

OHA Consumer Resources

Example: How to Read an Explanation of Benefits
Statement from Your Insurer



STATE OF CONNECTICUT
**OFFICE OF THE
HEALTHCARE ADVOCATE**

OHA Mission Statement

Our Attorneys, Nurses, Paralegals, and Consumer Information Representatives provide free services to ...



**ASSURE CONSUMERS
HAVE ACCESS TO
MEDICALLY
NECESSARY
HEALTHCARE**



**EDUCATE
CONSUMERS ABOUT
THEIR RIGHTS AND
RESPONSIBILITIES
UNDER THEIR HEALTH
PLANS**



**ASSIST CONSUMERS
TO RESOLVE
DISPUTES WITH THEIR
HEALTH PLANS AND
PROVIDERS**



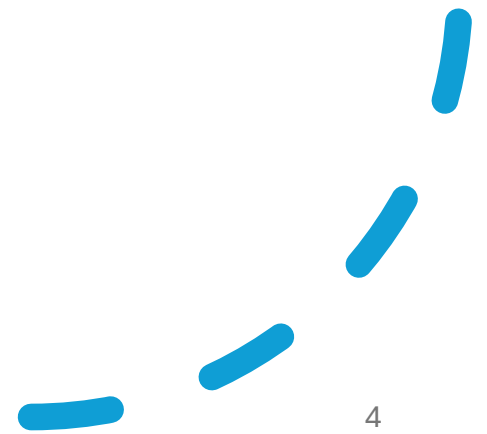
**IDENTIFY ISSUES,
TRENDS AND
PROBLEMS FACED BY
HEALTHCARE
CONSUMERS AND
PROPOSE SOLUTIONS
TO LEGISLATORS AND
REGULATORS**

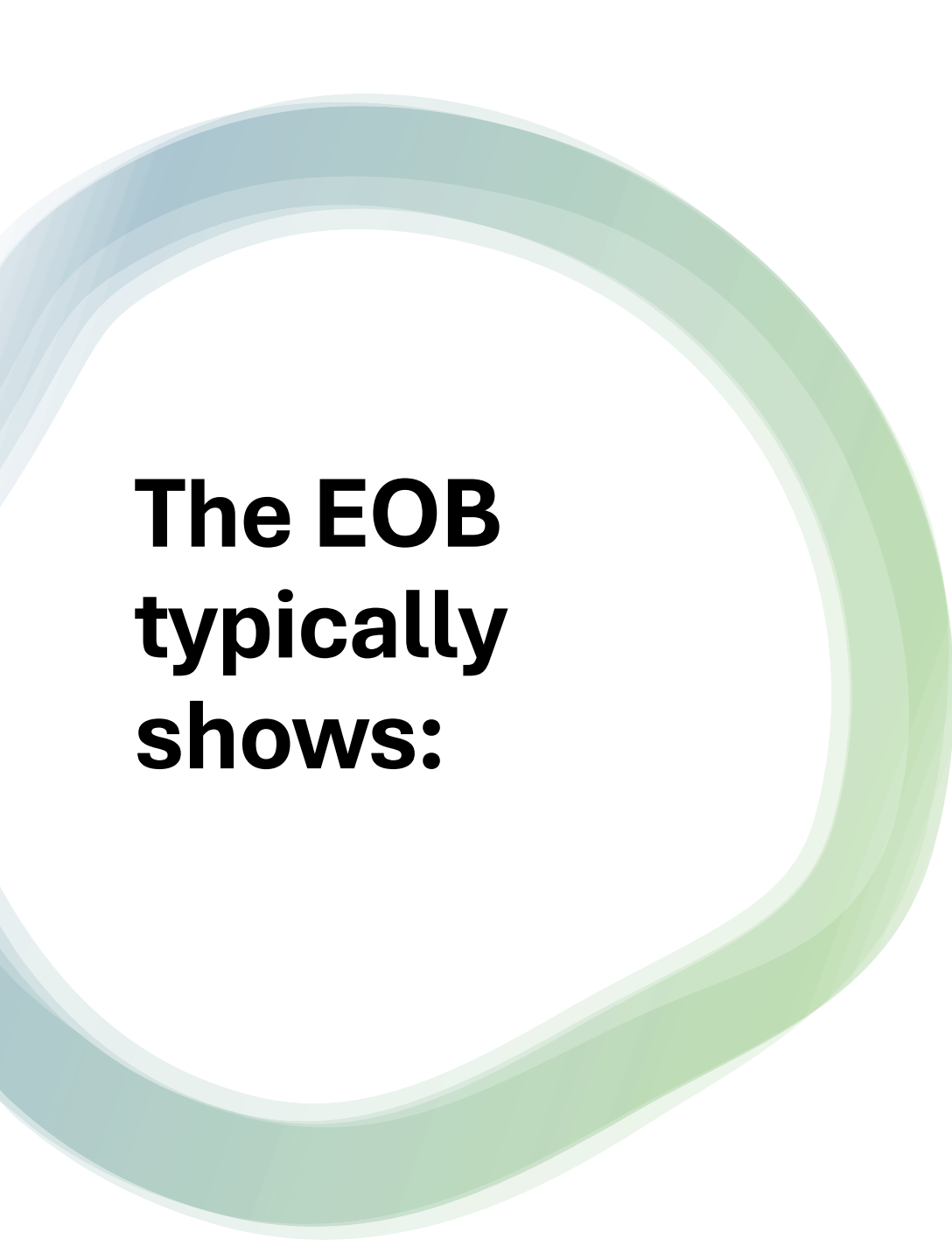
Examples of Recently Developed OHA Consumer Resources

