

Understanding Your Explanation of Benefits

Your Explanation of Benefits (EOB) from Horizon Blue Cross Blue Shield of New Jersey helps you understand how your plan pays for care you or a covered dependent receives.

There are two ways to see your claim activity. You can view your claims online anytime when you sign in to the **Horizon Blue** app or online at **HorizonBlue.com**. If you choose to receive paper copies from us, you will also receive EOBs in the mail.

To view your claims online, sign in and choose *Claims*. You can narrow your results by entering details in the search fields next to the member name, and you can sort by categories.

You can learn more about your EOB and how your plan works at **HorizonBlue.com/eob**.

Online example

The screenshot shows the 'Recent Claims' section of the Horizon Blue online portal. At the top, there are navigation tabs: CLAIMS, BENEFITS & COVERAGE, MY ACCOUNTS, WELLNESS, ID CARDS, DOCTORS & CARE, DOCUMENTS, and a CONTACT US button. Below the tabs, there are icons for 'Recent Claims' and 'Statements of Payment'. The main content area features a search bar with the member name 'JOHN DOE' and several filter fields: Claim Type (set to 'Medical'), Start Date (mm/dd/yyyy), End Date (mm/dd/yyyy), Claim Number, and Service Provider. A 'FILTER' button is located to the right of these fields. Below the search bar, there are eight circular callouts labeled A through H, each pointing to a specific column in the table below. The table columns are: Claim Number, Service Provider, Patient, Service Date, Service Type, Your Responsibility, Status, and Explanation of Benefits.

- A: Claim Number** The number associated with the claim. Refer to this number if you need to contact us with questions.
- B: Service Provider** The doctor, health care professional or facility that provided care and has filed the claim.
- C: Patient** Which member on your plan received the care.
- D: Service Date** The date that services were provided to the patient.
- E: Service Type** A brief description of each service.
- F: Your Responsibility** This is the amount you may be billed by your doctor, hospital or other health care professional. You would pay this bill directly to the provider.
- G: Explanation of Benefits** This link takes you to a PDF of the traditional EOB statement. If you have not opted in to electronic only communications, you will receive a similar version in the mail. You can save or print this PDF for your reference.

(Over, please)

To get the **Horizon Blue** app, text **GetApp** to **422-272** or download it from the App Store® or Google Play™.



HorizonBlue.com/eob

If you choose to receive EOBs in the mail, here's how to read your EOB when you receive it.

Paper example

SUMMARY INFORMATION										
PATIENT NAME JOHN DOE	RELATION DEPENDENT	CLAIM NUMBER 901234567890123 00	GROUP NUMBER 0000AAAA0	TOTAL CHARGE 5,786.65	HORIZON PAID 1,545.75					
DETAIL INFORMATION		C	D	E	F	G	H	I	J	K
A	DATE OF PROVIDER SERVICE TYPE OF SERVICE	BILLED AMT	ALLOWED AMT	YOUR COINS/COPAY AMT	YOUR DEDUCTIBLE AMT	OTHER CARRIER PAYMENT AMT	NOT COV AMT	HORIZON PAID AMT	MESSAGE CODE	SUBSCRIBER RESPONSIBILITY

- A: Date of Service** The date that services were provided to the patient.
- B: Type of Service** A brief description of each service.
- C: Billed Amount** The amount the doctor, health care professional or facility charged for each service on the claim.
- D: Allowed Amount** The amount Horizon BCBSNJ approved for payment based on your plan benefits prior to the deductible, coinsurance, copayment or other member cost sharing, if applicable.
- E: Your Coinsurance/ Copayment Amount** The coinsurance or copayment amount, which is your responsibility after you have met your deductible, if applicable. You pay this amount to the doctor, health care professional or facility.
- F: Your Deductible Amount** The amount applied for this service under your benefits contract. You are responsible for paying this amount to the doctor, health care professional or facility. Learn more at HorizonBlue.com/deductible.
- G: Other Carrier Payment Amount** The amount paid by another insurance carrier, if applicable.
- H: Not Covered Amount** Any amount of the fee charged for the service that is not covered by your plan; expenses not covered or in excess of your benefits. You may be responsible to pay this amount in addition to any deductible, coinsurance or copayment. When using an out-of-network doctor, health care professional or facility, the costs above the negotiated rate of an in-network provider will appear here.
- I: Horizon BCBSNJ Paid Amount** The total amount paid by Horizon BCBSNJ to you, your doctor, health care professional or facility for the services performed.
- J: Message Code** These codes refer to specific messages below each claim that help explain how we calculated our payment.
- K: Subscriber Responsibility** The amount you owe the doctor, health care professional or facility. This includes any copayment, deductible or coinsurance, if applicable. This figure is your total responsibility; it does not reflect the status of any payments already made to the doctor, health care professional or facility. For out-of-network services, the difference between billed and allowed amounts is included here.