

# How to read an explanation of benefits (EOB)



**Think of an EOB as an itemized receipt for the services you received from a provider. Your provider submits a claim to Independence Blue Cross (IBX), and then an EOB is generated to explain how the service was covered.**

Your EOB includes details such as how much the provider charged, how much IBX paid the provider, your out-of-pocket costs, and how much you owe to the provider (if anything).

## Where to find your EOBs

You can view your EOBs online when you log in at [ibx.com](https://ibx.com) or using the IBX mobile app. Follow these steps:

- Select *View My Claims* from the quick links on the *Welcome* page when you log in. Or, from the menu on the left side of your Dashboard, select *Claims & Finances* and then *My Claims Overview*.
- Scroll to find the claim you'd like to view the EOB for. Then select the *View Details* link for that claim.
- Under Claim Details, click the *Explanation of Benefits* button to view your EOB.

## Do I need to pay the amount that my EOB says I owe?

Remember, your EOB is not a bill. If a dollar amount appears next to *Your Responsibility*, it doesn't necessarily mean you have a balance owed. If you owe anything, your provider will send you a bill for that amount.

## Go Paperless!

Get your EOBs faster and reduce paper waste by enrolling in paperless EOBs. To go paperless, log in at [ibx.com/login](https://ibx.com/login), go to *Account Settings*, then *Communication Preferences*, and turn on Paperless EOB.

Independence Blue Cross, LLC  
1901 Market Street  
Philadelphia, PA 19103-1480



## Explanation of Benefits

RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

Jane Doe  
123 Any St  
Philadelphia, PA 12345

### Customer Service

For Member Service, please call the number on the back  
of your ID card or logon to [www.ibx.com](http://www.ibx.com)

### Participant Information

Group Number: 12345  
Group Name: IBX PPO  
Member: Jane Doe  
Date: 08/02/2025

Claim #: 2025080201

Patient: Jane Doe

Provider: Presbyterian Medical Center

Member ID: 1234567890

| Dates of Service           | Service Code | Total Charge | Discount Amount | Allowed Amount | Other Adjustments | Other Plan Payments | Not Covered | Co-Pay Amount | Deductible Amount | Co-Insurance Amount | Benefit Amount | Reason Code |
|----------------------------|--------------|--------------|-----------------|----------------|-------------------|---------------------|-------------|---------------|-------------------|---------------------|----------------|-------------|
| 09/08/2024                 | 36415        | \$58.00      | \$0.00          | \$2.03         | \$0.00            | \$0.00              | \$0.00      | \$0.00        | \$0.00            | \$0.00              | \$2.03         | U0009       |
| 09/08/2024                 | 85610        | \$165.00     | \$0.00          | \$11.36        | \$0.00            | \$0.00              | \$0.00      | \$0.00        | \$0.00            | \$0.00              | \$11.36        | U0009       |
| Claim Totals               |              | \$223.00     | \$0.00          | \$13.39        | \$0.00            | \$0.00              | \$0.00      | \$0.00        | \$0.00            | \$0.00              | \$13.39        |             |
| Patient Responsibility:    |              | \$0.00       |                 |                |                   |                     |             |               |                   |                     |                |             |
| Other Carrier Adjustments: |              |              |                 |                |                   |                     |             |               |                   |                     | \$0.00         |             |
| Total Payment Amount:      |              |              |                 |                |                   |                     |             |               |                   |                     | \$13.39        |             |

Your Responsibility: \$0.00

Benefit Period: 7/1/2024 thru 6/30/2025

### Reason Code Description

U0009 This claim paid according to your benefit plan and per the  
insurers contract with the Provider

The EOB shown is an example and for illustration purposes only. Your EOB may differ depending on your health plan and the services you received.

## How to read your EOB

Depending on your health plan, your EOB may have the following information:

**Total Charge:** The total amount the provider charges for the service(s) you received.

**Discount Amount:** This amount is the difference between what the provider charges and how much IBX has agreed to pay the provider for this service in their provider contract. You are not responsible for this amount.

**Allowed Amount:** This is the amount IBX will pay the provider for the service you received. IBX has negotiated this discounted amount with in-network providers, and that discounted price is passed along to you when you use an in-network provider.

**Benefit Amount:** The amount your health plan paid for the covered service.

**Reason code:** You may notice codes listed in some of the boxes of your EOB. These are called reason codes, and they offer more information about the amount listed in that box. Refer to the *Reason Code Description* section to review the explanations.

**Patient Responsibility:** This is how much you may be responsible for paying, based on the provider and your health plan benefits.

If your IBX health plan is cancelled for any reason, you will be able to access your EOB online for six months after the date your coverage is cancelled. If your coverage has been cancelled for more than six months and you need to access an EOB, please call the number on the back of your member ID card.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

