

# Understanding Explanation of Benefits



## What is an Explanation of Benefits (EOB)?

As a member of ATRIO Health Plans, you receive an EOB statement in the mail each month you receive health care services. This is required by Medicare. Your EOB includes billing details for covered medical services and care, (such as physician visits, hospitals, vision, hearing, medical supplies and more) that were received the previous month. Your EOB explains what we paid and what you owe. You will also see how close you are to meeting your deductible and out-of-pocket maximum. If your plan includes a drug benefit, you get a separate Part D pharmacy EOB.

*Note: The EOB is NOT a bill. It is simply a statement showing details on how you and your plan will share costs.*

## What to look for in your EOB:

### 1 Totals for medical and hospital claims

This section details current month and year-to-date claims results. Totals for the year may not be limited to the current year dates of service and may include any claim processed in the previous year. The Deductible and yearly limits (section 2 below) are only populated with the current plan year limits and accumulations. For example, if you visit the doctor in December 2025, but the claim isn't processed until January 2026, it will show on your January EOB in the yearly totals, but it won't be part of your 2026 deductible or accumulators.

TOTALS for medical and hospital claims	Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
TOTALS for this month	\$80.00	\$76.00	\$60.80	\$6.80
TOTALS for this year	\$1,640.00	\$1,210.00	\$828.20	\$381.80

### 2 Deductible and yearly limits

If you have a deductible, this section shows how much of your yearly deductible is paid. The yearly limits section shows the most you will have to pay each year for out-of-pocket in copays, coinsurance, and deductible (if you have one) for in-network services. Once you've reached your yearly limit, we pay the full approved amount for your covered services for the rest of the year.

DEDUCTIBLE	YEARLY LIMIT - this limit gives you financial protection
For most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible. As of 03/21/2025 you have paid \$87.80 toward your \$245.00 yearly plan deductible.	As of 03/21/2025, you have had \$381.00 in out-of-pocket costs that count toward your out-of-pocket maximum for in-network covered services.

## 3 Itemized monthly billing information

This section may be multiple pages and uses billing codes and descriptions. It lists costs for services and claim details, such as name of physician, facility or practice, and description of services performed with date of services.

Smith Medical Group Claim # 12345678 (Out-of-network provider)	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
NURSING FACILITY CARE INIT (billing code 99304)	2/15/25	\$80.00	\$76.00	\$76.00	\$4.00

**Claim denial information** - If we deny your claim, we will tell you whether you are not responsible for payment of the claim, or whether you will need to pay the claim, which might be referred to as “member liability.”

## 4 Appeal information

Following your claim details section, we are required by the Centers for Medicare and Medicaid Services to tell you how to appeal a denied claim if you disagree with our decision. You have 60 days from the date of your statement to ask for an appeal.

- Standard appeal: You're asking for a reconsideration of the denial of a claim for health services.
- Fast appeal (expedited): You're asking for a faster reconsideration of the denied claim. This is available if your doctor feels that the time-frame for a standard appeal would jeopardize your health.

## 5 Additional pages

You get extra pages with your EOB that include the multi-language and non-discrimination statements required by the U.S. Office for Civil Rights.

### Digital Copy of Your Explanation of Benefits (EOBs)

You can find a lot of helpful benefit information by registering on our **Member Portal** at **atriohp.com**. Once you have registered and have an account on the Member Portal, you can click on '**Benefits**' > '**Benefit Services**' > '**Claims & Benefits Overview (2026)**' > '**Visit Now**' to navigate to the **myatrio.atriohp.com** Portal. Once the new link opens, click on '**Plan**' > '**Claims**' > '**Explanation of Benefits - View All**' to view your personal EOB PDF documents.

To register on the Member Portal, go to **atriohp.com** and select '**Members**', then '**Member Portal**'.

### Questions about your EOB?

Contact Customer Service at **1-877-672-8620 (TTY 711)**, daily from 8 a.m. to 8 p.m. local time.