

Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about the services received, the provider and date of service. It's not a bill.

Pay special attention to these important areas of your EOB:

Simple Company
 65 Lakeshore Blvd
 PO Box 21187
 Bingham NY 12016-1187

Forwarding Service Requested

Participant ID: 12345678901234567890
 PIN: 12345678901234567890
 Job ID: 1234567890
 1234 W. Main Street
 Any Town, NY 12016-1187

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service

If you have any questions, please call
 1-800-408-7096
 or visit www.ebms.com

miBenefits+

Date: 02/15/2023
 Employee: Joe Smith

Additional information may appear on the back of this document. For information on our branding kit form visit www.ebms.com.

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Claim #: 899-899-99999-00
Patient: Joe Smith
Provider: Community Clinic
Provider ID: 00000000000000000000

Date of Service	Place of Service	Charged Amount	Contractual Allowance	Benefit Allowed	Reason Code	Plan Type	Charged Amount	Contractual Allowance	Cost	Pay	Net Pay
01/12/2023	Office Visit	\$200.00	\$100.00	\$100.00	COB	COB	\$200.00	\$100.00	\$100.00	60%	\$180.00
01/12/2023	Day & Lab	\$60.00	\$40.00	\$20.00			\$60.00	\$40.00	\$20.00	60%	\$40.00
01/12/2023	Day & Lab	\$60.00	\$40.00	\$20.00			\$72.00	\$52.00	\$20.00	60%	\$17.00
Contract Total: \$320.00											\$220.00
Other Coverage Payment:											\$0.00
Total Net Payment:											\$220.00

3 You May Owe: **\$40.00**

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Reason Code Description	Amount
COB - Copayment requirement, please refer to the appropriate explanation of benefits notice of your plan booklet.	\$40.00

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Payee Details	Amount
Community Clinic	\$220.00

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Accumulators	Amount
Individual Network Deductible	\$1,000.00
Individual Network Out-of-Pocket	\$2,000.00
Family Network Deductible	\$1,000.00
Family Network Out-of-Pocket	\$3,000.00

** Reflects amount as of 02/15/2023. Please visit www.ebms.com or call for the most current accumulator total.

1. Resources for assistance with your EOB or benefits.
2. Overview of the services rendered, dates, the charges submitted and how the plan benefits were applied.
3. Amount you owe after plan benefits are applied.
4. The amount your health plan agreed to pay the provider.
5. Reason codes noted above in your EOB are explained here.
6. Total accumulated toward your annual deductible and out-of-pocket maximum.

Keep your EOB so that you can compare the amount you owe (#3 above) with any bills from your provider. If your provider bills for a higher amount, call the member service number on your Benefits ID card.

Questions about your EOB? We're here to help.
 Call EBMS at the number on your Benefits ID card.

EBMS 026-710