

Understanding your Explanation of Benefits (EOB)



The following describes important terms used in your Explanation of Benefits (EOB) and throughout the claims payment process. Please take the time to become familiar with these terms to understand your benefit plan better.

An EOB shows you, or your covered family member, the benefits coverage received for the services billed to us by the doctor. The Explanation of Benefits lets you know the dollar amount of services that were billed by your doctor and how that amount is applied to deductible, coinsurance or copayments, or if any of the charges were for non-covered services. If you would like to sign up for electronic EOBs, visit www.sanfordhealthplan.com/memberlogin.

This area will contain important messages – take the time to read!

SIMPLIFY YOUR LIFE.
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- View your deductible status/balance
- Find a provider or pharmacy
- View your ID card information
- View claims information

Create an online account today at:
www.sanfordhealthplan.com/memberlogin

Mobile app keyword search: Sanford Health Plan

Explanation of Benefits – This is NOT a Bill

Member#: 11122233301 **Member Name:** Jane Doe **Provider:** 1234567892, Provider John
Claim#: 123456 **Vendor:** Sanford Clinic

Service Date	*Description	Amount Billed	Discount Amount	Non-Covered Amount	Reason Codes	Allowed Amount	Copay	Deductible	Co-insurance	Amount Paid
Actual date received the service	The amount billed to us by your provider.	Amount not eligible for payment by Sanford Health Plan.	A description of why a claim was paid or denied.	Copay amounts owed to the provider.	Amount Sanford Health Plan has paid to the provider for the claim(s).	A code indicating the description of the services received.	The amount discounted by the Provider as a part of contracting with Sanford Health Plan.	The pre-negotiated rate paid to Participating PPO and Basic providers for covered services. For Non-Participating providers, it is the reasonable cost.	The deductible is the amount you pay <i>before</i> your health insurance plan begins to pay for covered services.	The coinsurance is the percentage of charges to be paid by you for covered services, after the deductible is met. It is based on the "allowed amount" and reflects your benefits (i.e. 80/20 for the PPO plan).

09/24/2013	73	117.00	70.49	0.00		46.51	0.00	46.51	0.00	0.00
09/24/2013	73	117.00	70.49	0.00		46.51	0.00	46.51	0.00	0.00
09/24/2013	98	226.00	70.31	0.00		155.69	20.00	0.00	0.00	135.69
Totals		460.00	211.29	0.00		248.71	20.00	93.02	0.00	135.69

The total your responsibility for this claim is: \$113.02

*Description/Messages

73 DIAGNOSIS MEDICAL
98 PROFESSIONAL (PHYSICIAN) VISIT - OFFICE

*** For additional information about benefits, please see to your COI. For questions about the determination of your benefits, please contact Member Services at (800) 499-3416. If your claim was denied in whole or in part, you have the right to appeal by writing to Sanford Health Plan. Please submit your written appeal to: Sanford Health Plan, ATTN: NDPERS, PO Box 91110, Sioux Falls, SD 57109-1110. Appeals must be submitted within 180 days.