**Explanation of Benefits**

This is not a bill.

If you have a question about your claim, please call Customer Service at 331-7319 or 866-482-2253.

www.bcidaho.com

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**Summary**

For claims processed through 03/01/2010

<table>
<thead>
<tr>
<th>SERVICES SUBMITTED BY</th>
<th>CHARGES</th>
<th>NETWORK SAVINGS</th>
<th>OTHER INSURANCE</th>
<th>AMOUNT WE PAID</th>
<th>WHAT YOU OWE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Clinic</td>
<td>344.00</td>
<td>46.00</td>
<td>0.00</td>
<td>238.20</td>
<td>59.80</td>
</tr>
</tbody>
</table>

**Deductible Status**

For benefit period 01/01/2009-03/01/2009, the following has been satisfied:
- 250.00 of the 250.00 Individual Deductible.
- 250.00 of the 250.00 Family Deductible.

**Detail**

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Service Description</th>
<th>Charges</th>
<th>Network Savings</th>
<th>Other Insurance</th>
<th>Non Covered</th>
<th>Deductible</th>
<th>Copayment/Coinsurance</th>
<th>Amount We Paid</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/21/03</td>
<td>Physician Care</td>
<td>329.00</td>
<td>46.00</td>
<td></td>
<td>4.00</td>
<td>55.80</td>
<td></td>
<td>223.20</td>
<td>1</td>
</tr>
<tr>
<td>02/21/03</td>
<td>Laboratory</td>
<td>15.00</td>
<td>0.00</td>
<td></td>
<td>4.00</td>
<td>55.80</td>
<td></td>
<td>15.00</td>
<td></td>
</tr>
</tbody>
</table>

**Claim Total**

344.00 46.00 4.00 55.80

Notes:
1. Amount listed in the Network Savings column exceed the allowable amount for this service. You may not be responsible for this amount.
2. Amounts listed in the Noncovered column exceed the allowable amount for this service. You are responsible for this amount.

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Suspect Fraud? Please help by calling our hotline at 1-800-682-9095.

An Independent Licensee of the Blue Cross and Blue Shield Association
EXPLANATION OF BENEFITS (EOB)

1 Customer Service Information – This is how to contact us with questions about your EOB.

2 Summary Information – This box gives you an overview of information shown in the EOB.

3 Patient’s Name – The name of the person who received this service. It could be anyone in your family who has coverage under your health plan. This may not match/be the addressee.

4 ID Number – The covered policyholder’s number. This number appears on your ID card. You will be asked for this number when you call customer service.

5 Group Number – This is the number assigned to you or your group so we can track claims, benefits, billing and other services.

6 Services Billed By – This is who billed the service. This may or may not be the provider of services. Some providers bill their own services, while others use a billing service.

7 Charges – This is the amount your provider billed for the services you received.

8 Network Savings – This is the amount you saved by using a contracting provider. Providers may be contracting with Blue Cross of Idaho or with other Blue Cross Blue Shield plans depending on the state in which the services are provided. You do not have to pay providers for this amount.

9 Other Insurance – This is the amount your other insurance paid for services. Other insurance may include other medical, car or worker’s compensation insurance.

10 Amount We Paid – This is the amount we have paid to you or your provider. If paid to you, a check should be enclosed.

11 What You Owe the Provider – This is the amount that needs to be paid to your provider.

12 Total – The total amount in each column for all providers on this EOB.

13 Deductible Status – This is the amount of the deductible that has been met for this patient as of the date of this statement. Claims that are processed or adjusted after this date may change the deductible status. Note: All EOBs may not show this information.

14 Detail Information – This box gives you detailed information for each claim shown in the EOB.

15 Provider – The health care professional or facility that provided services to the patient.

16 Patient Account – The number the provider of service has given to the patient who received services.

17 Insurance Claim – The number we have given to the claim this EOB refers to.

18 Service Date – The date the service was provided for this claim.

19 Service Description – A general description of the type of service the patient received for this claim.

20 Charges – The amount your provider billed for the services you received for this claim.

21 Network Savings – This is the amount you saved by using a contracting provider. Providers may be contracting with Blue Cross of Idaho or with other Blue Cross Blue Shield plans depending on the state in which the services are provided. You do not have to pay providers for this amount.

22 Other Insurance – This is the amount your other insurance paid for these services.

23 Noncovered – This is the portion of the charges not covered by your benefit plan for this claim. Your provider may bill you for these charges.

24 Deductible – This is the amount applied to the patient’s deductible for this claim. Your provider may bill you for these charges.

25 Copayment/Coinsurance – This is the amount of copayment OR coinsurance for this claim. Your provider may bill you for these charges.

26 Amount We Paid – This is the amount we have paid to you or your provider for this claim.

27 Notes – These notes explain the action we took on this claim. Notes show why we process the claim the way we did. They may also show information we still need or an action that is required from you.

28 Claim Total – The total amount in each column for each claim on this EOB. These amounts may or may not match those in the Total of the Summary Section.

29 Appeal Procedures – This tells you what you need to do if you