

Getting to know SmartEOB[®]



What is SmartEOB?

SmartEOB was designed so you can see all your medical, prescription and dental claims in a way that's easy to read and understand. Your SmartEOB combines the detail of all your claims with personalized health messaging and budgeting information. Your SmartEOB is not a bill. Use your SmartEOB as a record of your healthcare and to talk to your doctor about your health screenings and medicines. You can use it to compare with your doctor bills to make sure your doctor charged the correct amount. You can also save it for tax purposes.

When will I receive a SmartEOB?

You will receive a SmartEOB summary when you have a medical or dental claim. This summary will include any medical, prescription or dental claims you've had in the time period since your last summary. Sometimes you will receive a full page component containing personalized health and wellbeing information.

What's in a SmartEOB?

- Summary period total dollars you've spent
- Plan year-to-date total dollars you've spent this year
- Deductibles and maximum out-of-pocket information
- Detailed list of medical claims
- Detailed list of prescriptions you filled
- Detailed list of dental claims
- Highly personalized, actionable messaging
- Definitions of insurance terms

SmartEOB[®]

Your personal Explanation of Benefits summary

Firstname A Lastname

Birth year:	0000
Group name:	Group name
Group ID:	123456
Medical plan:	Coverage First
Medical ID:	123456789 10
Medical network:	Humana Choicecare
Dental plan:	PPD
Dental ID:	123456789 01
Dental network:	Dental network

Coverage first allowance	
Allowance amount:	\$500.00
Used amount:	\$470.00
Remaining amount:	\$30.00

Go paperless!



Scan the QR code with your smartphone to register for MyHumana at Humana.com and update your communication preferences to receive your SmartEOB and many other Humana communications online.

Humana.
123 ANY STREET
ANYWHERE, OK 12345-6789

FIRSTNAME LASTNAME
123 ANY STREET
ANYWHERE, OK 12345-6789

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Questions about your plan or this summary call Medical XXX-XXX-XXXX, Dental XXX-XXX-XXXX or visit Humana.com.

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THIS IS NOT A BILL.

Claims summary period
January 1, 2022 – January 21, 2022

Your total medical and prescription expenses	
Total billed charges	\$2,836.23
Plan discounts/exclusions	-\$727.93
Benefit exclusions	-\$0.00
Allowed amount	\$2,108.30
[Amount plan pays]	-\$600.00
▶ Medical costs	\$50.00
▶ Prescription costs	\$550.00
[Your total share]	\$1,508.30
▶ Medical costs	\$958.30
▶ 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
[Your total share]	\$200.00

Definitions

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 statement 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 health care providers will send you a bill.



What's on each page?

SmartEOB
Your personal Explanation of Benefits summary

Humana THIS IS NOT A BILL

Claims summary period
January 1, 2022 - January 21, 2022

Your total medical and prescription expenses

- Total billed charges: \$2,836.23
- Plan discounts/exclusions: -\$172.73
- Benefit exclusions: -\$0.00
- Allowed amount: \$2,108.30
- (Amount plan pays): -\$600.00
- Medical costs: \$500.00
- Prescription costs: \$550.00
- Your total share: \$1,548.30**
- Medical costs: \$954.30
- 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
- Your total share: \$100.00**

Definitions

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Plan exclusions: Amounts the plan does not allow and that you are not responsible for. Please refer to the reason codes in your statement 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 statement 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 health care providers will send you a bill.

Cover

- Personalized messaging to give you plan and health information specific to you
- Clear view of who paid what: You can easily see your share and what Humana paid for the current summary period

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Your personal Explanation of Benefits summary Firstname A Lastname

Medical claims January 1, 2022 - January 21, 2022

[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 written grievance and appeal. If you suspect fraud, please contact Humana Inc., 1100 Employees Blvd., Green Bay, WI 54304 (1-800-634-4126). The legal entity for your medical coverage is Humana Insurance Company.]

