FAQ: Understanding Your New Explanation of Benefits

Lucent Health
DATA DRIVEN + HUMAN FOCUSED

We're making a small change to how you receive your Explanation of Benefits (EOBs). Below are answers to common questions to help you understand what's changing and what to expect.

What is an EOB?

An EOB is not a bill. It's a summary that shows what care you received, what your plan paid, and what you may owe.

What is changing?

Today, you receive an EOB after each doctor's visit. Going forward, you'll receive one statement about every 3–4 weeks that combines all your visits during that time into a single, easy-to-review summary.

What if I get a bill from my doctor first?

You may receive a bill before your EOB arrives, and that's normal. Before you pay, check your EOB (online or by mail) to make sure the amount matches.

Can I see my EOB details sooner?

Yes. You don't have to wait for the mailed EOB. You can view your claims anytime in the MyLucentHealth member portal or on the Lucent Health app.

Why are we making this change?

This change makes things simpler; you'll have fewer letters to keep track of, and it will be easier to review all your visits and services in one place while also reducing paper.

Will I still see details for each visit?

Yes. Each visit will still be listed clearly. You'll just see them grouped together in one EOB instead of receiving separate statements.

When will this start? And what do I need to do?

This will begin automatically on **May 1, 2026**. No action is required.

Still have questions?

If something doesn't look right on your new EOB or you have questions, please call the support number on your member ID card.

Sample Explanation of Benefits

Lucent Health

Lucent Health
PO BOX 7020
APPLETON WI 54912-7020

20260302B00
J7CF
1095 4940

Forwarding Service Requested

**********ALL FOR AADC 476
PB-IND-15-ENV 6806 21
JANE SMITH
456 MERMAID DRIVE
NEVERLAND WD 47725-7902

Explanation of Benefits

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL

Customer Service Information

If you have questions call (920)968-4613 or (877) 236-0844

Group Name: ABC INC
Group#: 123
Dept Code: 0023
Employee or Adult Dependent: JANE SMITH
Patient: JANE SMITH
Prepared On: 01/16/2026

For the Period: **12/17/2025 through 01/14/2026**

Dear JANE SMITH,

The information below is a summary of your healthcare claims for the period referenced above. This information is commonly referred to as an "Explanation of Benefits" (EOB). This is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy and validity of any bill you may receive from the provider(s) listed

Total Amount Billed

$1,410.08

This is the total amount for bills received for the dates of service 12/17/2025 through 01/14/2026

Total Amount Paid By Plan

$567.00

This is the amount the plan paid for services billed. Please refer to the Claim Summary section of this document for more information.

Your Financial Responsibility

$120.00

This is the amount the provider of service may bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. A breakdown of your total financial responsibility is shown in the claim detail for each member.

Claim#: **202601221423**
Patient: **JANE SMITH**

Provider: AWAKENING
Patient#: TNCLM16093829 **Insured Name:** JANE SMITH

Treatment Dates	Proc. Code	Description	Billed Amount	Not Covered	Reason Code	Claim Reductions	Penalty Amount	Covered Amount	Deductible Amount	Co-pay Amount	Paid At	Payment Amount
12/17-12/17/2025	90837		$190.00	$0.00	1	$44.70	$0.00	$145.30	$0.00	$20.00	100%	$125.30
Column Totals			**$190.00**	**$0.00**		**$44.70**	**$0.00**	**$145.30**	**$0.00**	**$20.00**		**$125.30**

Co-pay Amount	$20.00	**Other Insurance Credits**	**$0.00**
Deductible Amount	$0.00	**Total Payment Amount**	**$125.30**
Out Of Pocket Amount	$0.00		
Over Reasonable and Customary	$0.00		
Patient's Responsibility:	**$20.00**		

Sample Explanation of Benefits

Claim#: 202602031237
Patient: JANE SMITH

Provider: AWAKENING
Patient#: TNCLM16206329 **Insured Name:** JANE SMITH

Treatment Dates	Proc. Code	Description	Billed Amount	Not Covered	Reason Code	Claim Reductions	Penalty Amount	Covered Amount	Deductible Amount	Co-pay Amount	Paid At	Payment Amount
12/29-12/29/2025	90837		$190.00	$0.00	1	$44.70	$0.00	$145.30	$0.00	$20.00	100%	$125.30
Column Totals			**$190.00**	**$0.00**		**$44.70**	**$0.00**	**$145.30**	**$0.00**	**$20.00**		**$125.30**

Co-pay Amount	$20.00	**Other Insurance Credits**	**$0.00**
Deductible Amount	$0.00	**Total Payment Amount**	**$125.30**
Out Of Pocket Amount	$0.00		
Over Reasonable and Customary	$0.00		

