

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, 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 AmeriHealth Administrators 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 myahbenefits.com or using the AmeriHealth mobile app. Follow these steps:

- Select *View My Claims* from the quick links on the Welcome page when you log in or select *Claims & Finances* and then *My Claims Overview* from the menu on the left side of your Dashboard.
- 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 under *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.



Log in today

If you haven't already, sign up for the member portal at myahbenefits.com or scan this QR code to get started.



For on-the-go access, download the free AmeriHealth mobile app for iPhone or Android. Use the same username and password as your myahbenefits.com login.

Jane Smith
1234 Street Dr
City, PA 11111

Customer Service

To reach a Customer Experience Advocate, please call the number on the back of your ID card.

Participant Information

Group Number: 111111
Group Name: 111112 EMPLOYER GROUP
Member: JANE SMITH
Date: 04/28/2025

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Claim #: 2025200000000

Patient: JANE SMITH

Provider: DERMATOLOGY

Member ID: 000000000

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
07/16/2024	99203	\$250.00	\$0.00	\$112.55	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$87.55	26
Claim Totals		\$250.00	\$0.00	\$112.55	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$87.55	
Patient Responsibility:		\$25.00										
											Other Carrier Adjustments:	\$0.00
											Total Payment Amount:	\$87.55

Your Responsibility: \$25.00

Service Code Description

99203 OFFICE O/P NEW LOW 30 MIN

Reason Code Description

26 Co-payment Amount

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

How to read your EOB

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

Service Code: These codes offer more information about how a service was billed. Refer to the service code description at the bottom of your EOB.

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

Allowed Amount: This is the amount your health plan has agreed to pay the provider for this service in their provider contract. Your health plan 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.

If your 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 Customer Service at the number on the back of your member ID card.

Not Covered: This is any part of the charge that was not covered by your health plan.

Reason Code: These codes offer insight into why a claim may cost you all, part, or none of the total charge. Refer to the reason code description at the bottom of your EOB.

Your Responsibility: This is how much you may owe, based on the provider and your health plan benefits. This amount is your cost-sharing, which may include copays, coinsurance, and/or deductibles.



Questions?

Call the Customer Service number on the back of your member ID card.