Medical claims

Claim #	Reason code	Processed on	Total charge	Plan discounts/exclusions	Benefit exclusions	Allowed amount	(Amount plan pays)	Copy	Deductible	Coinsurance	(Your share)
8444444444444	311	1/21/22	\$500.00	-\$100.00	-\$50.00	\$350.00	-\$100.00	\$50.00	\$50.00	\$50.00	\$100.00
5555555555555	311	1/21/22	\$150.00	-\$14.92	-\$115.08	\$20.00	-\$14.92	\$0.00	\$0.00	\$0.00	\$115.08
123456	311	1/21/22	\$200.00	-\$0.00	-\$0.00	\$200.00	-\$100.00	\$0.00	\$0.00	\$0.00	\$100.00

Dental claims

Claim #	Reason code	Processed on	Total charge	Plan discounts/exclusions	Benefit exclusions	Allowed amount	(Amount plan pays)	Copy	Deductible	Coinsurance	(Your share)
123456	311	1/21/22	\$400.00	-\$100.00	-\$0.00	\$300.00	-\$100.00	\$0.00	\$0.00	\$0.00	\$100.00

Continued on next page

Claims Pages

- Medical and dental claims details
 - Claim number, service and process dates, provider, description, 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
 - The **Claims summary totals** section shows the cumulative totals for all claims for the summary period
- Prescription claims
 - Detailed list of all prescriptions you filled during the summary period
 - Discounted cost that Humana negotiated for each prescription
 - Helpful messages about lower costs and resources available to you

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Your personal Explanation of Benefits summary Firstname A Lastname

Plan year to date summary January 1, 2022 - January 21, 2022

Your total medical and prescription expenses

- Total billed charges: \$1,950.00
- Plan discounts/exclusions: -\$334.92
- Benefit exclusions: -\$0.00
- Allowed amount: \$1,215.08
- (Amount plan pays): -\$365.08
- Medical costs: \$215.08
- Prescription costs: \$150.00
- Your total share: \$650.00**
- Medical costs: \$200.00
- Prescription costs: \$450.00

Your total dental expenses

- Total billed charges: \$491.97
- Plan discounts/exclusions: -\$115.52
- Benefit exclusions: -\$0.00
- Allowed amount: \$376.45
- (Amount plan pays): -\$15.00
- Your total share: \$341.45**

Deductibles and maximum out-of-pocket

	Maximum amount	Amount you paid	Amount remaining
Medical deductible			
Individual in-network deductible [Jan 1, 2022 - Jan 21, 2022]	\$2,000.00	\$2,000.00	\$0.00
Family in-network deductible [Jan 1, 2022 - Jan 21, 2022]	\$2,000.00	\$2,000.00	\$0.00
Individual out-of-network deductible [Jan 1, 2022 - Jan 21, 2022]	\$2,500.00	\$728.19	\$1,771.81
Family out-of-network deductible [Jan 1, 2022 - Jan 21, 2022]	\$2,500.00	\$2,500.00	\$0.00
Medical deductible			
Prescription in-network deductible [Jan 1, 2022 - Jan 21, 2022]	\$500.00	\$300.00	\$200.00
Medical maximum out-of-pocket			
Individual in-network maximum out-of-pocket [Jan 1, 2022 - Jan 21, 2022]	\$2,000.00	\$2,000.00	\$0.00
Family in-network maximum out-of-pocket [Jan 1, 2022 - Jan 21, 2022]	\$2,000.00	\$2,000.00	\$0.00
Individual out-of-network maximum out-of-pocket [Jan 1, 2022 - Jan 21, 2022]	\$2,500.00	\$728.19	\$1,771.81
Family out-of-network maximum out-of-pocket [Jan 1, 2022 - Jan 21, 2022]	\$2,500.00	\$2,500.00	\$0.00
Medical maximum out-of-pocket			
Prescription maximum out-of-pocket [Jan 1, 2022 - Jan 21, 2022]	\$2,000.00	\$0.00	\$2,000.00

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Plan page

- Plan understanding: You can learn how your plan works and what you have spent toward your deductible
- Clear view of who paid what for the entire plan year