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Understanding Your Explanation of Benefits (EOB)

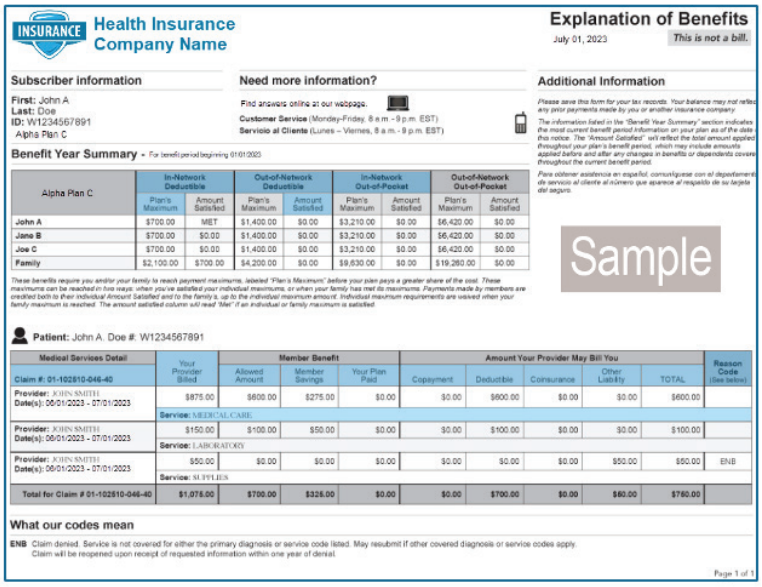
An Explanation of Benefits (EOB) is a statement that describes what costs your insurance will cover for medical care or products you have received. The EOB shows how the claim was processed by your health insurance. The EOB is not a bill. Texas Oncology will bill you separately after any payments or adjustments are applied.

General Information on Explanation of Benefits

Subscriber Information includes the member's name, address, and the website and telephone number to contact the plan with any questions.

Service Details for each claim includes:

- Patient and provider information
- Claim number and when it was processed
- Service dates and descriptions
- Amount billed
- Discounts or other reductions subtracted from the amount billed
- Total amount covered or not covered
- The amount you may owe (your responsibility)



INSURANCE Health Insurance Company Name

Explanation of Benefits

July 01, 2023 — This is not a bill.

Subscriber information

First: John A
Last: Doe
ID: W1234567891
Alpha Plan C

Need more information?

Find answers online at our webpage.
Customer Service (Monday-Friday, 8 a.m. - 9 p.m. EST)
Servicio al Cliente (Lunes – Viernes, 8 a.m. - 9 p.m. EST)

Additional Information

Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company.

The information listed in the "Benefit Year Summary" section indicates the most current benefit period information on your plan as of the date of this notice. The "Amount Satisfied" will reflect the total amount applied throughout your plan's benefit period, which may include amounts applied before and after any changes in benefits or dependents covered throughout the current benefit period.

Para obtener asistencia en español, comuníquese con el departamento de servicio al cliente al número que aparece al respaldo de su tarjeta del seguro.

Benefit Year Summary - For benefit period beginning 01/01/2023

Alpha Plan C	In-Network Deductible		Out-of-Network Deductible		In-Network Out-of-Pocket		Out-of-Network Out-of-Pocket	
	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied
John A	$700.00	MET	$1,400.00	$0.00	$3,210.00	$0.00	$6,420.00	$0.00
Jane B	$700.00	$0.00	$1,400.00	$0.00	$3,210.00	$0.00	$6,420.00	$0.00
Joe C	$700.00	$0.00	$1,400.00	$0.00	$3,210.00	$0.00	$6,420.00	$0.00
Family	$2,100.00	$700.00	$4,200.00	$0.00	$9,630.00	$0.00	$19,260.00	$0.00

These benefits require you and/or your family to reach payment maximums, labeled "Plan's Maximum" before your plan pays a greater share of the cost. These maximums can be reached in two ways: when you've satisfied your individual maximums, or when your family has met its maximums. Payments made by members are credited both to their individual Amount Satisfied and to the family's, up to the individual maximum amount. Individual maximum requirements are waived when your family maximum is reached. The amount satisfied column will read "Met" if an individual or family maximum is satisfied.

Sample

Patient: John A. Doe #: W1234567891

Medical Services Detail	Your Provider Billed	Member Benefit: Allowed Amount	Member Benefit: Member Savings	Member Benefit: Your Plan Paid	Amount Your Provider May Bill You: Copayment	Deductible	Coinsurance	Other Liability	TOTAL	Reason Code (See below)
Claim #: 01-102510-046-40										
Provider: JOHN SMITH **Date(s):** 06/01/2023 - 07/01/2023	$875.00	$600.00	$275.00	$0.00	$0.00	$600.00	$0.00	$0.00	$600.00	
Service: MEDICAL CARE										
Provider: JOHN SMITH **Date(s):** 06/01/2023 - 07/01/2023	$150.00	$100.00	$50.00	$0.00	$0.00	$100.00	$0.00	$0.00	$100.00	
Service: LABORATORY										
Provider: JOHN SMITH **Date(s):** 06/01/2023 - 07/01/2023	$50.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$50.00	$50.00	ENB
Service: SUPPLIES										
Total for Claim # 01-102510-046-40	**$1,075.00**	**$700.00**	**$325.00**	**$0.00**	**$0.00**	**$700.00**	**$0.00**	**$50.00**	**$750.00**	

What our codes mean

ENB Claim denied. Service is not covered for either the primary diagnosis or service code listed. May resubmit if other covered diagnosis or service codes apply. Claim will be reopened upon receipt of requested information within one year of denial.

