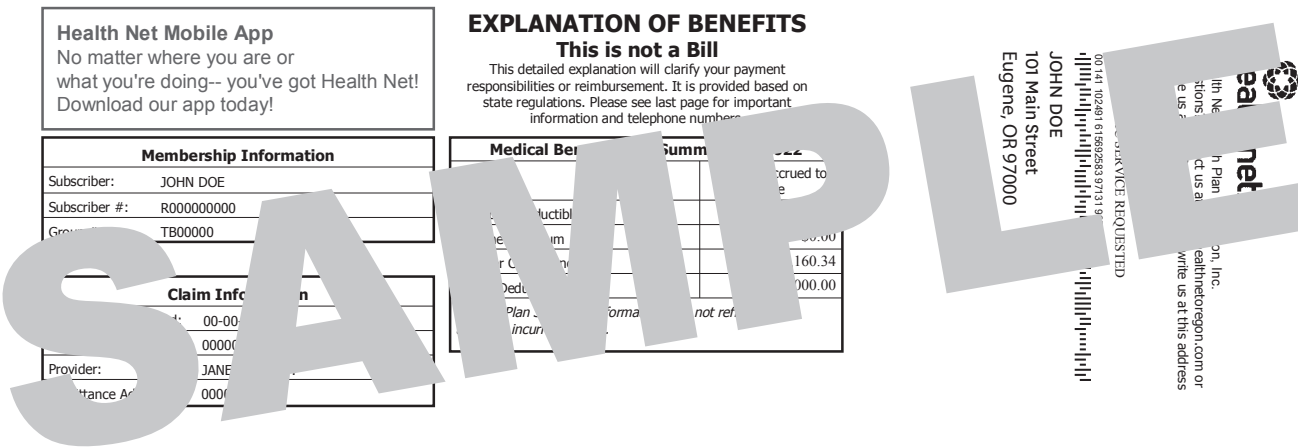


Understanding Your Explanation of Benefits

You may receive an Explanation of Benefits (EOB) from Health Net Health Plan of Oregon, Inc. (Health Net) after you use your health plan benefits. **An EOB is not a bill.** It is a brief description of the benefits applicable to the services you received.

The EOB shows the amount your health care provider billed Health Net, the amount Health Net paid, and the portion of the cost of services that may be your responsibility. A sample EOB is shown below with the most common sections described. Depending on the services you receive and your plan type, your EOB may have data in the same or different areas.



1	Line item, date, type of service and the amount your provider billed to Health Net. Codes refer to the reason for any non-allowed amount.
2	Allow amount from other health insurance for Coordination of benefits. COB (Coordination of Benefits) applies to a person who is covered by more than one health plan. This is the allowed amount by the primary other insurance coverage for the services provided. Health Net will coordinate benefits with primary coverage.
3	Paid amount from other health insurance for coordination of benefits.
4	Amount previously paid toward the billed service(s) by either another carrier or Health Net.
5	Amounts that are your responsibility to pay, per your plan agreement.
6	Codes refer to the reason for any non-allowed amount and are further described at the bottom of the form.

Claim Payment Summary

Patient Name: Jane Doe

Date of Service	Type of Service	Amount Billed (\$)	Amount Not Allowed (\$)	Allowed Amount (\$)	COB Allowed Amount (\$)	COB Paid Amount (\$)	Codes	Amount Previously Paid by Health Net (\$)	Total Amount Paid by Health Net (\$)	Your Co-insurance (\$)	Your Deductible (\$)	Your Copay (\$)	Total Provider May Bill You (\$)	Payment Issued to Member (\$)
03-22-22	PROF SERVICE	\$318.00	\$128.33	\$189.67	\$189.67	\$164.67	152			\$94.83	\$0.00	\$0.00		
			\$69.84				216							
Total		\$318.00	\$198.17	\$189.67	\$189.67	\$164.67		N/A	\$25.00	\$94.83	\$0.00	\$0.00	\$0.00	\$0.00

Total Billed Amount:	\$318.00
Medicare Amount Not Allowed:	
Medicare Amount Allowed:	\$0.00
Amount Medicare Paid:	\$164.67
Total Amount Paid by Health Net:	\$25.00

6 Non-Allowed Codes 152 - Amount exceeds the Maximum Allowable Amount under the member's plan.
216 - Primary payer's allowed amount exceeds secondary payer's allowed amount. As a result, services listed above are not eligible for payment
See attached "Your Rights and Protections Against Surprise Medical Bills" document.

Questions?

If you have questions about an EOB you received, please call our Customer Contact Center. You'll find the number on the front of your EOB near your mailing address.