



Understanding your EOB, as easy as 1-2-3

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.

1 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.

Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).

Amount billed:	\$298.00	This is the total amount that your provider billed for the services that were provided to you.
Your discount:	\$0.00	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	\$188.00	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
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.

2 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 could 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.

INDIVIDUAL DEDUCTIBLE	<div><div></div></div> <div>\$2,500.00 out of \$2,500.00</div>	\$0.00 to go
INDIVIDUAL OUT-OF-POCKET	<div><div></div></div> <div>\$2,873.14 out of \$5,000.00</div>	\$2,126.86 to go
FAMILY DEDUCTIBLE	This benefit does not have a maximum	
FAMILY OUT-OF-POCKET	This benefit does not have a maximum	
ANNUAL MAXIMUM	<div><div></div></div> <div>\$3,843.05 out of \$5,000.00</div>	\$1,156.95 to go
ORTHODONTIC LIFETIME MAXIMUM	<div><div></div></div> <div>\$873.14 out of \$1,000.00</div>	\$126.86 to go



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: 76-9999999
Member ID: 999999999
Employer name: ABC Companies, Inc.
Notice date: 03/28/2019

Patient:
Elizabeth Blank

Claim number:
999999999

Provider name:
XYZ Provider Inc.

Patient account:
1234567890

							PLAN 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:

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

3 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


**Go paperless
on umr.com**

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.



A UnitedHealthcare Company