How to read your explanation of benefits (EOB)

Sanford Health Plan wants to help you understand your healthcare coverage. An explanation of benefits (EOB) is not a bill; it explains how your benefits have been applied. It also shows what Sanford Health Plan paid for your care and what amount you may be responsible for. Review your EOB carefully along with any bills you receive to make sure both statements match.

A Claim Number: 1234567

B Provider/Vendor Name: DOCTOR NAME /FACILITY NAME/PLACE OF SERVICE

C Date of Service	Medical service details		Member benefit		Amount Provider May Bill You				**L** Notes*
	D Type of Service	**E** Amount Billed	**F** Plan Discount	**G** Amount Paid by Plan	**H** Copay	**I** Deductible	**J** Coinsurance	**K** Amount Not Covered	
XX/XX/XXXX – XX/XX/XXXX	<type of service>	$XXXXX.XX	$XXXXX.XX	$XXXXX.XX	$XX.XX	$XXXXX.XX	$XXXXX.XX	$XXXXX.XX	<claim notes>
	Claim Total:	$XXXXX.XX	$XXXXX.XX	$XXXXX.XX	$XX.XX	$XXXXX.XX	$XXXXX.XX	$XXXXX.XX	
						Amount You May Owe		$XXXXX.XX	

L

*Notes
<claim notes>

A **Claim number:** Reference number Sanford Health Plan assigned to the submitted claim.

B **Provider/Vendor name:** The provider or facility you received the service from.

C **Date of service:** The date(s) you received care.

D **Type of service:** Type of medical service received.

E **Amount billed:** Amount the provider or facility billed for the service.

F **Plan discount:** Amount saved by using an in-network or participating provider (if applicable). Sanford Health Plan negotiates lower rates with these providers to help save money.

G **Amount paid by plan:** The maximum amount Sanford Health Plan allows a provider or facility to charge for the service(s).

H **Copay:** A set amount you pay for certain services, such as an office visit.

I **Deductible:** The amount of covered expense that must be paid by the member before Sanford Health Plan begins to pay. For example, if your deductible is $1,500, Sanford Health Plan won't pay for covered benefits until you've paid $1,500 for services that are subject to the deductible, which may include labs, imaging, procedures and hospitalizations.

J **Coinsurance:** The percentage of the payment that you are responsible for, once the deductible has been met. Coinsurance amount is calculated on the amount paid by the plan. For example, if you have a $100.00 service after you've met your deductible and your coinsurance is 80/20, the plan will pay for 80 percent ($80) and you will pay 20 percent ($20).

K **Amount not covered:** Any amount that may not be covered by your benefit plan.

L **Notes:** Important information; these numbers and/or codes explain more about how claim was processed.

SANFORD HEALTH PLAN

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