

SMART LIVING

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Understanding Your Explanation of Benefits

After you receive care, your provider sends EBMS a request for payment. This is called a claim. After EBMS processes the claim, they send you an Explanation of Benefits (EOB). Always review EOBs because they provide important information, including:

- **A service overview.** You can see what services you received and when. You'll also see what your provider charged and what your plan paid.
- **Amount you owe.** This is the amount you owe a provider after plan benefits are applied. An EOB is not a bill. If you receive a bill from your provider, the amount owed should match what's on your EOB. If you have questions about your EOB, call the member number on your Benefits ID card (866-247-1443).
- **Reason codes and additional information.** You'll see the codes used when applying benefits. You may also see comments regarding your claim and if there's any action you need to take.
- **Accumulators.** You'll get an overview of the amount of money you paid toward your plan's out-of-pocket expenses, such as your annual deductibles and out-of-pocket maximum, in the calendar year.

Check your claims and EOB information anytime by going to miBenefits.EBMS.com.

News to Know



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Health Plan Questions?

EBMS, your expert claims administrator, can help you find providers and answer benefits and billing questions. **Call the member number on your Benefits ID card (866-247-1443).**