

Explanation of Benefits (EOB) Reference Guide

How much do I owe for a medical claim? Did I meet my deductible yet?

We realize that health care bills can be confusing. We're committed to making sure you have all of the information you need about your health care.

The EOB is not a bill. It is only meant to show you exactly how your benefits work for every doctor visit and service, how much we pay, and how much you still owe. It also shows how much of your annual deductible is already paid for the year, in case that's not at the top of your list of things to remember.

You may not always receive a hard copy EOB in the mail. For example, if you only need to pay a copay for a doctor visit or other service, we will not mail you an EOB. However, you can still view your medical EOBs/claims recaps online at anthem.com/ca. You can even choose to go completely paperless. Here's how:

- Log in to anthem.com/ca (if you haven't registered yet, you will need to register to log in).
- Click on "Profile."
- Scroll down the page to choose how you would like to receive your medical EOBs/claims recaps and select "Go Paperless."*



*Only the subscriber can pick this option.


**You're busy with life.
We're looking out for you.**

The Explanation of Benefits (EOB) is not as complicated as it looks.

Multiple visits in the same day will appear on a single EOB. If you visit several doctors in one day, or your family goes to the doctor the same day you go, all visits will appear on the same EOB.

This is a sample of the EOB you would receive. We've put numbers next to key areas of the EOB, and included corresponding explanations.

- 1. Issue Date:** This shows the date your EOB was actually processed by Anthem. Check out the "Service Date" to see the date you visited the provider.
- 2. Provider of Services:** Your doctor (provider) and the location are shown here.
- 3. Amount Paid:** This amount refers to how much Anthem paid toward the total amount billed by the provider.
- 4. It is not your responsibility to pay:** This shows the amount you saved by going to a network provider for that service.
- 5. It is your responsibility to pay:** Now you'll have an idea of what you will owe before you get the bill. This shows you the difference between what we pay and the total due.
- 6. Patient Savings:** Here you can see your total savings from using network providers.



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

EXPLANATION OF BENEFITS

| | | |
|---------------------|------------|--------|
| 1 ISSUE DATE | 12/31/9999 | PAGE 1 |
|---------------------|------------|--------|

John Member
123 Main Street
City, State, ZIP Code

Subscriber's Name: John Member
Identification Number: 123A45678
Group Number: 170015M001
Group Name: Pacific Coast Building Products

| | |
|---|--|
| Patient's Name: John Member Claim Number: 123456789 Claim Processed: 03/25/2008 | 2 Sequence Number: 123456789 Provider of Services: Sutter Emergency Medical Place of Service: Emergency Room Patient Acct. Number: 123A45678 |
|---|--|

3 Amount Paid: _____

5 It is your responsibility to pay: _____ **4** It is not your responsibility to pay: _____

Thank you for using a Network Provider.

| SERVICE DATE(S) | TYPE OF SERVICE | TOTAL BILLED | AMOUNT NOT ALLOWED | PATIENT SAVINGS | APPLIED TO DEDUCTIBLE | COINSURANCE COPAYMENT AMOUNT | CLAIMS PAYMENT |
|------------------|-----------------|--------------|--------------------|-----------------|-----------------------|------------------------------|----------------|
| | | | | 6 | 7 | | |
| TOTAL THIS CLAIM | | | | | | | |

8 Member's Medical Deductible Applied to Date: _____

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.

02 - This amount has been applied to the member's medical deductible.

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: 1-866-843-1832

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

WE SUGGEST THAT YOU RETAIN THIS COPY FOR YOUR INCOME TAX RECORDS.

THIS IS NOT A BILL

- 7. Applied to Deductible:** This shows the amount for covered services that was applied to your deductible.
- 8. Member's Medical Deductible Applied to Date:** This tells you how much of your annual deductible has been paid through the date shown.
- 9. Customer Service Information:** Call us. We're here to help. If you have any questions at all, please contact us at the toll-free number listed on your EOB or your member ID card.

Be sure to keep each EOB with your medical bills for at least two years.