



# Understanding Your Explanation of Benefits

Your **Explanation of Benefits (EOB)** lets you know when and how we process your claims. It isn't a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

## Page One Covers the Basics

- A. Confirm your policy ID.
- B. Learn how to download the mobile app and access your claims online.
- C. Find helpful contacts and a glossary.

**BlueCross BlueShield of New Mexico**  
PO Box 7344  
Chicago, IL 60680-7344

**John Smith**  
1234 Cedar Road  
APT #2  
Any Town, NM 76065

Sample

EXPLANATION OF BENEFITS

- A Log into **Blue Access for Members™** at [bcbsnm.com](http://bcbsnm.com)
  - View plan and claim details
  - Contact us through our secure Message Center
  - Sign up for digital health plan info
  - Search for health care providers
- B Text\* **BCBSNMAPP** to 33633 to download the mobile app.
- C Have questions about this EOB? Customer Advocates are here to help! XXXX-XXXX-XXXX

**SUBSCRIBER INFORMATION**

**GROUP NAME**  
Member ID#: XXXXXXXXXXX77TV    Group #: 000012345

Dear John Smith,

An Explanation of Benefits (EOB) is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

**HELPFUL INFORMATION**

**Want Your Health Care Info Digitally?**  
To get this EOB and other health care info on our mobile app, text\* BCBSNMAPP to 33633 to download the app. You can also go digital by logging in at [bcbsnm.com/member](http://bcbsnm.com/member). Go to My Account and choose Profile and Preferences, then click Go Paperless.

**Health Care Fraud Hotline: 800-543-0867**  
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of New Mexico (BCBSNM), please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to [bcbsnm.com](http://bcbsnm.com).

**GLOSSARY OF TERMS - We have described some of the terms used here to help you understand them, but you should make sure to read your benefit plan materials if you have questions.**

**Amount Billed:** The amount your provider billed for the service(s) rendered.

**Amount Covered (Allowed):** Discounts, reductions, and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we have negotiated with your provider. Your deductible, coinsurance and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

**Coinsurance:** The percentage of the allowed amount you pay as your share of the bill. For example, if your plan pays 80% of the allowed amount, 20% would be your coinsurance.

**Copay Amount (Also known as Copayment):** The set fee you pay each time you receive a certain service. Some plans do not have copayments.

**Deductible:** The amount, if any, you must pay before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on claims you and health care professionals send us. Some services can be covered before the deductible is met.

**Non-Participating Provider:** An out-of-network provider who does not accept rates for services we set to keep your costs down.

**Out-of-Pocket Limit (Maximum):** Once you pay this amount in deductibles, copayments and coinsurance for covered services, we pay 100% of the allowed amount for covered services for the rest of the benefit period.

**Participating Provider:** An in-network or out-of-network provider who accepts agreed-upon rates for services.

**Your Total Costs:** This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill you are not part of this.

\*Message and data rates may apply. Terms & Conditions and Privacy Policy [bcbsnm.com/text-messaging](http://bcbsnm.com/text-messaging)  
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Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

**CLAIM DETAIL (1 OF 1)**  
**PATIENT:** JOHN SMITH **D**  
**PROVIDER:** RALPH JOHNSTON **E**  
**CLAIM #** XXXXXXXXXXXXX

Sample

DATE PROCESSED: 06/20/2022

**F SUBSCRIBER INFORMATION**  
**GROUP NAME**  
 Member ID#: XXXXXXXXX777V Group #: 000012345  
 Customer Advocates are here to help! XXX-XXX-XXXX

<b>O<sup>2</sup></b> Amount Billed	\$7,850.00
Discounts and Reductions	- \$3,930.00
Health Plan Responsibility	- \$2,219.00
<b>O<sup>3</sup></b> Paid from your HCA Account	- \$0.00
<b>You may owe your health care provider for these services</b>	<b>\$1,701.00</b>

Service Description	Service Dates	YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				
		Amount Billed <b>G</b>	Discounts and Reductions <b>H</b>	Amount Covered (Allowed) <b>I</b>	Health Plan Responsibility <b>J</b>	Deductible Amount <b>K</b>	Copay Amount <b>L</b>	Coinsurance <b>M</b>	Amount Not Covered <b>N</b>	Your Total Costs <b>O</b>
Surgical Charges	04/04/2022	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2022	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2022	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2022	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2022	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2022	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2022	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
<b>CLAIM TOTALS</b>		<b>\$7,850.00</b>	<b>\$3,930.00</b>	<b>\$3,820.00</b>	<b>\$2,219.00</b>	<b>\$1,000.00</b>	<b>\$65.00</b>	<b>\$536.00</b>	<b>\$100.00</b>	<b>\$1,701.00</b>

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-22. **J<sup>2</sup>**

**Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"**

- (1)** The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference. **P**
- (2)** Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

For your up-to-date Medical Spending summary, visit Blue Access for Members<sup>SM</sup> on our website, the BCBSNM Mobile App or call the phone number on the back of your ID card. **Q**

JOHN SMITH - Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$2,900.00 of her/his \$2,900.00 Out-of-pocket Expense.  
 Benefit Period: 01-01-22 Through 12-31-22 To date \$3,870.78 of the Family \$5,800.00 Out-of-pocket Expense has been met.

**On Page Two You Can:**

**At a glance, confirm the:**

**D.** Patient      **E.** Provider      **F.** Policy Information

**Get the Details**

**YOUR BENEFITS APPLIED** – This section shows your list of services and how they're covered.

**G.** Amount Billed is the total amount your provider billed for the services.

**I.** Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).

**J.** Health Plan Responsibility is the portion we paid to your provider.

**See Your Cost Share**

**YOUR RESPONSIBILITY** – This section shows your member cost-share amounts, including:

**K.** Deductible      **L.** Copays      **M.** Coinsurance

**O.** Your Total Costs details the amount shown in O<sup>2</sup>, and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments up front. It also includes amounts not covered by your health plan (N). It does not include charges that a non-participating provider may bill you. If your benefits feature a Health Care Account (HCA), or other Health Savings Account (HSA), any payments from those accounts will be reflected in this line (O<sup>3</sup>). HCAs and HSAs do not apply to all benefit plans.

**Get More Information**

Your EOB may include a little more information about:

**J<sup>2</sup>.** Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).

**P.** See discounts and reductions (H), and any amounts that aren't covered (N).

**Q.** Track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

\* Message and data rates may apply. See terms and conditions and our privacy policy at bcbsnm.com/text-messaging.

EOB samples are for illustrative purposes only. Not all EOBs are the same. The format and content of an EOB depends on your benefit plan and the services provided.