

What is an Explanation of Benefits (EOB)?

An EOB is a summary page showing how much money your insurance plan paid and how much money you must pay (if any) for a health service you got, like a doctor visit or lab test. Every time you get a health service, you'll get an EOB from your insurance company in the mail or by email. An EOB is **not** a bill.

An EOB shows:



The amount your provider charged for your health service



The amount your insurance plan paid for your health service



The amount you saved by seeing a provider in your insurance plan's network



The amount you owe to one or more providers

A sample EOB:

ABC Insurance		Claim received for Reference # ID			John Smith 125411 and 125412 ABC123			THIS IS NOT A BILL.		
Claim Detail ABC Insurance Co. received this claim on January 18, 2016 and finished processing it on January 25, 2016.										
Service dates	Type of service	Amount billed	Discount	Amount not covered	Copay/ Covered amount	Deductible	What my ABC plan paid	% paid	Coinsurance	What I owe
01/10/16	Doctor visit	\$100.00	\$25.00	\$75.00	\$0.00	\$15.00	\$0.00		\$0.00	\$75.00
	X-ray	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00		\$0.00	\$25.00
	Hospital	\$79.00	\$25.00	\$54.00	\$0.00	\$0.00	\$0.00		\$0.00	\$54.00
Total:		\$204.00	\$50.00	\$154.00	\$0.00	\$15.00	\$0.00		\$0.00	\$154.00

What should I do with my EOB?

- 1 Check your EOB to make sure you got the health services it shows you got.** It might list more than one health service and provider. For example, if your doctor did a blood test during your visit, your EOB might list the doctor visit and the blood test as separate charges.
- 2 Check your EOB to see if you will owe any money to one or more providers.** If you do, the providers will send you a bill in the mail.
- 3 Before you pay any bills, compare the amounts shown on your EOB against the amounts on the provider bills to be sure they match.** If you already paid a copay at the time of service, the provider will subtract it from the amount they bill you.
- 4 Call the insurance company at the number listed on the EOB if:**
 - You see a mistake, like a charge for a lab test you didn't get
 - You have trouble understanding your EOB
 - The insurance plan is not paying for health services you think should be covered
- 5 Keep your EOBs as a record of your insurance.** You may be able to see them online at your insurance plan's website.

To learn about the health insurance terms used on an EOB, see other side.



COVER MISSOURI

Here are insurance terms that are used on most EOBs. Your EOBs might not use all of these terms.

- **Allowable amount, also known as Approved amount, Eligible amount, or Covered amount** – The amount an insurance plan agrees to pay to an in-network provider for giving covered health care services to insurance plan members. If you go to an out-of-network provider who charges more than the allowable amount, you may have to pay the difference.
- **Amount not covered, also known as Ineligible amount** – An amount your insurance plan does not pay:
 - If a provider charges more than the allowable amount for a covered health care service, or
 - If a provider gives you a health care service that is not covered by your health plan.
- **Amount you owe, also known as Member responsibility** – The amount you owe to a provider after your insurance plan has paid its share of the charges. The provider will bill you for the amount. If you already paid a copay at the time of service, the provider will subtract it from the amount they bill you.
- **Benefits** – The health care services or items, such as medicines or medical equipment, your health insurance plan covers.
- **Claim** – A request for payment that you or your health care provider send to your health insurance company when you get a health care service, such as a doctor visit.
- **Co-insurance** – Your share of the cost for health care services after you have paid your deductible amount each year (see “deductible”). Once you reach your deductible amount, the insurance plan will start sharing the cost of health care with you. For example, if you go for a doctor visit that costs \$100, your share may be \$20 and your insurance plan’s share may be the remaining \$80.
- **Copayment, also known as a copay** – A fixed amount you may pay at the time you receive a health care service – for example, you may pay \$15 when you go for a doctor visit.
- **Deductible** – The amount you must pay out of your own pocket for your covered health care services each year – for example, \$1,000. Once you reach your deductible amount, your insurance plan will begin sharing the cost with you (see “co-insurance”).
- **Explanation of Benefits (EOB)** – A written explanation from your insurance company about a request for payment, or claim, they have gotten from your provider. You might not get an EOB for 30 days or more after you get a health care service. The EOB shows how much money the insurance plan paid and how much money you must pay (if any) for a health care service or item. The EOB is not a bill. If you owe any money, you will get a bill from your provider.
- **Plan discounts** – The amount you save by using an in-network provider.
- **Provider** – A medical professional or a hospital or other medical facility that provides health care services.
- **Service, also known as Procedure** – Health care you have received from a doctor, hospital or other medical facility.

To learn more health insurance words — Visit covermissouri.org/rules/terms/