- How to Read an Explanation of Benefits from Your Insurer
- Questions We Should Ask Our Insurance Company to Help Minimize Out-of-Pocket Costs
- Questions to Ask When You Are Choosing Between Health Insurance Plans
- Questions We Should Ask Our Providers to Help Minimize Out-of-Pocket Costs
- Insurance Costs: Terms to Know
- 6 Practical Tips for Maximizing Your Year-End Insurance and Related Programs
- Two Important Questions to Ask During Open Enrollment
- Helping You Reduce or Eliminate Medical Debt
- Highlighting Our Health Care Super-Power: Preventive Services & Prevention

OHA Resource Example: Factsheet- Explanation of Benefits (EOB)

An EOB is not a bill but a statement from your insurer, sent to a consumer after a claim is processed that explains what was billed, what was covered, and what the consumer may owe.



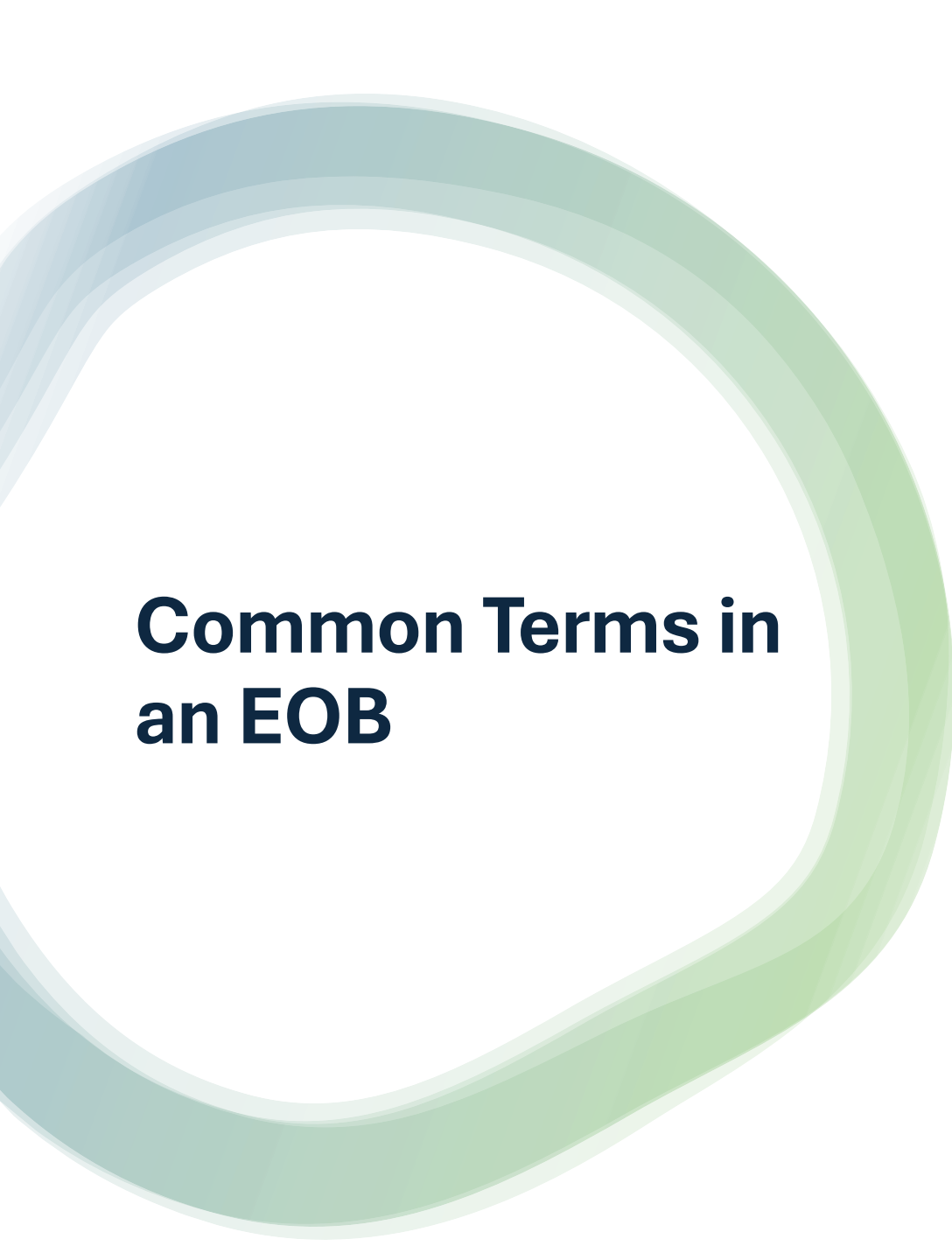


The EOB typically shows:

- **Provider Charges / Billed Amount:** The total amount your healthcare provider billed for the service.
- **Allowed Charges / Allowed Amount / Negotiated Amount:** The amount your insurer considers eligible for payment (often lower than the billed amount if the provider is in-network).
- **Provider Write-off / Contractual Adjustment:** The difference between the billed and allowed amounts that the provider agrees not to collect.
- **Paid by Insurer:** The portion your insurance company paid to the provider.
- **Patient Responsibility / What You Owe:** The amount you must pay after insurance coverage, including deductibles, copays, and coinsurance (see “Common Terms” below and OHA definitions of patient responsibility defined in a previous OHA Newsletter [Office of the Healthcare Advocate](#).)
- **Note** that the EOB may not reflect payments you’ve already made to your provider on the claim.

Key Sections of the EOB to Check

- **Patient and Claim Information:** Confirm your name, member ID, date of service, provider, and claim number. Errors here can affect accurate claim processing, so you'll want to correct them.
- **Service Description:** Lists each service or procedure, such as lab tests, doctor visits, or imaging. Ask yourself – did you receive these services?
