# Fahamka EOB-gaaga aad bay u fududahay sida 1-2-3

**Sharaxaada faa'iidooyinka (Explanation of Benefits, EOB) ma ahan biil. Waxay si fudud ayay kuugu sheegaysaa wax walba oo laga yaabo inaad rabto inaad ka ogaato sida adeeggaaga caafimaad ee dhawaan la bixiyay loogu daboolay qorshahaaga faa'iidooyinka. Waxaad biil ka heli doontaa bixiyahaaga lacag kasta oo aan weli la bixin oo aad u baahan karto inaad bixiso.**

## 1 Soo koobida kharashka

Bogga koowaad ee EOB-gaagu waxa uu muujinayaa soo koobid inta ay le'eg tahay lacagta uu bixiyahaagu kugu soo dalacay, inta ayaa lagu daboolay qorshahaaga iyo wadarta cadadka aad u baahan karto inaad bixiso bixiyahaaga.

**Here's a summary for you.**
Detailed claim and benefit information is located on the following page(s).

| | | |
|---|---|---|
| **Amount billed:** | $500.00 | This is the total amount that your provider billed for the services that were provided to you. |
| **Your discount:** | $100.00 | Your plan negotiates discounts with providers and facilities to help save you money. |
| **Your plan paid:** | $260.00 | This is the portion of the amount billed that was paid by your employer-sponsored benefits plan. |
| **You saved:** | $360.00 | 72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan. |
| **TOTAL YOU MAY OWE:** | **$140.00** | The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount. |

## 2 Cusboonaysiinta faa'iidooyinka

Bogga soo socda, waxaad ka heli doontaa faahfaahinta inta adiga iyo/ama qoyskaagu aad ka codsadeen xagga qadarkaaga sannadlaha ah ee laga jari karo iyo jeebka ka baxsan.

***Deductible** (Qadarka laga jari karo): Qadarka ay tahay in aad bixiso ka hor inta uusan qorshahaagu bixin adeegyada cayiman. Lacagaha laga jari karo guud ahaan waa qadar sanadle ah oo horay loo sii go'aamiyay.*

***Out-of-pocket** (Kharashka jeebka ka baxsan): Qadarka ugu badan ee aad bixin karto inta lagu jiro muddada caymiska (sida caadiga ah hal sano) si aad uga qayb qaadato kharashka adeegyada la daboolay. Ka dib markaad gaarto qadarkaaga "haray (to go)", qorshuhu guud ahaan wuxuu bixin doontaa 100% qadarka la oggol yahay.*

**In-network**

| | | |
|---|---|---|
| **INDIVIDUAL CAL YR DEDUCTIBLE** | $2,500.00 out of $2,500.00 | **$0.00** to go |
| **INDIVIDUAL OUT-OF-POCKET** | $2,873.14 out of $5,000.00 | **$2,126.86** to go |
| **FAMILY CAL YR DEDUCTIBLE** | $3,843.05 out of $5,000.00 | **$1,156.95** to go |
| **FAMILY OUT-OF-POCKET** | $873.14 out of $8,000.00 | **$7,126.86** to go |

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| | |
|---|---|
| **Employee:** | Cade Blank |
| **Employee address:** | 1234 Sunshine Blvd<br>Suite 10293<br>Best City, USA 12345-1112 |
| **Group number:** | 76-9999999 |
| **Member ID:** | 999999999 |
| **Employer name:** | ABC Companies, Inc. |
| **Notice date:** | 03/28/2019 |

Patient: **Elizabeth Blank**

Claim number: **999999999**

Provider name: **XYZ Provider Inc.**

Patient account: **1234567890**

| | | | | | | | PLAN PAYS | | YOU PAY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service(s) you received | Reason code | Service date(s) | Amount billed by provider | Your discount − | Not allowed − | Amount due to provider | % | Plan paid − | Co-pay + | Applied to deductible + | Co-insurance + | Not covered + | Total you may owe* |
| Emergency Care | 908 | 03/14 - 03/19/19 | $500.00 | $100.00 | $0.00 | $400.00 | 80 | $260.00 | $25.00 | $50.00 | $65.00 | $0.00 | $140.00 |
| **Totals** | | | $500.00 | $100.00 | $0.00 | $400.00 | | $260.00 | $25.00 | $50.00 | $65.00 | $0.00 | **$140.00** |

**This total may not reflect any payments/co-pays you made at the time of service. Please wait for a provider bill before making a payment.*
*(+) Indicates any payment you may owe. (–) Indicates any discount or plan payment that will reduce what you owe.*

**Reason code explanations:**
908 Provider negotiated discount. You are not responsible for this amount

## 3 Faahfaahinta adeegga iyo lacag bixinta

Qaybtaan waxaa ku jira macluumaadka ku saabsan cidda heshay adeegga caafimaadka, magaca bixiyaha iyo noocyada daryeelka ay heleen. Waxay ku siinaysaa faahfaahin ku saabsan sida sheegashada looga farsameeyay, oo ay ku jirto:

- Inta ay le'eg tahay lacagta uu bixiyahaagu kugu soo dalacay
- Qiimo-dhimista shabakadaada
- Qadarka uu bixiyay qorshahaaga uu kafaalo qaaday loo-shaqeeyahaagu
- Qadarka haray, oo ay ku jirto lacago dheeraad ah, qadarka laga jari karo iyo jeebka ka baxsan

**Warqad la'aan ku tag umr.com**

**Isku diwaangeli EOB-yada dhijitaalka ah** oo waxaad heli doontaa xasuusinta iimaylka mar kasta oo aad haysato EOB cusub. Sidoo kale, waanu ku ogeysiin doontaa haddii aad u baahan tahay inaad tallaabo ka qaado EOB oo aad ku siiso faahfaahin dheeraad ah oo ku saabsan qaansheegashadaada.

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Qayb kasta oo ka mid ah dukumeentigan lama soo saari karo oggolaansho.