An Explanation of Benefits (EOB) Statement is a notification form provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Texas (BCBSTX). The EOB displays the expenses submitted by the provider and shows how the claim was processed.

The EOB has four major sections:

- **Claim Information** includes the member and patient name, the member’s group and identification numbers, and the claim number.
- **Summary** highlights the financial information – the amount billed, total benefits approved and the amount you may owe the provider.
- **Service Information** identifies the health care facility or physician, dates of service and charges.
- **Coverage Information** shows what was paid to whom, what discounts and deductions apply, and what part of the total expense was not covered.

The EOB may include additional information.

- **Information About Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Information About Out-Of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Information About Appeals** explains your rights regarding review of claim denials.
- **Fraud Hotline** is a toll-free number you can call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.

Your EOBs are Always Available Online!

Sign up for Blue Access® for Members (BAM) at [www.bcbstx.com](http://www.bcbstx.com) for quick, convenient and confidential access to your claim information and history. To support our commitment to eco-friendly business practices, you can choose to opt out of receiving EOBs by mail. This saves resources and offers you additional confidentiality. Just go to BAM, click User Profile at the top right side of the screen and change your User Preferences.
Calculation Example

$1,074.36 amount billed
- $620.46 amount not covered*
$453.90 total covered expenses
- $350.00 applied to annual deductible
- $20.00 copayment
- $16.78 coinsurance
  ($453.90 – $350 – $20 = $83.90; $83.90 X 20% coins. = $16.78

$67.12 total benefits approved; paid to provider by BCBSTX

$453.90 total covered expenses
- $67.12 total benefits approved

$386.78 amount you may owe provider

* The amount billed is greater than the amount allowed for these services. The member will not be billed for this amount.