**Understanding Your EOB (Explanation of Benefits)**

1. **AMOUNT CHARGED**
   The medical provider’s (e.g., doctor, hospital, or clinic) bill for your service.

2. **AMOUNT INELIGIBLE**
   The part of the bill that includes services not covered by your plan. This is between you and the provider.

3. **AMOUNT ELIGIBLE**
   This is PEHP’s In-Network Rate. This is the most we allow in-network providers to charge for this service. However, out-of-network providers may charge more than the In-Network Rate. Avoid paying more by using only providers in your network (go to www.pehp.org).

4. **DEDUCTIBLE**
   The set amount you pay for eligible charges in a plan year before cost sharing takes place.

5. **CO-INSURANCE**
   The percentage of the cost you must pay under your plan. You may already have paid this amount when you received services. If so, the provider’s bill may be lower than what’s shown on the EOB.

6. **CO-PAY**
   The fixed dollar amount you must pay under your plan. You may already have paid this amount when you received services. If so, the provider’s bill may be lower than what’s shown on the EOB.

7. **AMOUNT PAID**
   The part of the bill PEHP paid.

8. **CLAIM NUMBER**
   Keep this number as reference if you call PEHP about your claim.

9. **YOUR TOTAL RESPONSIBILITY**
   The amount of the bill the provider expects you to pay. This is between you and the provider.

10. **CPT CODE**
    This code for the service you received can be helpful when discussing your EOB with your doctor or PEHP.