



Understanding your UMR EOB, as easy as 1-2-3

An explanation of benefits, or EOB, is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. You'll receive a bill from your provider for any amount you may owe.

1 Cost summary

The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

Here's a summary for you.


Detailed claim and benefit information is located on the following page(s).

Amount billed:	\$100.00	This is the total amount that your provider billed for the services that were provided to you.
Charge(s) reduced:	\$0.00	Charge(s) reduced to amount approved by Medicare. Because your provider accepts Medicare, they cannot bill you for the difference.
Medicare and/or your plan paid:	\$100.00	This is the portion of the amount billed that was paid by Medicare and The Tennessee Plan.
You saved:	\$100.00	100% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.
TOTAL YOU MAY OWE:	\$0.00	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.


2 Service and payment details

This section includes information about who received the medical service, the name of the provider and what types of care the member received. It gives you a breakdown of how the claim was processed, including:

- How much your provider billed
- The amount paid by your employer-sponsored plan
- The amount you may owe, including co-pays, deductibles and out-of-pocket amounts



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Page 1
Dist Code: MD

Retiree	
Retiree Address	
Employer Number	7670-00-413423
Member ID	
Plan Name	The Tennessee Plan
Notice Date	06-22-21

Patient: _____ Claim Number: **123456789** Provider Name: **AFRIDI,BELAL,MD** Patient Account: _____


Service(s) you received	Service date(s)	Amount billed by provider	MEDICARE PAYS			PLAN PAYS		YOU PAY	
			Medicare Approved	Reason code	Medicare Paid	Plan paid	Amount Not Payable	Reason code	Co-pay
MEDICAL EXAMINATION	06-01-21	\$100.00	\$0.00		\$0.00	\$100.00	\$0.00	\$0.00	\$0.00
Totals		\$100.00	\$0.00		\$0.00	\$100.00	\$0.00	\$0.00	\$0.00

*This total may not reflect any payments/co-pays you made at the time of service. Please wait for a provider bill before making a payment.
(+) Indicates any payment you may owe. (-) Indicates any discount or plan payment that will reduce what you owe.

Reason code explanations:

When Plan benefit amount is equal to or less than Medicare's payment, the Plan will make no additional payment-See Coordination of Benefits.

Plan payment(s) made on this EOB: _____ Payment To: CARDIOLOGY Payment Date: 06-22-21 Payment Amount: \$100.00

 **Members can go paperless on www.TheTennesseePlan.com**

Sign up for digital EOBs and you'll receive email reminders every time you have a new EOB. PLUS, we'll let you know if you need to take action on the EOB and give you more details about your claim.

