

# How to Read Your Explanation of Benefits (EOB)

## Using Your RGA Benefits

### What is an "Explanation of Benefits"?

Commonly referred to as an "EOB," the Explanation of Benefits is a document that is generated when RGA processes a claim submitted by you or your healthcare provider. The EOB is not a bill. It simply explains how your health plan benefits were applied to that particular claim.

### Why should I read my EOB?

There is a lot of information packed into an EOB. An EOB contains three important parts:

- 1 A claim summary that shows the amount billed by your healthcare provider, any discounts that were applied, the amount paid by your health plan, and any balance you owe to your provider.
- 2 An easy-to-read claims detail section that breaks everything down for you. It even explains key health plan terms.
- 3 The last section shows how much of that claim has been applied to your deductible. It also shows the remaining amount needed to meet your deductible, as well as where you are at with your out-of-pocket maximum for the year.

### What am I supposed to do with this information?

Each time you receive an EOB, review it closely and compare it to the bill or statement from your healthcare provider. If you have any questions, RGA's contact information can be found at the very top of every EOB.

### I am still confused. Where can I go to better understand how my health plan works?

Go to <https://wa.accessrga.com/member-videos> for helpful health plan videos created for RGA members. You can always call RGA's Customer Care Team at **1-866-738-3924** with your questions.

Regence Group Administrators  
PO Box 52890  
Bellevue, WA 98015-2890

**Regence**  
Group Administrators

Forwarding Service Requested

Questions? Contact Us:  
Medical (425) 974-3892  
Dental 1-866-738-3924

Customer service hours of: Mon - Fri 7:00 AM to 5:00 PM  
<http://www.accessrga.com>

Employer Name:  
Group Number:  
Processing Date:  
Member ID:

**Explanation of Benefits (EOB) [This is not a bill.]**

Summary of claims through 06/27/2017

**Amount Billed:** \$1,032.45 This was the combined amount that was billed by your providers.

**Discounts and Adjustments:** \$516.65 You saved \$516.65. RGA negotiated with healthcare professionals and facilities on your behalf.

**What Your Plan Paid:** \$0.00 Your plan paid \$0.00 to providers.

**What You Owe:** \$515.80 **This is the amount you owe your provider.** Your healthcare professional will bill you directly for any remaining amount due.

**You Saved:** \$516.65 You saved \$516.65 off the total amount billed. This is the total of your discount and what your plan paid.

If any claims are processed, your next EOB will arrive the week of: **07/23/2017**

Claim Number Service Dates	Provider Name	Amount Billed	Discounts	Adjustments	Plan Paid	Not Covered	Copy / Deductible	Co-Insurance	You Owe	Exp. Code
0510589201 02/19/17	TIMOTHY A. ERICSON NPC	\$229.00	\$35.59	\$0.00	\$0.00	\$0.00	\$193.41	\$0.00	\$193.41	PD
0530018401 04/20/17	RHEIN CONSULTING LABORATORIES	\$903.45	\$406.09	\$0.00	\$0.00	\$0.00	\$196.46	\$0.00	\$196.46	PD
0530730201 04/20/17	NISHA DESAI MD	\$203.00	\$74.07	\$0.00	\$0.00	\$0.00	\$128.93	\$0.00	\$128.93	PD
<b>Totals</b>		<b>\$1,032.45</b>	<b>\$516.65</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$515.80</b>	<b>\$0.00</b>	<b>\$515.80</b>	

**1**

**Amount Billed**  
\$1,032.45

This was the combined amount that was billed by your providers.

**2**

**Discounts and Adjustments**  
\$516.65

You saved \$516.65, HMA negotiated with healthcare professionals and facilities.

**3**

**What Your Plan Paid**  
\$0.00

Your plan paid \$0.00 to providers.

**4**

**Not Covered**  
\$0.00

Non Covered amounts are assigned to a claim due to a denial or other issue. Please see the descriptions associated with the code and the appeals section below.

**5**

**Copy/Deductible**  
\$515.80

Copy is the amount that must be paid before services are covered. Deductible is the amount you owe after the adjudication has been completed and is based upon your plan design.

**6**

**Co-Insurance**  
\$0.00

The percentage of covered expenses you pay after you meet your deductible based on your plan design.

**7**

**What You Owe**  
\$515.80

This is the amount you owe your provider. Your healthcare professional will bill you directly for any remaining amount due.

YOUR DEDUCTIBLE	Applied
<input checked="" type="checkbox"/> The amount applied toward your deductible <input type="checkbox"/> The remaining amount needed to meet your deductible	2017
\$0 <input type="checkbox"/> Medical and Rx Deductible (In-Network) \$6,450.00	\$1,214.34
\$0 <input type="checkbox"/> Medical and Rx Out-of-Pocket Maximum (In-Network) \$6,450.00	\$1,214.34
\$0 <input type="checkbox"/> Rx Deductible \$6,450.00	\$276.16
\$0 <input type="checkbox"/> Rx Out-Of-Pocket Maximum \$6,450.00	\$276.16

Website: <http://www.accessrga.com>