

# Explanation of Benefits (EOBs)



When a claim is filed under your Aspirus Health Plan, you will receive an explanation of benefits (EOB) from Aspirus Health Plan. An EOB is not a bill. The EOB shows the amounts paid by Aspirus Health Plan on your behalf and shows any financial responsibility you may have. EOBs contain a lot of detailed information. The sample below provides descriptions for each field so you can better read and understand this document.

## Explanation of Benefits

THIS IS NOT A BILL

Printed Date: 2/5/21

P.O. Box 1062  
 Minneapolis, MN 55440  
 Customer Service  
 866-631-5404 TTY: 1-866-631-8597  
 Receive your EOBs online  
 Visit AspirusHealthPlan.com

JANE A DOE  
 123 E MAIN  
 ANYTOWN ST 12345

Subscriber Doe, Jane A		Patient Doe, Jane A		Patient ID 80100000000		Group 123 Group		Group/Policy 12345			
Claim Number 000123456700		Dates of Service 1/1/21 - 1/1/21		Patient Control Number 123456-A		Reference Number / Payee / Paid Date 0012345678910111 / Provider / 2/4/21					
Provider: ABC Clinic											
<b>Member Responsibility</b>											
1 Dates of Service	2 Description	3 Charges	4 Provider Respons. Amount	Allowed Amount	5 Deductible Amount	Co-pay Amount	6 Co-insurance Amount	7 Patient Non-Cov Amount	8 Paid Amount	Amount You Owe	Notes ID
1/1/21	Practitioner Visit Outpatient	245.00	79.61	165.39	50.00	0.00	23.07	0.00	92.32	73.07	
<b>Totals</b>		245.00	79.61	165.39	50.00	0.00	23.07	0.00	92.32	73.07	

Total Charges	165.39
Total Benefit Amount	92.32
Total Amount Paid By Other Insurance	0.00
Total Amount You Owe	73.07

- 1 Dates of Service** - the date(s) you received service.
- 2 Description** - the type of service or products you received from your provider.
- 3 Charges** - the full amount billed by your provider to your health plan.
- 4 Provider Responsibility Amount** - the amount discounted from your charges by using a Aspirus Health Plan in-network provider.
- 5 Member Responsibility** - this section illustrates the charges you are responsible for, which includes your deductible, copay, coinsurance and non-covered amounts.
- 6 Paid Amount** - this is the amount of eligible charges paid by your health plan.
- 7 Amount You Owe** - this reflects the portion of the bill that was not covered. You will be invoiced by your provider for the amount you are responsible for.
- 8 Notes ID** - when present, these notes provide information about the claim.

**Have questions?**

Please call Customer Service at **866.631.5404.**

### Insurance Terms You Should Know

**Deductible** – The amount of eligible charges that you incur and pay before Aspirus Health Plan will pay benefits.

**Copayment** – The fixed amount of eligible charges you pay to the provider for covered health care services received. The copayment may not exceed the charge billed for the covered health care service.

**Coinsurance** – A portion of eligible charges that is paid by you and a separate portion that is paid by Aspirus Health Plan for covered services and supplies.

**Out of Pocket Limit** – The maximum amount of money you pay in copayments, coinsurance and deductible before Aspirus Health Plan pays remaining eligible charges.

**Paperless EOB**  
 Switch to paperless EOBs! Go to Aspirus Health Plan.com and Register or Login to My Account. Select *Online Profile & Settings* to change your EOB delivery status. An email will be sent to you once an EOB is processed.