

An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about how your recent dental service was covered by your benefits plan. You'll receive a bill from your provider for any amount you may owe.



## **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.

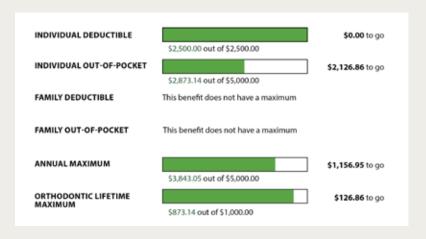
Amount billed:	\$298.00	This is the total amount that your provider billed for the services that were provided to you.  Your plan negotiates discounts with providers and facilitie to help save you money.  This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.							
Your discount:	\$0.00								
Your plan paid:	\$188.00								
You saved:	\$188.00	63% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.							
TOTAL YOU MAY OWE:	\$110.00	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.							



## **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 <u>could</u> 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 up to your annual maximum.

**Orthodontic lifetime maximum:** If your plan includes orthodontic benefits, you'll see information about your benefits amounts in this section.



PO BOX 30541 Salt Lake City, UT 84130-0541 1-800-826-9781 • umr.com Employee: Cade Blank Employee address: 1234 Sunshine Blvd Suite 10293

Best City, USA 12345-1112

 Group number:
 76-999999

 Member ID:
 99999999

 Employer name:
 ABC Companies, Inc.

 Notice date:
 03/28/2019

 Patient:
 Claim number:
 Provider name:
 Patient account:

 Elizabeth Blank
 99999999
 XYZ Provider Inc.
 1234567890

							PL	AN PAYS	YOU PAY					
Requested service(s)	Tooth	Reason code	Amount billed by provider	Your discount	Not allowed	Amount due to provider		Plan paid	Co-pay	Applied to deductible	Co-insurance	Not covered	Total you may owe*	
				-	-		%	-	+	+	+	+		
7210-Extraction-Surgical	12	02	\$298.00	\$0.00	\$63.00	\$235.00	80	\$188.00	\$0.00	\$0.00	\$47.00	\$63.00	\$110.00	
Totals			\$298.00	\$0.00	\$63.00	\$235.00		\$188.00	\$0.00	\$0.00	\$47.00	\$63.00	\$110.00	

\*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.

Reason code explanations:

The fee for this procedure is in excess of the usual and customary benefits available by this plan. See Claims and Appeal Procedures



## Service and payment details

This section includes information about who received the service, the name of the provider and what types of care they received. It gives you a breakdown of how the claim was processed, including:

- How much your provider billed
- Your network discount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including co-pays, deductibles and out-of-pocket amounts



**Sign up for digital EOBs** and you'll receive email reminders every time you have a new EOB. PLUS, we'll let you know if you need to take action on the EOB and give you more details about your claim.

