



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

THE ABCs OF AN EOB

Be an
empowered
consumer:

Understand
your

EXPLANATION
OF BENEFITS
(EOB)
statement.

Horizon		CUSTOMER SERVICE 1-800 355 2583 MONDAY-FRIDAY 8AM-6PM VISIT OUR WEBSITE WWW.HORIZONBLUE.COM		DATE: 1/07/2005	PAGE 2 OF 2					
Horizon Blue Cross Blue Shield of New Jersey PO BOX 420 NEWARK NJ 07101-0420		EXPLANATION OF BENEFITS THIS IS NOT A BILL								
SUBSCRIBER NAME: JOHN DOE			SUBSCRIBER ID: 999999999							
SUMMARY INFORMATION										
PATIENT NAME JOHN DOE	RELATION SELF	CLAIM NUMBER 123456789000 00	GROUP NUMBER 111111	TOTAL CHARGE 105.00	HORIZON PAID 105.00					
DETAIL INFORMATION										
A DATE OF SERVICE 2/13/04	B PROVIDER TYPE OF SERVICE ANYTOWN COMMUNITY HEALTH	C BILLED AMT 105.00	D ALLOWED AMT 105.00	E YOUR COINS/COPAY AMT 0.00	F YOUR DEDUCTIBLE AMT 0.00	G OTHER CARRIER PAYMENT AMT 0.00	H NOT COV AMT 0.00	I HORIZON PAID AMT 105.00	J MESSAGE CODE 0.00	K SUBSCRIBER RESPONSIBILITY 0.00
TOTAL:		105.00		105.00		0.00		0.00		

Part of making the most of your health care coverage is understanding how your plan pays your claims and what your role is in that process. Horizon Blue Cross Blue Shield of New Jersey provides you with an important resource called an Explanation of Benefits (EOB) to do this.

The EOB is a document you will receive after you see a physician or other health care professional, at the time your claim is processed. On the EOB you will find claims and patient payment information for you and your covered family members on a single statement. Here is an overview of that information and what it means (Refer to the sample above.).

If you have questions about how to read your EOB, contact Member Services at the number on the back of your ID card.

A – Date of Service	The date that services were provided to the patient.
B – Type of Service	A brief explanation of each service.
C – Billed Amount	Amount charged by the physician or health care professional for each service on the claim.
D – Allowed Amount	The amount we approved for payment based on your plan benefits prior to the deductible, coinsurance, copayment or other member cost-sharing (if applicable). For services obtained out of network, the difference between billed and allowed amounts will be included in the amount shown as subscriber responsibility (K).
E – Your Coinsurance/ Copayment Amount	The coinsurance or copayment amount which is your responsibility after you have met your deductible, if applicable. You pay this amount to the physician or health care professional.
F – Your Deductible Amount	The amount applied for this service under your benefits contract. You are responsible for paying this amount to the physician or health care professional.
G – Other Carrier Payment Amount	The amount paid by another insurance carrier, including Medicare.
H – Not Covered Amount	Any amount of the fee charged for the service that is not covered by your plan; expenses not covered or in excess of your benefits. You may be responsible for this amount in addition to any deductible, coinsurance or copayment. Examples of expenses that may appear in this column are costs above the negotiated rate when using an out-of-network physician or amounts for duplicate services.
I – Horizon BCBSNJ Paid Amount	The total amount paid to you, your physician or health care professional for the services performed.
J – Message Code	These codes refer to specific messages below each claim that help explain how we calculated our payment.
K – Subscriber Responsibility	The balance due to the physician or health care professional after the copayment, deductible, coinsurance and benefits have been applied.

Products and services provided by Horizon Blue Cross Blue Shield of New Jersey, an independent licensee of the Blue Cross and Blue Shield Association.

® Registered marks of the Blue Cross and Blue Shield Association.

® and SM Registered and service marks of Horizon Blue Cross Blue Shield of New Jersey.

© 2006 Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East, Newark, New Jersey 07105

19811 (W0507)