EMPLOYEE GUIDE

Guide to Understanding Your Explanation of Benefits (EOB)

What is an Explanation of Benefits

After your provider submits a claim, Blue Cross and Blue Shield of Texas (BCBSTX) will issue an Explanation of Benefits (EOB). Your EOB summarizes how the claim was processed, how much the provider charged, what your health plan covered, and what you may owe.

An EOB is not a bill.

You can access your EOB and claims history by logging in to Blue Access for Members.

For help understanding the sections of an EOB, view this BCBSTX guide: Need an Explanation of Your Explanation of Benefits?

How to Review Your Explanation of Benefits and Confirm Your Preventive Exam

Review your EOB for information that may show that your visit was processed as a qualifying preventive care exam:

1. Find the Claim for Your Exam

Ensure the claim has finished processing and confirm that the following information matches your appointment:

- Patient's name
- Provider's name
- Date of service

Your EOB may contain several claims or service lines from the same appointment.

2. Review the Service Description

Look for a description such as:

- Annual preventive exam
- Preventive medicine visit
- Routine physical
- Wellness exam
- Well-woman exam
- Preventive health checkup

The exact wording may vary, and some EOBs may use a general description. A description such as "office visit" or "diagnostic visit" alone does not confirm that a qualifying annual preventive exam is on file.

3. Review the Amount You May Owe

Find the service line for the preventive exam and review these fields:

- Deductible
- Copay
- Coinsurance
- Amount not covered
- Amount you may owe

When you receive an annual preventive exam from an in-network provider that is processed as preventive care, the preventive portion of your visit is generally covered at 100%, meaning you owe **$0**. The amount billed by your provider is not necessarily the amount you may owe. Providers may bill the health plan for their services even when you have no out-of-pocket cost.

Note: A $0 Claim Is Not Confirmation by Itself: Vaccinations, screenings, laboratory tests and other preventive services may also be covered at no cost. However, receiving one of these services does not necessarily satisfy the Preventive Care Incentive Program requirement. Your claim must include a qualifying **annual preventive exam**. Therefore, a $0 balance is a helpful indicator, but it does not confirm completion of the requirement.

4. Check for Additional Services

Your EOB may show more than one service from the same appointment.

If you discussed a new illness, injury, symptom or existing medical condition during your preventive exam, the provider may submit both preventive and diagnostic services. The diagnostic portion may be subject to a copay, deductible or coinsurance.

An amount owed for a separate diagnostic service does not necessarily mean the preventive exam was coded incorrectly. Look for a separate preventive exam service line or contact UT SELECT Concierge to confirm that a qualifying annual preventive exam is on file.

When to Contact UT SELECT Concierge:

Contact UT SELECT Concierge if:

- Your exam does not appear in your claims history.
- The claim is described only as a regular office visit or diagnostic visit.
- The preventive-exam line shows an unexpected copay, deductible or coinsurance.
- The claim was denied or listed as not covered.
- The provider is listed as out of network, but you expected the provider to be in network.
- You received a bill that does not match the amount shown on your EOB.
- You are unsure whether the claim satisfies the Preventive Care Incentive Program requirement.

If You Are Unsure Whether Your Exam Qualifies

Contact the UT SELECT Concierge at 866-882-2034 and ask:

"Can you confirm that I have a qualifying annual preventive exam on file for the Preventive Care Incentive Program?"

The Concierge can review your claims history and help determine whether the visit was processed correctly.

If a qualifying preventive exam is not on file:

1. Contact your provider's billing office.
2. Ask whether the visit was submitted as an annual preventive exam.
3. If a coding error occurred, ask whether the provider can submit a corrected claim.
4. If you received a bill, ask the provider to place the account on hold while the claim is reviewed.
5. Keep a record of your calls and any information provided.

Human Resources cannot review individual medical claims or confirm whether an employee or covered spouse has satisfied the requirement. Claim-specific questions should be directed to the UT SELECT Concierge.