# Reading Your Health Statement (Explanation of Benefits /EOB) from Florida Blue.



#### What is a Health Statement?

- A Health statement is also known as an Explanation of Benefits or EOB for short.
- An EOB is a health care financial statement.
- It is prepared by your health insurance company, Florida Blue after your health care provider has billed the insurance company for services rendered.
- The EOB is NOT A BILL. It is a financial statement indicating how much the provider charged for the services they provided you, how much the insurance company paid and how much you owe.
- It will also tell you how much was applied to your deductible amount and or the copayment amount.
- The statement is available monthly on-line at: www.floridablue.com

## Why should I review the health statement?

- The information on the EOB should match what you have already paid your health care provider.
- It is important to be sure that the amount the health care provider charged you is the same amount billed to the insurance company.
- It helps to be sure that the amount that the health care provider bills you is correct.
- Be sure that the items match:
  - Services provided
  - Dates of Services
  - The amount charged for your copay or deductible.
  - The amount you paid.
- It's important to check your statement as you may be owed a refund from your provider.

# How to get a copy of the health statement or EOB?

The EOB is available on-line within 24 hours. You can obtain a copy on-line at <a href="https://www.floridablue.com">www.floridablue.com</a>

- Log in to your online member account at www.floridablue.com
- Click Claims & Payments then choose Claims & Statements
- Click My Health Statements (towards the top middle of the screen)
- Chose the most recent monthly or annual statement.

Florida Blue notifies members that Health Statements are available monthly, through email. If there is no email assigned to your account, a Health Statement will be sent via postal mail.

If you have questions, please call the Customer Service number on the back of your member ID card.



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### **Your Health Statement**

THIS IS NOT A BILL

Member: First and Last Name Member Number: H000000000 Your Plan: Group BlueOptions

Statement Period: 00/00/0000 - 00/00/0000

## Deductible and Out-of-Pocket Status By Member

Name	In-Network		Out-of-Network	
	Amount Applied Toward Deductible	Amount Applied Toward Out-Of- Pocket Max.	Amount Applied Toward Deductible	Amount Applied Toward Out-Of- Pocket Max.
Employee	\$0.00	\$1,000.00	\$0.00	\$0.00
Spouse	\$0.00	\$25.00	\$0.00	\$0.00
Dependent Child	\$125.00	\$125.00	\$0.00	\$0.00

Tip: Amounts add up separately for in and out-of-network covered medical services. Using doctors, hospitals in your plan's network will save you the most money.

# Claim Activity for Employee Name

MEDICAL SERVICES Member Number: H00000000 **DIAGNOSIS CODE:** X12345 **DESCRIPTION: Medical Condition** 

PLAN: Group BlueOptions

PROVIDER: Provider of your choosing

**Description of Service** shows the health services you received, like a medical visit, lab test, or screening.

Amount Billed is the amount your provider bills for your visit.

Amount Allowed is the amount your provider will be paid; this may not be the same as the Amount Billed by your health plan.

 Amount Paid is the amount your health plan will pay your provider.

**Member Responsibility** From - To Deductible Procedure Description Amount Amount Amount Copayment Coinsurance You Billed Allowed Code of Service Paid Owe Amount Amount Amount Service 6 8 10/1/2022 12345 Office Visit (\$100.00)(\$25.00)(\$25.00)\$0.00 \$0.00 \$0.00 \$0.00 10/1/2022 10/4/2022 23456 X-Ray (\$100.00)(\$25.00)(\$25.00)\$0.00 \$25.00 \$0.00 \$25.00 10/4/2022 10/9/2022 34567 Lab (\$100.00)(\$50.00)(\$50.00)\$0.00 \$0.00 \$0.00 \$0.00 10/9/2022

**Deductible Amount shows** the amount of the member responsibility that would apply to the deductible.

> **Copayment Amount shows** the amount of the member responsibility that would apply as a copayment.

Coinsurance Amount shows the amount of the member responsibility that would apply as a coinsurance.

You owe shows the amount of the member owes after the health plan has paid their portion. You may be billed by your provider or paid this amount prior to the

#### Pay your bills

Pay your bills and keep all paperwork in a safe place. Some providers will not see you if you have unpaid bills. You may be able to pay your bills online or over the phone. This can vary depending on your health plan and coverage.

#### **Appeals**

If you disagree with a coverage or payment decision by your health plan, you may be able to appeal. If you think you were charged for tests or services your coverage should pay for, keep the bill. Call your health plan right away. Health plans have call and support centers to help.

Please note this is an example designed for educational purposes only. For specific questions regarding your Health Statement, it is suggested you contact the number listed on your member id card.