- **Billing and Payment Details:** Shows the billed amount, allowed amount, insurer payment, and your share of the bill.
- **Remark Codes / Notes:** Explains adjustments, denials, or special coverage rules. For example, a code may indicate that the billed amount exceeded the insurer's maximum allowed payment. Read this Section carefully to learn if you disagree with the decision made by the insurance company.



Common Terms in an EOB

- **Deductible:** The amount you pay out-of-pocket before insurance covers services.
- **Copayment (Copay):** A fixed fee for a service (e.g., \$30 per visit).
- **Coinsurance:** A percentage of the allowed amount you pay after meeting your deductible.
- **Coordination of Benefits (COB):** Determines which insurance pays first if you have multiple plans.
- **In-network vs. Out-of-network:** Out-of-network services often result in higher patient responsibility or denials.
- **Denial:** When the insurer refuses to pay a claim, either partially or fully, which usually can be appealed.

Practical Tips for Reviewing your EOB

- Compare the EOB with your provider's bill to ensure consistency between them.
- Verify that the services, dates, and charges are correct.
- Track your deductible and out-of-pocket maximums.
- Contact your insurer promptly if you notice errors or unexpected denials.
- Keep EOBs for your records to monitor healthcare spending and coverage usage.

Additional Information About EOBs

- Factsheet Summary: This information will help you better understand your EOB, verify insurance payments, and manage your healthcare costs more effectively.
- If you have additional questions, please contact OHA for assistance. This information was adapted using the following resources: [How to read an explanation of benefits | CMS](#); [Insurance EOB Explained: How to Read an Insurance EOB – Insurance Curator](#); [READING YOUR EXPLANATION OF BENEFITS \(EOB\)](#)

Contact OHA

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Questions & Discussion



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