

Understanding your Explanation of Benefits

We know the cost of health care is important to you. Your Explanation of Benefits (EOB) statement can answer some common questions about your health care costs.

When do I receive an EOB statement?

After you receive services, your health care provider will send a claim to Kaiser Permanente National Claims Administration – Northwest. Kaiser Permanente National Claims Administration will process the claim based on your plan benefits and send you an EOB statement for your records.

What should I do with my EOB statement?

An EOB is sent for informational purposes and should be reviewed to make sure it's correct.

You will want to review and confirm that the service date, provider name, and service description on your EOB are accurate. If this information is not accurate, please contact the customer service number on the back of your plan ID card.

Your EOB statement can be used to track health care expenses and charges that have been applied toward your deductible and out-of-pocket totals.



Customer service support is available

For further assistance with understanding your EOB, please call **1-800-632-9700** (option 2). Hours of operations are Monday through Friday, 9 a.m. to 4 p.m.

Do I need to make a payment based on my EOB statement?

No. You are not expected to make a payment after receiving an EOB statement. An EOB statement is not a bill from your medical insurance plan administrator. It is an informational statement to keep you informed of any claims processed under your insurance plan.

Although a patient responsibility amount such as a copay, deductible, or coinsurance may be listed on your EOB statement, you may have already made this payment to your provider at the time services were received.

If you did not make a payment when services were received, or you are responsible for any portion of the claim, your provider's billing department may send you a separate bill or statement.

If you have questions regarding a bill received by your provider, please contact your provider's billing department.

Please do not send any payments to Kaiser Permanente National Claims Administration.

What if I disagree with how my insurance benefits were processed?

You have the right to request a review if you disagree with how your claim was processed. Please see the information enclosed with your EOB statement for directions and time frames to submit an appeal to Kaiser Foundation Health Plan of the Northwest.



How to read your Explanation of Benefits (EOB)

Tracking your deductible and out-of-pocket maximum amounts

Your EOB will also provide you with information about your deductible and out-of-pocket amounts, so you can keep track of health care expenses and charges that have been applied.

You can locate this information on the second page of your EOB.



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SAMPLE

This is not a bill

Here's how close you are to reaching your deductibles and out-of-pocket maximums.

Deductible - Year to date*			Out-of-pocket maximum - Year to date*		
Individual totals			Individual totals		
Select Providers	\$0	\$2150.00 / \$3000.00	Select Providers	\$0	\$2150.00 / \$5350.00
PPO Providers	\$0	\$2150.00 / \$6000.00	PPO Providers	\$0	\$2150.00 / \$7350.00
Nonparticipating Providers	\$0	\$0.00 / \$8400.00	Nonparticipating Providers	\$0	\$0.00 / \$9000.00
Family totals			Family totals		
Select Providers	\$0	\$3500.00 / \$9000.00	Select Providers	\$0	\$3500.00 / \$10700.00
PPO Providers	\$0	\$3500.00 / \$12000.00	PPO Providers	\$0	\$3500.00 / \$14700.00
Nonparticipating Providers	\$0	\$1000.00 / \$16800.00	Nonparticipating Providers	\$0	\$1000.00 / \$18000.00

For more information, see next pages.

Deductibles for Select Providers and PPO Providers

The amounts you pay for covered services in the Select Providers network also count toward the deductible in the PPO Providers network, but do not count toward the deductible in the Nonparticipating Providers network.*

Out-of-pocket maximums for Select Providers and PPO Providers

The amounts you pay for covered services in the Select Providers network also count toward the out-of-pocket maximum in the PPO Providers network, but do not count toward the out-of-pocket maximum in the Nonparticipating Providers network.*

Deductibles and out-of-pocket maximums for Nonparticipating Providers

When you receive services from providers in the Nonparticipating Providers network, the services received and amounts applicable to your individual and/or family deductibles and out-of-pocket maximums will accumulate on these rows. If you have a family contract that covers a subscriber plus one or more family members, payments accrue to both individual and family deductible and out-of-pocket maximums.

*Pertains to non-grandfathered plans.

Understanding health care terms

Each EOB includes a list of terms that will help you understand the document.



SAMPLE

This is not a bill

What happens when I reach my family deductible?

Once you reach your deductible, you'll start paying less than the full charges for covered services – just a copay or a percentage of the charges (a coinsurance) covered service for the rest of the year.*

Visit kp.org/outofpocket anytime to see how close you are to reaching your deductible or out-of-pocket maximum.

