## **Understanding Your Explanation of Benefits (EOB)**

## What is an Explanation of Benefits?

Commonly referred to as an "EOB," the Explanation of Benefits document is generated when HMA processes a claim submitted by you or your healthcare provider. The EOB is not a bill, it simply explains how your health plan benefits were applied to that particular claim.

## What should I do with this information?

Each time you receive an EOB, review it closely, and compare it to the bill or statement from your healthcare provider. If you have any questions, HMA's contact information can be found on the first page of every EOB. Information on your appeal rights is included at the end of the document.

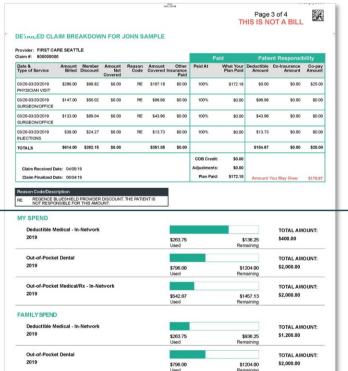
## **How to Read Your EOB**

A lot of information is packed into an EOB. An EOB contains three important parts:

A summary of activity shows the claims processed between the date(s) of treatment, discounts and adjustments, amounts not covered, what the plan paid, amount owed, and the amount saved.



An easy-to-read claims breakdown section shows detailed explanations and reason codes. Here you will see more information on what was paid, any copays, and what may be your responsibility to pay.



The last sections, My Spend and Family Spend, display how much of the claim was applied toward your deductible. It also shows the remaining amount needed to meet your deductible, as well as how close you are to your out-of-pocket maximum for the year.



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TOTAL AMOUNT