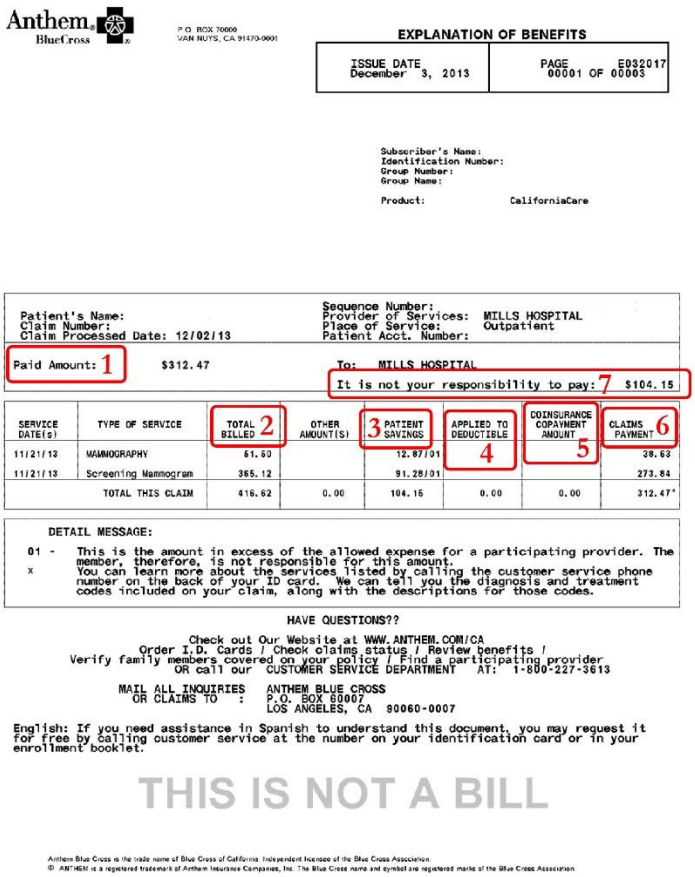
EXAMPLES OF EXPLANATION OF BENEFITS (EOBs)



Anthem BlueCross

P.O. BOX 70000
VAN NUYS, CA 91470-0001

EXPLANATION OF BENEFITS

ISSUE DATE	PAGE
December 3, 2013	E032017 00001 OF 00003

Subscriber's Name:
Identification Number:
Group Number:
Group Name:

Product: CaliforniaCare

Patient's Name:
Claim Number:
Claim Processed Date: 12/02/13

Sequence Number:
Provider of Services: MILLS HOSPITAL
Place of Service: Outpatient
Patient Acct. Number:

Paid Amount: 1 $312.47

To: MILLS HOSPITAL

It is not your responsibility to pay: 7 $104.15

SERVICE DATE(s)	TYPE OF SERVICE	TOTAL BILLED 2	OTHER AMOUNT(S)	3 PATIENT SAVINGS	APPLIED TO DEDUCTIBLE 4	COINSURANCE COPAYMENT AMOUNT 5	CLAIMS PAYMENT 6
11/21/13	MAMMOGRAPHY	51.50		12.87/01			38.63
11/21/13	Screening Mammogram	365.12		91.28/01			273.84
	TOTAL THIS CLAIM	416.62	0.00	104.15	0.00	0.00	312.47*

DETAIL MESSAGE:

01 - This is the amount in excess of the allowed expense for a participating provider. The member, therefore, is not responsible for this amount.
x You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.

HAVE QUESTIONS??

Check out Our Website at WWW.ANTHEM.COM/CA
Order I.D. Cards / Check claims status / Review benefits /
Verify family members covered on your policy / Find a participating provider
OR call our CUSTOMER SERVICE DEPARTMENT AT: 1-800-227-3613

MAIL ALL INQUIRIES OR CLAIMS TO : ANTHEM BLUE CROSS
P.O. BOX 60007
LOS ANGELES, CA 90060-0007

English: If you need assistance in Spanish to understand this document, you may request it for free by calling customer service at the number on your identification card or in your enrollment booklet.

THIS IS NOT A BILL

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association.
® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

1. "Paid Amount." This is the total amount of money that the insurance company has paid directly to the provider.

2. "Total Billed." These are the amounts being billed to the insurance company by the provider for each service. The charges are then totaled below the line. In addition to an EOB, individuals will usually receive an itemized bill from their provider(s). The itemized bill does not have sufficient information for Navia to process the claim, so we have to receive the EOB.

