



Information on Explanation of Benefits (EOB)

An EOB is a statement from an issuer that provides information about which medical treatments and/or services have been paid on an enrollee's behalf. It includes the issuer's payment and the enrollee's remaining financial responsibility pursuant to the terms of a health insurance policy.

EOBs are sent once a medical claim has been processed. The EOB will describe any cost to you, if any applies. The EOB is not a bill. It simply explains how benefits were applied to a particular claim. It includes the date you received the service, the amount billed, the amount covered, the amount Community Health Options 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.