Patient's Responsibility: **$20.00**

Claim#: 20260128A8ST
Patient: JANE SMITH

Provider: JOHN C BAMBENEK III MD
Patient#: 24503885 **Insured Name:** JANE SMITH

Treatment Dates	Proc. Code	Description	Billed Amount	Not Covered	Reason Code	Claim Reductions	Penalty Amount	Covered Amount	Deductible Amount	Co-pay Amount	Paid At	Payment Amount
01/14-01/14/2026	99213	OFFICE VISIT	$257.52	$0.00	1	$158.42	$0.00	$99.10	$0.00	$20.00	100%	$79.10
Column Totals			**$257.52**	**$0.00**		**$158.42**	**$0.00**	**$99.10**	**$0.00**	**$20.00**		**$79.10**

Co-pay Amount	$20.00	**Other Insurance Credits**	**$0.00**
Deductible Amount	$0.00	**Total Payment Amount**	**$79.10**
Out Of Pocket Amount	$0.00		
Over Reasonable and Customary	$0.00		

Patient's Responsibility: **$20.00**

Claim#: 20260128A8ST
Patient: JANE SMITH

Provider: JOHN C BAMBENEK III MD
Patient#: 24503885 **Insured Name:** JANE SMITH

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Column Totals			**$257.52**	**$0.00**		**$158.42**	**$0.00**	**$99.10**	**$0.00**	**$20.00**		**$79.10**

Co-pay Amount	$20.00	**Other Insurance Credits**	**$0.00**
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Over Reasonable and Customary	$0.00		

Patient's Responsibility: **$20.00**

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Patient: JANE SMITH

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Column Totals			**$257.52**	**$0.00**		**$158.42**	**$0.00**	**$99.10**	**$0.00**	**$20.00**		**$79.10**

Co-pay Amount	$20.00	**Other Insurance Credits**	**$0.00**
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Over Reasonable and Customary	$0.00		

Patient's Responsibility: **$20.00**

Sample Explanation of Benefits

Lucent Health

Lucent Health
PO BOX 7020
APPLETON WI 54912-7020

20260302B00
J7CF
1095 4940

Reference Info

Enrollee: JANE SMITH
Group#: ABC INC

Claim#: 20260128A8ST
Patient: JANE SMITH

Provider: JOHN C BAMBENEK III MD
Patient#: 24503885 **Insured Name:** JANE SMITH

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01/14-01/14/2026	99213	OFFICE VISIT	$257.52	$0.00	1	$158.42	$0.00	$99.10	$0.00	$20.00	100%	$79.10
Column Totals			**$257.52**	**$0.00**		**$158.42**	**$0.00**	**$99.10**	**$0.00**	**$20.00**		**$79.10**

Co-pay Amount	$20.00	**Other Insurance Credits**	**$0.00**
Deductible Amount	$0.00	**Total Payment Amount**	**$79.10**
Out Of Pocket Amount	$0.00		
Over Reasonable and Customary	$0.00		
Patient's Responsibility:	**$20.00**		

Reason Code Description

1 Allowance based on fair rates for geographic region. Inquiries 806-305-0572.

Plan Status

Member Name	Description	Year	Satisfied
JANE	PPO OOP	2025	$220.32
JANE	PPO OOP	2026	$59.55

Statement Totals

Billed Amount	Over Fee Schedule	Not Covered	Other Insurance	Claim Reductions	Deductible Amount	Co-pay Amount	Payment Amount
$1,410.08	$0.00	$0.00	$0.00	$723.08	$0.00	$120.00	$567.00
						Other Insurance Credits	$0.00
						Adjusted Payment	$567.00

Additional Information

IF YOUR CLAIM HAS BEEN DENIED IN FULL OR IN PART, AND YOU DISAGREE WITH THE DENIAL, YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY SUBMIT A WRITTEN REQUEST FOR A REVIEW WITHIN 180 DAYS OF THIS NOTICE, ALONG WITH ANY ADDITIONAL DOCUMENTATION TO THE ADDRESS ON THIS FORM. YOU WILL BE PROVIDED A WRITTEN REPLY TO YOUR REQUEST FOR REVIEW WITHIN 60 DAYS OF YOUR REQUEST. IF THE DECISION ON REVIEW IS AN ADVERSE BENEFIT DETERMINATION, YOU HAVE THE RIGHT TO BRING A CIVIL ACTION UNDER SECTION 502-(A) OF ERISA. ADDITIONAL INFORMATION REGARDING THE REVIEW OR APPEAL PROCEDURE IS CONTAINED IN YOUR PLAN DOCUMENT.

You Should Know

Industry Standards for coding and bundling of services were applied to this claim.