*Your deductible and out-of-pocket maximum will start over at the beginning of the new accumulation period. See your *Evidence of Coverage or Member Handbook* for your plan details.

What happens when I reach my family out-of-pocket maximum?

Your out-of-pocket maximum helps limit how much you pay for care. This can protect you financially if a serious illness or injury comes up. With some plans if you reach your out-of-pocket maximum, you won't have to pay for covered services for the rest of the year.*

Common terms

Charges

The charges for the services you got. You won't always pay these amounts. They're the full charges before your health plan pays. Your costs will usually be lower.

Claim number

A number used to identify a service you received.

Coinsurance

A percentage of the charges that you pay for covered services. For example, a 20% coinsurance on a \$200 procedure means you pay just \$40. See your *Evidence of Coverage or Member Handbook* for your actual coinsurance amounts.

Copay

The set amount you pay for covered services – for example, a \$10 copay for an office visit. See your *Evidence of Coverage or Member Handbook* for your actual copay amounts.

Deductible

The amount you pay for covered services each year before Kaiser Permanente starts paying. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

Out-of-pocket costs

Any amounts you pay for covered services, not including your monthly premiums.

Out-of-pocket maximum

The most you'll pay for covered services each year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Paid by other insurance

This is the amount paid by your other health insurance plan for services you got. It doesn't include any amount Kaiser Permanente may have paid.

Paid by plan

This is the amount we paid your care provider for the services you got, based on your plan details.

Participating Provider

NON means the provider is not included in the provider network (non-participating).
PAR means the provider is included in the provider network (participating).

Plan rate

This is the rate we negotiated with your care provider for the services you got. The amount you pay will usually be lower, once any amounts paid by your health plan are included.

If you disagree with how your insurance benefits were processed

After receiving an EOB, you have the right to request a review if you disagree with how your claim was processed. Enclosed in every EOB statement is information about your appeal rights. Please see the information enclosed with your EOB statement for directions and time frames to submit an appeal to Kaiser Foundation Health Plan of the Northwest.

Sample Explanation of Benefits (EOB)



This is not a bill

SAMPLE

Have questions about your benefits?
Give us a call at 1-800-632-9700 or visit kp.org

Explanation of Benefits

Medical record number:
Plan type: TPN - TIERED PRODUCT NON KPIC-POS

Group identification:
Account holder identification:

Summary of services for

October 16, 2019

Service Date	Location/Provider, Claim No., Reason Code	Description	Charges	Plan Rate	Paid by Plan	Paid by Other Insurance	Your Share of the Charges		
							Not Covered*	Deductible	Copay/ Coinsurance
09/18/19	Dr. Y (NON) 40970XXX ²⁴	Office visit (99214)	\$260.00	\$186.99	\$146.99	\$0.00	\$0.00	\$0.00	\$40.00
09/18/19	Dr. Y (NON) 40970XXX ²⁴	Flu vaccine	\$33.00	\$26.40	\$26.40	\$0.00	\$0.00	\$0.00	\$0.00
09/18/19	Dr. Y (NON) 40970XXX	Vaccine administration (90471)	\$27.00	\$27.00	\$27.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals			\$320.00	\$240.39	\$200.39	\$0.00	\$0.00	\$0.00	\$40.00
Your share									

*Certain services may not be covered by your plan. In that case, you'll be responsible for the full charges. See your plan documents for a list of covered services or call us to review your Evidence of Coverage or Member Handbook document.

Remember: You can help control your costs by getting care and services from Kaiser Permanente or affiliate providers. If you visit an out-of-network provider, your costs may be higher. If you are covered by more than one health benefit plan, you should file all your claims with each plan.

Manage your costs online

With My Health Manager at kp.org, it's easy to track your expenses, pay bills, view your plan information, and more – 24 hours a day, 7 days a week. If you haven't registered on our website, visit kp.org/register to get started.

Reason Code:

²⁴ DISCOUNT AGREED TO IN PREFERRED PROVIDER CONTRACT

Here's a sample EOB. When you receive an EOB, it's important for you to check the following:

- 1. Location/Provider:** This is the name of the provider of services associated with this claim.
- 2. Service Date:** To and from dates that services were provided.
- 3. Description:** The description of the medical service(s) related to the billed amount.

If this information is not accurate, please contact the customer service number on the back of your plan ID card.