

Understanding Your Explanation of Benefits


You may receive an Explanation of Benefits (EOB) from Health Net of California, Inc. or Health Net Life Insurance Company (Health Net) after you use your health plan benefits. **An EOB is not a bill.** It is a brief description of the benefits applicable to the services you received.


The EOB shows the amount your health care provider billed Health Net, the amount Health Net paid, and the portion of the cost of services that may be your responsibility. A sample EOB is shown below with the most common sections described. Depending on the services you receive and your plan type, your EOB may have data in the same or different areas.

Health Net Life Insurance Company
P.O. Box 9103
Van Nuys, CA 91409-9103

Electronic Service Requested

Jane Doe
101 Main Street
Los Angeles, CA 92308





On and Off Exchange
Enhanced Care PPO: 844-463-8188 (TTY: 711)
On Exchange
Purecare One EPO: 888-926-4988 (TTY: 711)
Off Exchange
IFP PPO & Purecare One EPO: 800-839-2172 (TTY: 711)

Member ID: L0000000000
Member Name: Jane Doe
Patient Name: Jane Doe

This is Not a Bill
MEMBER EXPLANATION OF BENEFITS

Provider of Service: _____ **Claim Number:** R222AAAA2222

Line	Dates of Service:	Amount Billed	Amount Allowed	Amount Excluded	Paid by Plan	Paid by Medicare	Paid by Other	*Out of Pocket Costs			Remark Codes
								Deductible	Co-pay	Co-ins	
0101	2/14/19	\$5,000.00	-75,000.00	0.00	2,500.00	0.00	0.00	0.00	0.00	-2,000.00	JJ 8
Service Details: 208 ICU/TRAUMA Provider: NETWORK											
0102	02-15-19	\$5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	JJ 8
Service Details: 208 ICU/TRAUMA Provider: NETWORK											
0201	02-16-19	\$2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	JJ 8
Service Details: 250 PHARMACY Provider: NETWORK											
0202	02-17-19	\$500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	JJ 8
Service Details: 250 OUTPATIENT Provider: NETWORK											
Total		\$12,500.00	\$75,000.00	\$0	N/A	N/A	N/A	\$0	\$0	\$2,000.00	

- 1 Line item, date, type of service and the amount your provider billed to Health Net.
- 2 Rate that Health Net and the provider have agreed to for the service. If the service was received from an out-of-network provider, this amount is equal to the allowable amount that Health Net pays for the service combined with any applicable deductible, coinsurance or copays you may owe.
- 3 Difference between the Allowed Amount and the Amount Billed that is not eligible for payment by Health Net.
- 4 Amount previously paid toward the billed service(s) by either another carrier or Health Net.
- 5 Amounts that are your responsibility to pay, per your plan agreement.
- 6 Codes refer to the reason for any non-allowed amount, and are further described at the bottom of the form.

Questions?

If you have questions about an EOB you received, please call our Customer Contact Center. You'll find the number on the front of your EOB near your mailing address.