

Understanding an Explanation of Benefits (EOB)

Your EOB is a statement provided to you by your insurer that outlines the health services you received, the bills your health plan paid, and amounts you may owe your health care provider. **An EOB is not a bill.**

Your EOB includes:

Summary of Billed Charges - This section provides a detailed summary of the bills your health care providers submitted to your health plan for the health services provided to you or your family members covered under the plan.

Plan Benefit Balances - This section outlines:

- ✓ Amounts you have paid to date for health care services under this plan year.
- ✓ Amounts you are expected to pay for each member and family as a whole.
- ✓ The amount of the coverage remaining until you meet your annual plan limit.

Claim Detail - This section includes specific information for each claim submitted to your health plan by a provider or facility.

- ✓ Date service was received
- ✓ Description of services or procedures performed
- ✓ Charges for that claim
- ✓ How your health plan paid the claim including deductibles, copays or discounts

Helpful Information – This section provides details that assist your understanding of claims, glossary of terms, who to contact, privacy rights, and other specifics that may be unique to you or your claimant.

*We understand that all EOBs are different and recommend that you contact your insurance company for details about your EOB.