How to Read your Health Insurance Explanation of Benefits (EOB)

What is an EOB?

An Explanation of Benefits (EOB) is a statement you receive from the insurance company each time a claim is submitted to them either by you or by your provider/doctor on your behalf. A copy is sent to you and one is sent to your provider/doctor. It explains how your claim was processed and/or paid. It will include some or all of the following information: what doctor you saw, the date, the amount the doctor billed, any discounts that may apply, the amount paid and to whom it was paid, any amount that went toward your deductible, the copay and/or coinsurance amount you are responsible for, and the reason for denial if your claim was denied.

What does an EOB tell me?

Date and Type of Service:
The name of the provider/doctor, the date or span of dates in which you received the medical care, and the type of medical care you received (office visit, lab, emergency care, etc).

Submitted Charges:
The total charge the provider/doctor billed for services rendered.

Negotiated or Allowed:
When the provider/doctor is preferred or in-network, the rate that has been negotiated for the service.

Pending or Not Payable:
Explanation of how your claim was processed and/or paid, or why a service was not covered. Corresponds to “General Remarks” section at bottom of EOB.

Your Copay:
There is no copay ($0) when you visit preferred or in-network providers. When you visit a non-preferred or out-of-network provider, you will pay a $25 fee at the time of service.

Your Deductible:
The dollar amount you are responsible for paying before the insurance company will begin to pay. The student health insurance deductible is $100 per academic year. You only need to meet (pay) your deductible once per policy year. The first $100 in bills/claims the insurance company processes will be applied toward your deductible. You are required to pay your doctor/provider this amount.

Amount Remaining:
The Negotiated/Allowed amount minus the copay and/or deductible amount. The insurance uses this amount to calculate the percentage they will cover according to your plan benefits.

Paid At:
The level at which the covered service is paid at according to your plan benefits. For example: “Paid At 90%” means (after you meet your annual deductible) the insurance company pays 90% of that covered dollar amount and you are responsible for the remaining 10%.

Plan Pays:
The amount that was paid to the provider/doctor by the insurance company. This amount is the percentage (90% / 60%) of the amount remaining.

What dollar amount am I responsible to pay my provider?

When you see a preferred/in-network provider:
The deductible amount ($100 per academic year) and 10% of the negotiated/allowed amount.

When you see a non-preferred/out-of-network provider:
The deductible amount ($100 per academic year), a $25 office visit copay and 40% of the remaining amount. You may also be responsible for any amount the plan does not cover.
**Aetna**
Aetna Student Health
P.O. Box 981106
EL PASO, TX 79998-1106

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**STUDENT’S NAME**
Jane Smith
25 Seventh Avenue
New York, NY 10014

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**Explanation of Benefits**
THIS IS NOT A BILL
Please Retain for Future Reference
Date Printed: 10/17/15
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**QUESTIONS? Contact us at**
www.aetnastudenthealth.com

FOR AETNA CUSTOMER SERVICE, PLEASE CALL:
1-800-878-1927

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**Member ID: W12345678**
Group Number: 812804-13-123 BC 12
All Remarks Appear After Final Claim

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**Claim Activity for JANE SMITH (self)**

<table>
<thead>
<tr>
<th>Date and Type of Service</th>
<th>Submitted Charges</th>
<th>Negotiated or Allowed</th>
<th>Pending or Not Payable (See Remarks)</th>
<th>Your Copay</th>
<th>Your Deductible</th>
<th>Amount Remaining</th>
<th>Paid At</th>
<th>Plan Pays</th>
<th>Your Share of Amount Remaining</th>
<th>Total Patient Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is the claim detail for the bills received on 10/07/15

**Mary Jones, M.D.**
*10/05/15*
Office Visit

<table>
<thead>
<tr>
<th>400.00</th>
<th>200.00</th>
<th>1</th>
<th>100.00</th>
<th>100.00</th>
<th>90%</th>
<th>90.00</th>
<th>10.00</th>
<th>110.00</th>
</tr>
</thead>
</table>

**Column Totals**

| 400.00                  | 200.00             | 100.00                             | 100.00                             | 90.00     | 10.00 | 110.00 |

**MARY JONES May Bill You:** $110.00

**General Remarks:**
1 - Discount was applied. This amount represents the difference between your provider’s charge and the negotiated discount amount. You are not responsible for this amount.

**Payment Summary:**
Sent To: Mary Jones, M.D.
Date Sent: 10/15/2015
Amount: $90.00