

Understanding your Explanation of Benefits (EOB)

What is an Explanation of Benefits (EOB)?

- An Explanation of Benefits (EOB) is a document that comes to you from your insurance company either through the mail or the insurance company's website.
- An EOB is not a bill.
- You should receive an EOB after you had a healthcare services and a claim has been filed.
- You will receive an EOB regardless if you owe for the healthcare service or not

What information is in my EOB?

Explanation of benefits can vary by insurance company but will include the name of the person who received the healthcare service and the insured ID number. Your EOB may contain but are not limited to the following items:

- **Claim number**

The number identifies or refers to the claim that was submitted to your insurance company. If you have questions about your health plan, you will need this number along with your insurance ID number when calling your insurance company.

- **Provider**

The name of the provider who performed the services for you or your dependent. This may be the name of the doctor, lab services, hospital or other healthcare providers.

- **Type of Service**

A code and a brief description of the service that you received

- **Date of Service**

The beginning and end dates of the service you received from the provider. If the claim is for a doctor's visit, the dates will be the same.

- **Charge (also known as Billed Charges)**

This is the amount the provider billed your insurance company for the service that was provided.

- **Paid Amount**

This is the amount of the total cost that your insurance paid the provider.

- **Amount applied to Deductible**

This is the amount of the total cost that your insurance company is applying to your deductible.

- **Coinsurance**

This amount is a percentage of the total cost that you pay after your deductible has been met. So for example, if you have 20% coinsurance, you pay 20% of the total cost of the service and your health insurance will cover 80%.

- **Copay**

This amount is a predetermined rate you pay for healthcare services at the time of the service. This can change depending on the type of service you are receiving. For example, you might pay \$25 every time you see your primary care provider, \$10 for a monthly prescription and \$250 for an emergency visit.

- **Not Covered Amount**

This is the amount of the total cost that your insurance company did not pay to the provider.

- **Patient Responsibility amount**

The amount of the total cost you are responsible for paying to your provider.

- **Customer Service Number**

The phone number for your insurance company for any claim questions.

What should you use your Explanation of Benefits for?

Your explanation of benefits should be used as a tool that can help you manage your healthcare costs. Review it carefully to make sure you received the service being listed, including the date of service.