your major medical benefits, subject to a yearly deductible and a coinsurance share.

For benefit period 01-01-20 through 12-31-20 to date this patient has met $4,515.02 of her/his $7,350.00 Out-of-Pocket Expense Limit. **For your up-to-date Medical Spending summary, visit Blue Access for Members℠ on our website, the BCBSMT Mobile App or call the phone number on the back of your ID card.** **Q**

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On Page Two You Can:

At a glance, confirm the:

D. Patient **E.** Provider **F.** Policy Information

Get the Details

YOUR BENEFITS APPLIED–This section shows your list of services and how they're covered.

G. Amount Billed is the total amount your provider billed for the services.

I. Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).

J. Health Plan Responsibility is the portion we paid to your provider.

See Your Cost Share

YOUR RESPONSIBILITY–This section shows your member cost-share amounts, including:

K. Deductible **L.** Copays **M.** Coinsurance

O. Your Total Costs is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments before beginning services. It also includes any amounts not covered by your health plan. The total cost in this column details the amount shown in the claim summary (O²). It does not include any amounts that a non-participating provider may bill you.

Get More Information

Your EOB may include a little more information about:

J². Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).

P. Numbered notes give more details about discounts and reductions (H) and any amounts that aren't covered (N).

Q. Health care plan maximums help you track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

Sign up to get your EOBs online on **Blue Access for Members℠** or Text* **GOBCBSMT to 33633** to download the mobile app.

* Message and data rates may apply. See terms and conditions and our privacy policy at bcbsmt.com/text-messaging.