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Summary may include details about each individual claim and your responsibility:

Plan Provision

- The amount covered.
- Less any amounts you may owe, like deductible, copay, and coinsurance.

Your Responsibility

- Deductible and copay amount
- Your share of coinsurance
- Amount not covered, if any
- Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

Messaging and Additional Information may include definitions, notices, or other important details about the service or benefit plan.

IMPORTANT NOTICE: Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary based upon individual plan. This document is for educational purposes only.

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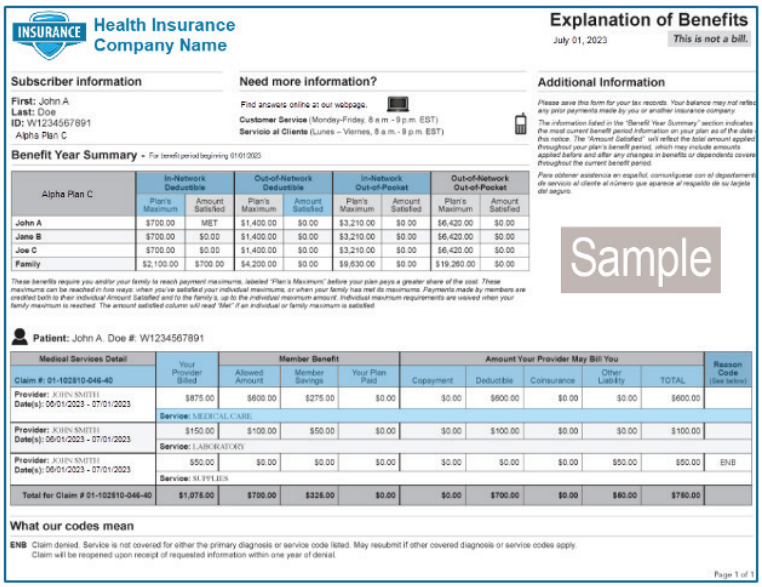
Cómo entender su Explicación de Beneficios (EOB)

Una Explicación de Beneficios, o "EOB" (por sus siglas en inglés), es un estado de cuenta que describe qué costos se cubrirán de la atención o los productos médicos que usted haya recibido. La EOB muestra de qué manera la reclamación fue procesada por su seguro de salud. La EOB no es una factura. Texas Oncology le facturará por separado una vez que se haya aplicado cualquier pago o ajuste correspondiente.

Información Gneral en una EOB

La **Información del suscriptor** incluye el nombre y la dirección del miembro, así como la dirección web y el número de teléfono para ponerse en contacto con el plan con cualquier pregunta.

Los **Detalles del servicio** para cada reclamación incluyen:
- Información del paciente y del proveedor.
- Número de reclamación y cuándo se procesó.
- Fechas y descripciones del servicio.
- La cantidad facturada.
- Los descuentos u otras reducciones que se restaron de la cantidad facturada.
- La cantidad total cubierta o no cubierta.
- El monto que posiblemente deba (de cuyo pago es responsable).


Health Insurance Company Name

Explanation of Benefits

July 01, 2023 — This is not a bill.

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Service: SUPPLIES										
Total for Claim # 01-102510-046-40	$1,075.00	$700.00	$325.00	$0.00	$0.00	$700.00	$0.00	$60.00	$760.00	

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El **Resumen** puede incluir detalles sobre cada reclamación individual y su responsabilidad:

Lo que el plan provee
- La cantidad cubierta.
- Menos cualquier cantidad que pueda deber, como deducible, copago y coseguro.

Su responsabilidad
- Cantidad de deducible y copago
- La parte que le corresponde en el coseguro
- Cantidad no cubierta, si la hay
- Cantidad que posiblemente deba al proveedor. Tal vez ya haya pagado parte de esta cantidad, como su copago, en el momento en que recibió el servicio.

La sección de **Mensajes e información adicional** puede incluir definiciones, avisos u otros detalles importantes sobre el servicio o el plan de beneficios.

AVISO IMPORTANTE: No todas las EOB son iguales. El formato y el contenido de su EOB depende de su plan de beneficios y de los servicios prestados. Las cantidades del deducible y de los copagos varían de acuerdo al plan individual. Este documento solo cumple fines educativos.

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