



What to Expect on Your Explanation of Benefits (EOB)

When you visit a doctor or hospital, they work with Blue KC to file a claim on your behalf. These claims are outlined on your EOB.

An EOB is your go-to reference for important information like how much of your care was covered and how much you may owe your provider.

EOBs are available via your Blue KC member account at [MyBlueKC.com](https://www.mybluekc.com) and the MyBlueKC mobile app once a claim has been processed. You can find them under the Claims, EOB, & Usage section. You can also sign up for paperless EOBs in the Communication Preferences section.

Enrolling in email or text notifications provides you real-time updates on each of your claims and EOBs.

If you prefer to have EOBs delivered by mail you will receive a single document of all claims processed for the prior 30-day period.

Here's a look at a your EOB

- This is Not a Bill:** Your EOB is documentation of how Blue KC has processed your claim. If you do receive a bill from your provider, this is the amount you may owe. Use your EOB to verify the accuracy of any bill you may receive from your healthcare provider.
- Member Information:** Information about you and your insurance coverage. If an out-of-network claim has been filed, it is clearly noted here.
- Total Number of Claims:** Information about your recent claim(s) within the time period outlined.
- Narrative:** A brief overview of how your claim was processed.
- Summary:** A simple overview to show how your claim is paid. Please review the Claim Details section for further details.

Kansas City
PO BOX 419169
Kansas City MO 64141-6169

Forwarding Service Requested

JANE DOE
1234 STREET
CITY ST 00000

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THIS IS NOT A BILL
This is an Explanation of Benefits.
Keep this document for your records.

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Name of Insured: JANE DOE
Member ID: 0000000000
Group Number: 000000000

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Dear JANE DOE:

This Explanation of Benefits (EOB) document provides an overview of how your recent claim(s) were processed by Blue Cross and Blue Shield of Kansas City (Blue KC) and may include information about copays, deductibles, coinsurance, or non-covered charges you may owe to the healthcare provider(s) listed on the following page. Use this EOB to verify the accuracy of any bill you may receive from your healthcare provider(s).

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TOTAL NUMBER OF CLAIMS: 1

GO PAPERLESS!
Log in to [MyBlueKC.com](https://www.mybluekc.com) and navigate to your Profile at the top right of the page. The Communication Preferences tab lets you select options to receive new EOB notifications via email or text and view them online at your convenience.

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SUMMARY

Total Charges: \$205.00	This is the total amount for claims processed between: 02/13/2023 and 02/13/2023. These services were provided between 02/01/2023 and 02/01/2023.
Total Amount Paid by Blue KC: \$0.00	This is the amount Blue KC paid for the billed services based on your benefits and plan usage to date. The Claim Details page provides additional information.
Amount You May Owe: \$73.02	This is the amount the healthcare provider may bill you for because you have a deductible, copay, coinsurance, or the service was not covered by your insurance plan. The Claim Details page provides additional information.

6. **Claim Details:** This area combines critical payment information into one convenient summary. Please review this carefully as it outlines the Blue KC negotiated savings as well as any fees and services for which you are responsible.
7. **Blue KC Discount Amount:** Blue KC has negotiated savings with providers on your behalf. Please note any out-of-network provider may bill you for an additional amount based on contract status.
8. **Covered by Blue KC:** This is the total of the claim after all discounts and other reductions. Deductible and coinsurance amounts are calculated from this figure.
9. **Copay:** The amount a member must pay each time a specific covered service is received, if your policy includes copayments.
10. **Coinsurance:** The percentage of an allowable charge you must pay for a covered service. Generally, the deductible must be met before your coinsurance applies.
11. **Applied to Deductible:** The portion of the claim being applied to your plan deductible. You must pay this amount before benefits become payable by Blue KC.
12. **Blue KC Payment Amount:** This is the amount that Blue KC will pay to the provider or member for the claim.
13. **Plan Usage:** This area documents what your deductible status was at the time the claim was processed. Many times, this information will be outdated by the time you receive an EOB. You can get your most recent and up-to-date deductible information in your member account at MyBlueKC.com under the Claims & Usage section.

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CLAIM DETAILS

Claim Number: 0000000000

Name of Insured: JANE DOE

Provider Name: DOCTOR

Claim Network Status: IN NETWORK

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Date(s) of Service	Type of Service	Total Charges	Not Covered/Not Eligible	Reason Code	Blue KC Discount Amount	Covered by Blue KC	Copay	Coinsurance	Applied to Deductible	Blue KC Payment Amount
02/01/23 02/01/23	SRO	\$205.00	\$0.00	PDC	\$131.98	\$73.02	\$0.00	\$0.00	\$73.02	\$0.00
Totals		\$205.00	\$0.00		\$131.98	\$73.02	\$0.00	\$0.00	\$73.02	\$0.00

BCBSKC Plan Payment: \$0

Amount You May Owe: \$73.02

TYPE OF SERVICE DESCRIPTION

SRO - General Surgery - Outpatient

REASON CODE DESCRIPTION

ZLR -

PDC - This charge has been processed based upon the provider's participation status and your contract terms.

To help protect your privacy, BLUE KC does not include additional details beyond the Type of Service Description included on this EOB. Contact the healthcare provider who performed the service for more information.

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PLAN USAGE

These totals are accurate as of the last claim shown on this document. If you received care more recently, unprocessed claims for that care will not yet be reflected in the totals shown here. You can also log into MyBlueKC.com to view your plan usage information, including your current deductible amount (if applicable) and out-of-pocket expenses.

Medical - In Network Individual

A deductible is the amount you pay for covered healthcare services before Blue KC pays its share of the cost.

\$3000.00 Total Deductible

\$1273.34 Applied to Deductible

\$1726.66 Remaining Deductible

Medical - In Network Family

A deductible is the amount you pay for covered healthcare services before Blue KC pays its share of the cost.

\$6000.00 Total Deductible

\$1273.34 Applied to Deductible

\$4726.66 Remaining Deductible

Individual In Network Out Of Pocket Max

Blue KC will pay 100% of covered services for the remainder of the plan year, if your deductible, coinsurance, and copayments exceed this total.

\$3000.00 Total Out Of Pocket

\$1273.34 Total Applied to Out-of-Pocket Max

\$1726.66 Remaining Out-of-Pocket Max

* Some plan designs may not include all copayments in the out-of-pocket accumulation.

Family In Network Out Of Pocket Max

Blue KC will pay 100% of covered services for the remainder of the plan year, if your deductible, coinsurance, and copayments exceed this total.

\$6000.00 Total Out Of Pocket

\$1273.34 Total Applied to Out-of-Pocket Max

\$4726.66 Remaining Out-of-Pocket Max

* Some plan designs may not include all copayments in the out-of-pocket accumulation.

Access your EOBs:

Visit MyBlueKC.com or download the MyBlueKC mobile app.

MyBlueKC.com

MyBlueKC mobile app

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting MyBlueKC.com and clicking on **Plan Benefits**.

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