



Information on Explanation of Benefits (EOB)

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. If you need assistance reading or interpreting your EOB contact Community Health Options at 855-624-6463 for assistance.