3. "Patient Savings." This is the difference between what the provider charged for this service and the amount they agreed to accept as a participating provider of your health insurance plan.

4. "Applied to Deductible." Many health plans require members to pay out a certain amount of money, a “deductible,” before the insurance will begin paying. If the individual has not met the deductible and must pay for these medical services, the amount that is being applied toward his or her deductible would be in this column.

5. "Coinsurance, Copayment Amount." This may vary depending on your coverage. Sometimes, members must make a flat fee copay for an office visit, for example. Other services may require coinsurance, a percentage of the cost of the service.

6."Claims Payment." The amounts in this column break down what the insurance company paid to the provider for each service, with a total at the bottom.

7. This is an important part of this EOB. In this case, it's the insurance company telling the member that it is not his or her responsibility to pay the difference in price between the agreed-upon charges for these services and the amount the provider billed.

But your EOB might look different from the example above. Or a mailed EOB may look different from what you see online. The above example is a mailed EOB from Anthem Blue Cross. Below two different versions of an online EOB from Anthem, yet it looks quite different. (The numbers in the EOB below line up with the explanations we've provided.)

Print Details

Anthem. BlueCross

Member Information

Patient: **Member ID:** **Service Date:** 05/29/2014 - 05/29/2014 **Processed Date:** 05/30/2014
Claim Number: **Subscriber:** **Status:** PROCESSED

Claim Details

Amount Billed: $3,200.00 2
Amount Allowed: $2,296.00
Amount Applied Towards Deductible: $0.00 4
Your Co-Insurance / Co-Payment: $0.00 5
Your Responsibility: $0.00 Show Me the Math

Amount Paid by your Coverage: $2,296.00 1
Paid to: SAN FRANCISCO ENDOSCOPY C
DEPT #33921 P O BOX 39000

Charge Details

Date of Service: 05/29/2014 - 05/29/2014	Type of Service: 45378 - SURGERY-ABDOMINAL	Amount Billed: $3,200.00	Amount Paid: $2,296.00
Amount Allowed: $2,296.00	Co-Insurance: $0.00	Co-Payment: $0.00	Applied To Deductible: $0.00

Remarks *01 , **

Remarks

*01 This is the amount in excess of the allowed expense for a participating provider. The member, therefore, is not responsible for this amount.
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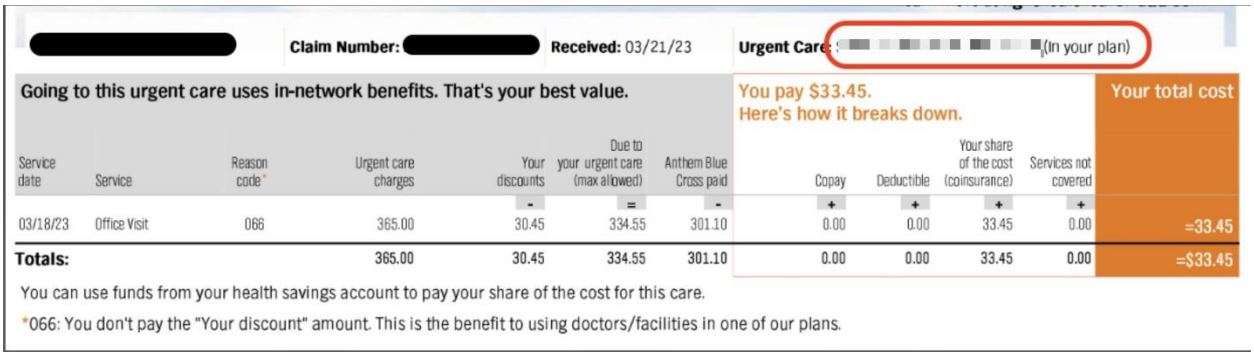
** - You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.



[redacted] **Claim Number:** [redacted] **Received:** 03/21/23 **Urgent Care:** [redacted] (In your plan)

Going to this urgent care uses in-network benefits. That's your best value.

You pay $33.45.
Here's how it breaks down.

Your total cost

Service date	Service	Reason code*	Urgent care charges	Your discounts	Due to your urgent care (max allowed)	Anthem Blue Cross paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	
				-	=	-	+	+	+	+	
03/18/23	Office Visit	066	365.00	30.45	334.55	301.10	0.00	0.00	33.45	0.00	=33.45
Totals:			365.00	30.45	334.55	301.10	0.00	0.00	33.45	0.00	=$33.45

You can use funds from your health savings account to pay your share of the cost for this care.

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.