

Humana®

Getting to know SmartEOB®



What is SmartEOB?

This is not a bill. If you owe anything, your healthcare providers will send you a bill. Your Explanation of Benefits (EOB) shows your claims, including co-pay or coinsurance amounts you paid. You will get an EOB after we receive and process a claim, roughly each month. You may not receive an EOB every month.



What's inside?

- Total dollars you've spent during the summary period
- Clear view of who paid what: You can easily see your share and what Humana paid for the current summary period
- Personalized and actionable messaging
- Definitions of insurance terms

SmartEOB
Your personal Explanation of Benefits summary
Page 15 of 24
Firstname & Lastname

Plan year to date summary
January 1, 2025 – January 31, 2025

Your total medical and prescription expenses

Total billed charges	\$1,350.00
Plan discounts/exclusions	-\$34.52
Benefit exclusions	-\$0.00
Allowed amount	\$1,015.08
Amount plan pays	\$365.08
Medical costs	\$115.00
Prescription costs	\$150.00
Medical share	\$650.00
Medical costs	\$150.00
Prescription costs	\$150.00

Your total dental expenses

Total billed charges	\$491.97
Plan discounts/exclusions	-\$13.52
Benefit exclusions	-\$0.00
Allowed amount	\$376.45
Amount plan pays	-\$15.00
Medical costs	\$361.45
Prescription costs	\$15.00

Deductibles and maximums
(What you paid out of pocket for dental claims. Your health plan includes a plan which is the total amount you have to pay in a year. The plan maximum out-of-pocket and coinsurance amounts.)

Medical deductibles

Individual in-network deductible (Jan 1, 2025 – Jan 31, 2025)	\$1,000.00
Family in-network deductible (Jan 1, 2025 – Jan 31, 2025)	\$2,000.00
Individual out-of-network deductible (Jan 1, 2025 – Jan 31, 2025)	\$1,000.00
Family out-of-network deductible (Jan 1, 2025 – Jan 31, 2025)	\$2,000.00

Medical deductibles

Individual in-network deductible (Jan 1, 2025 – Jan 31, 2025)	\$1,000.00
Family in-network deductible (Jan 1, 2025 – Jan 31, 2025)	\$2,000.00
Individual out-of-network deductible (Jan 1, 2025 – Jan 31, 2025)	\$1,000.00
Family out-of-network deductible (Jan 1, 2025 – Jan 31, 2025)	\$2,000.00

Medical maximum out-of-pocket

Individual in-network maximum (Jan 1, 2025 – Jan 31, 2025)	\$500.00
Family in-network maximum (Jan 1, 2025 – Jan 31, 2025)	\$1,000.00
Individual out-of-network maximum (Jan 1, 2025 – Jan 31, 2025)	\$500.00
Family out-of-network maximum (Jan 1, 2025 – Jan 31, 2025)	\$1,000.00

Medical maximum out-of-pocket

Individual in-network maximum (Jan 1, 2025 – Jan 31, 2025)	\$500.00
Family in-network maximum (Jan 1, 2025 – Jan 31, 2025)	\$1,000.00
Individual out-of-network maximum (Jan 1, 2025 – Jan 31, 2025)	\$500.00
Family out-of-network maximum (Jan 1, 2025 – Jan 31, 2025)	\$1,000.00

SmartEOB®
Your personal Explanation of Benefits summary
Page 16 of 24
Firstname & Lastname

Claims summary period
January 1, 2025 – January 31, 2025

Your total medical and prescription expenses

Total billed charges	\$2,896.33
Plan discounts/exclusions	-\$177.93
Benefit exclusions	-\$0.00
Allowed amount	\$2,718.40
Amount plan pays	-\$400.00
Medical costs	\$50.00
Prescription costs	\$550.00
Medical share	\$1,558.40
Medical costs	\$55.30
Prescription costs	\$550.00

Your total dental expenses

Total billed charges	\$400.00
Plan discounts/exclusions	-\$100.00
Benefit exclusions	-\$0.00
Allowed amount	\$300.00
Amount plan pays	-\$100.00
Medical costs	\$200.00
Prescription costs	\$100.00

COBRA
Plan discounts: Amount you saved because of Humana's negotiated rate with in-network providers.
Plan exclusions: Amounts the plan does not allow and that you are not responsible for. Please refer to the reason codes in your summary for more details.
Allowed amount: Maximum charge allowed for a covered medical service or supply.
Benefit exclusions: Specific conditions or services that your plan does not provide benefits for, which you may be responsible for paying to the doctor or hospital. Please refer to the reason codes in your summary for more details.
Your total share: The amount you may owe or may have already paid for all claims on this summary. If you owe anything, your healthcare provider will send you a bill.

