# Policy: Member Explanation of Benefits (EOB)

**Principles:**

Health Plans - Individual Product

**Purpose:**

It is the policy of University of Utah Health Plans to provide our members with explanation of benefit information.

**Description:**

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Explanation of Benefits (EOB) is information that we provide to explain what medical treatments and/or services that were billed and reimbursed and/or denied based on the member's benefit plan. It indicates the payment made by University of Utah Health Plans on the enrollee's behalf and indicates any remaining member responsibility pursuant to the terms of the coverage policy. EOBs are available online through MyChart, our member web portal, within 48 hours after the claim is finalized. University of Utah Health Plans processes claims on a daily basis. Claims with a finalized claim status are batched through the check run process once a week on Tuesdays (excluding holidays). EOBs for these finalized claims are available online through
MyChart (https://mychart.med.utah.edu) by Thursday of that same week. Members can choose to opt in to receiving paper EOBs by contacting customer service at (801)587-6480. Paper EOBs are mailed within 48 hours for the finalized claims that are batched through the check run process once a week on Tuesdays. Members are to allow 7 - 10 business days for mailing.

If the member hasn't signed up for a MyChart account, customer service can provide them with an activation code or send them an activation code letter.

A member can find their claim/EOB information in MyChart by doing the following:

- Log into MyChart, (https://mychart.med.utah.edu)
- Go to Health Plan, then Coverage Details
- At that point, the member will see their name and any dependents (18 years old or younger). * Click on the name of the person that you would like to see claims.
- Click Claims under the Eligibility title
- Now select any claims that you would like to see the claim detail. The claim detail indicates the payment made by the University of Utah Health Plans and identifies any remaining member responsibility, which might include a copay, expenses going towards the deductible, or coinsurance.

**How to read and interpret the EOB (electronically or on paper)**
- The following data elements are included in your EOB:
* Check number - If payment was made by University of Utah Health Plans, this is the number of the check for payment.
* Claim number - This is the assigned number for the applicable claim.
* Date of Service - Date the service was completed.
* Patient/Member Name - The Member's name that received the service(s).
* Patient/Member ID# - Identification number for your University of Utah Health Plans coverage
* Vendor/Provider - The medical provider that performed the service.
* Payee - Vendor/Physician who performed the service that is receiving any applicable payment for the service provided to the member.
* Diagnosis codes - Codes that are used as a tool to group and identify diseases or symptoms.
* Procedure codes - Codes that are used to identify specific services performed by providers.
* Place of service - The type of location where the services were performed.
* Billed amount/Submitted charge - This is the amount that is being billed by the provider for the service.
* Allowed amount/Eligible charges - This is the amount that University of Utah Health Plans uses to determine payment and patient responsibility. Participating providers and facilities accept this allowed amount as payment in full for covered services. Paid amount/Paid to Provider - this is the amount that University of Utah Health Plans paid to the provider.
* Remaining patient responsibility - Any amount of patient responsibility left to pay that includes expenses that went to your deductible, copays, or coinsurance.
* Reason code - Codes used to provide additional information related to the denial or coverage of the services.
* Plan name - The name of your insurance coverage.
- If members have any questions about the EOB, they are more than welcome to contact customer service at 1-888-271-5870.

* Subscribers are able to see their claim information as well as any of their dependents under the age of 18. To get access for dependents over the age of 18, the subscriber must be granted Access Control. That member must activate their own MyChart account and grant permission through Access Control.

**Current Approval Date:**

Sep 17, 2018