INFORMATION ON EXPLANATIONS OF BENEFITS (EOBs)

Description:
Your health insurance company will send you an EOB explaining what medical treatments and/or services you received, what your health insurance company paid for and what you owe.

Question and Answers:

Q. What is an EOB?

A. An EOB summarizes the coverage for services you received, to help you understand your coverage. It is not a bill. The EOB shows the following information:

- The service you received and what it cost
- The amount your health insurance covered
- The amount you owe (if any)

Q. When does my health insurance company send an EOB?

A. You will receive an Explanation of Benefits (EOB) approximately 7-10 days by mail or within 24 hours on Plan Central after we process your claim. To log in to Plan Central, visit www.SummaCare.com or you can click here.

Q. Can a service be denied and why?

A. Yes, a service may be denied for several reasons including by not limited to:

- Duplicate service
- Non-covered service
- Service requiring prior authorization, but prior authorization was not obtained. However, not all denials will result you paying more out-of-pocket