



An EOB is a statement an issuer sends the enrollee to explain what medical treatments and/or services it paid for on an enrollee's behalf, the issuer's payment, and the enrollee's financial responsibility pursuant to the terms of the policy.

EOBs are sent to enrollees upon the completed processing of a medical claim. The EOB will describe the enrollee's cost-sharing if any applies. The EOB is not a bill. It simply explains how your benefits were applied to that particular claim. It includes the date you received the service, the amount billed, the amount covered, the amount we paid, and any balance you're responsible for paying the provider. Each time you receive an EOB, review it closely and compare it to the receipt or statement from the provider. If you need assistance reading or interpreting your EOB contact Community Health Options at 855-624-6463 for assistance.