



How to Read Your Explanation of Benefits

When you use your EyeMed vision benefits to receive vision care and services, and your vision benefit claim has been processed, an Explanation of Benefits can be viewed in your member portal. Your EOB will outline the vision care and services you received to show you exactly what your insurance covered and what you paid out-of-pocket, if anything!

Below is an image of a sample EOB, with a few definitions of the terms used to describe the vision claim. This easy-to-follow guide will make reading and understanding your EOB simple!



EyeMed Vision Care
Administered by: First American Administrators, Inc.
4000 Luxottica Place
Mason, OH 45040




EXPLANATION OF BENEFITS
*** THIS IS NOT A BILL ***

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Plan Type: Commercial
Group ID: 1038918

Group Name: STATE OF TN GROUP PLAN - EXPANDED

Date Printed: 01/08/2024



Claim ID: 33445566770
Member ID: 12345678910
Provider ID: 100000103188

Type of Service	Submitted Charge	Plan Shared			Your Cost			
		Allowed	What we will Pay	Discount	Applied to Deductible	Coinsurance	Copay	What you Owe
V2025 FRAME, DELUXE Remarks: PDC	\$184.00	\$90.77	\$63.57	\$93.23	\$0.00	\$27.20	\$0.00	\$27.20
92012 ROUTINE EXAM, INTERMEDIATE Remarks: PSR	\$95.00	\$50.00	\$50.00	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00
92015 REFRACTION - ROUTINE Remarks: 916	\$30.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00
V2100 SINGLE VISION LENS	\$75.00	\$17.00	\$12.00	\$48.00	\$0.00	\$0.00	\$15.00	\$15.00
Totals:	\$384.00	\$157.77	\$125.57	\$216.23	\$0.00	\$27.20	\$15.00	\$42.20

What you owe to Provider Dr. Joe Vision \$42.20

Provider is: In Network

- **Claim ID:** The number used to track the service you have received.
- **Submitted Charge:** Charges submitted by the provider for services rendered. (*Your Benefit + Discount + What You Owe = the Submitted Charge*)
- **Allowed:** The maximum amount your plan will pay for a covered service. If your provider charges more than the allowed amount, you may have to pay the difference.
- **Benefit (What We Will Pay):** The amount of money paid to or on behalf of the policyholder. (*Allowed - Discount = The Benefit*)
- **Deductible:** The amount paid out of pocket by the policyholder before the insurance provider pays any expenses.
- **Discount:** Reduction of submitted charges negotiated by the payor.
- **Coinsurance:** A percentage of health care costs that you are responsible for paying.
- **Copay:** A fixed amount you pay for a covered service.
- **Total Member Responsibility:** What you owe. (Copay + Coinsurance + Deductible + any services that your plan does not cover)

Your EOB in Action

Now, let's take a look at the numbers and costs listed in the sample EOB to see exactly how they add up! The summary below details the costs from an exam and materials transaction:

Type of Service	Submitted Charge	Plan Shared			Your Cost			What you Owe
		Allowed	What we will Pay	Discount	Applied to Deductible	Coinsurance	Copay	
V2025 FRAME, DELUXE Remarks: PDC	\$184.00	\$90.77	\$63.57	\$93.23	\$0.00	\$27.20	\$0.00	\$27.20
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92015 REFRACTION - ROUTINE Remarks: 918	\$30.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00
V2100 SINGLE VISION LENS	\$75.00	\$17.00	\$12.00	\$48.00	\$0.00	\$0.00	\$15.00	\$15.00
Totals:	\$384.00	\$157.77	\$125.57	\$216.23	\$0.00	\$27.20	\$15.00	\$42.20

ROUTINE EXAM

Exam Retail (submitted charges)	\$95.00
Exam (plan pays)	\$50.00
Exam Copay (Member Pays)	\$0.00

ROUTINE REFRACTION

Exam Retail (submitted charges)	\$30.00
Exam (plan pays)	\$0.00
Exam Copay (Member Pays)	\$0.00

FRAME

Frame Retail (submitted charges)	\$184.00
Materials Allowance	- \$150.00
Balance	\$34.00
Plan Discount on Balance	20% Off
Frame (Member Pays)	\$27.20

LENS

Lens Retail (submitted charges)	\$75.00
Lens Copay (Member Pays)	\$15.00

MEMBER PAY TOTAL

Exam	\$0.00
Materials (frame + lens)	\$42.20
Member Total	\$42.20

If you have additional questions about your explanation of benefits or your vision plan, please reach out to your benefits administrator or call our customer service center at (855) 779-5046.