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© 2025 Humana Inc. | SCH2024H1 | HUMANA'S 2025 MEDICARE SUPPLEMENTAL AND MEDICAID CLAIMS SUMMARY
Questions about your plan or this summary call Medical 800-833-8283, Dental 800-833-8283 or visit Humana.com.

1

Medical claims (MedSupp and Medicaid members)

SmartEOB
Your personal Explanation of Benefits summary
Page 10 of 24
Firstname & Lastname

Medical claims

Claim # 5555555555555555 Processed on 1/21/25	Total charge	\$75.00
Patient account # 123456	Plan discounts/exclusions	-\$43.32
JONES MD 12025 - 12125	Benefit exclusions	-\$28.68
Medical Procedure (12345), In-network	Allowed amount	\$0.00
Reason code: 1316H0	Amount plan pays	\$0.00
	Co-pay	\$0.00
	Deductible	\$0.00
	Coinsurance	\$0.00
	Medical share	\$75.00
	Medical costs	\$75.00

Medical claims

Claim # 5555555555555555 Processed on 1/21/25	Total charge	\$75.00
Patient account # 123456	Plan discounts/exclusions	-\$43.32
JONES MD 12025 - 12125	Benefit exclusions	-\$28.68
Medical Procedure (12345), In-network	Allowed amount	\$0.00
Reason code: 1316H0	Amount plan pays	\$0.00
	Co-pay	\$0.00
	Deductible	\$0.00
	Coinsurance	\$0.00
	Medical share	\$75.00
	Medical costs	\$75.00

Medical claims

Claim # 5555555555555555 Processed on 1/21/25	Total charge	\$100.00
Patient account # 123456	Plan discounts/exclusions	-\$50.00
JONES MD 12025 - 12125	Benefit exclusions	-\$75.00
Medical Procedure (12345), In-network	Allowed amount	\$0.00
Reason code: 1316H0	Amount plan pays	\$0.00
	Co-pay	\$0.00
	Deductible	\$0.00
	Coinsurance	\$0.00
	Medical share	\$100.00
	Medical costs	\$100.00

Medical claims

Claim # 6666666666666666 Processed on 1/21/25	Total charge	\$100.00
Patient account # 123456	Plan discounts/exclusions	-\$50.00
EDWARDS MD 12025 - 12125	Benefit exclusions	-\$100.00
Medical Procedure (12345), In-network	Allowed amount	\$0.00
Reason code: 18N01	Amount plan pays	\$0.00
	Co-pay	\$0.00
	Deductible	\$0.00
	Coinsurance	\$0.00
	Medical share	\$100.00
	Medical costs	\$100.00

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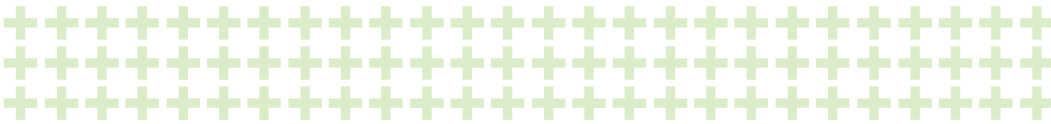
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Medical claim pages display for Medicare Supplemental and Medicaid members. Dental claim pages display claims for Commercial and Medicaid members.

- Claim number, service and process dates, provider, description, and service and diagnosis codes to help you understand exactly what services were billed
- The **Your share** row represents your responsibility for the claim after plan discounts and payments. If you owe anything your provider will bill you.
- The **Claims summary totals** section shows the cumulative totals for all claims for the summary period

Continued to the next page →

What's inside?



2 Prescription claims (Medicaid members)

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Page 9 of 24Firstname A Lastname

Medical claimsJanuary 1, 2025 - January 21, 2025

(This section lists new medical claims that were processed this period or previously processed claims that were adjusted this period. If you believe a claim was processed incorrectly, you will need to submit a request for review and appeal. If you suspect fraud, please contact Humana Inc., 1100 Empire Blvd., Glen Ridge, NJ 07034 (1-800-616-1126). The legal entity for your medical coverage is Humana Insurance Company.)

Medical claims	
Claim # 4444444444444444 (Processed on 1/21/25)	Total charge \$500.00
Patient account # 123456	Plan discount/exclusions -\$100.00
SMITH MD 1/20/25 - 1/21/25	Benefit exclusions -\$50.00
Physical visit (12345), Out-of-network	Allowed amount \$50.00
Reason code 131600	(Amount plan pays) -\$50.00
	Co-pay \$100.00
	Deductible \$50.00
	Coinsurance \$50.00
	(Your share) \$250.00

• A reserve credit in the amount of \$2.00 has been applied to this claim.

Claim # 5555555555555555 (Processed on 1/21/25)	Total charge \$150.00
Patient account # 123456	Plan discount/exclusions -\$14.92
JONES MD 1/20/25 - 1/21/25	Benefit exclusions -\$15.08
ADJUTED	Allowed amount \$0.00
Periodic Comprehensive Prevent (12345), In-network	(Amount plan pays) \$0.00
	Co-pay \$0.00
	Deductible \$0.00
	Coinsurance \$0.00
	(Your share) \$15.08

Claim # 5555555555555555 (Processed on 1/21/25)	Total charge \$200.00
Patient account # 123456	Plan discount/exclusions -\$50.00
JONES MD 1/20/25 - 1/21/25	Benefit exclusions -\$0.00
Developmental Screening With (12345), In-network	Allowed amount \$150.00
Reason code 131600	(Amount plan pays) -\$50.00
	Co-pay \$0.00
	Deductible \$0.00
	Coinsurance \$0.00
	(Your share) \$100.00

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- Detailed list of all prescriptions you filled during the summary period
- Discounted cost that Humana negotiated for each prescription
- The Your share row represents what you paid when you picked up the prescription
- Helpful messages about lower costs and resources available to you

3 Plan page

SmartEOB

Page 15 of 24Firstname A Lastname

Plan year to date summaryJanuary 1, 2025 - January 21, 2025

• Total billed charges \$3,350.00

Plan discount/exclusions -\$134.92

Benefit exclusions -\$0.00

Allowed amount \$3,015.08

(Amount plan pays) -\$185.08

Medical costs \$215.08

Prescription costs \$150.00

(Your total share) \$650.00

Medical costs \$200.00

Prescription costs \$450.00

• Total billed charges \$495.87

Plan discount/exclusions -\$115.52

Benefit exclusions -\$0.00

Allowed amount \$370.45

(Amount plan pays) -\$15.00

(Your total share) \$344.45

Do you need a copy of a previous SmartEOB? You can view your past summaries when you sign in to MyHumana, your secure online account on Humana.com, scroll to the bottom of the page and choose "View SmartSummary Statements" under the "I want to:" section.

Deductibles and maximum out-of-pocket

(What you paid out of pocket for (medical, prescription and dental) claims. Your health plan includes a plan maximum out-of-pocket, which is the total amount you have to spend out of pocket this plan year. The plan maximum out-of-pocket includes deductibles, copays and coinsurance amounts.)

	Maximum amount	Amount you paid	Amount remaining
Medical deductibles			
Individual in-network deductible (Jan 1, 2025 - Jan 21, 2025)	\$2,000.00	\$2,000.00	\$0.00
Family in-network deductible (Jan 1, 2025 - Jan 21, 2025)	\$2,000.00	\$2,000.00	\$0.00
Individual out-of-network deductible (Jan 1, 2025 - Jan 21, 2025)	\$2,500.00	\$720.19	\$1,779.81
Family out-of-network deductible (Jan 1, 2025 - Jan 21, 2025)	\$2,500.00	\$2,500.00	\$0.00
Medical deductibles			
Prescription in-network deductible (Jan 1, 2025 - Jan 21, 2025)	\$500.00	\$300.00	\$200.00
Medical maximum out-of-pocket			
Individual in-network maximum out-of-pocket (Jan 1, 2025 - Jan 21, 2025)	\$2,000.00	\$2,000.00	\$0.00
Family in-network maximum out-of-pocket (Jan 1, 2025 - Jan 21, 2025)	\$2,000.00	\$2,000.00	\$0.00
Individual out-of-network maximum out-of-pocket (Jan 1, 2025 - Jan 21, 2025)	\$2,500.00	\$720.19	\$1,779.81
Family out-of-network maximum out-of-pocket (Jan 1, 2025 - Jan 21, 2025)	\$2,500.00	\$2,500.00	\$0.00
Medical maximum out-of-pocket			
Prescription maximum out-of-pocket (Jan 1, 2025 - Jan 21, 2025)	\$2,000.00	\$0.00	\$2,000.00

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- Total dollars you've spent this year
- Deductible and maximum out-of-pocket
- Clear view of who paid what for the entire plan year

