

# Plan Documents

Health Insurance Industry Basics: Part 3 of 3



# Introduction

Health insurance can be confusing. There are plan documents that help explain the cost and services provided. Being able to identify and describe the different documents can help consumers understand health insurance costs.

# Main Topics

- The Summary of Benefits and Coverage (SBC)
- The Evidence of Coverage (EOC)
- The Explanation of Benefits (EOB)

# The Summary of Benefits and Coverage



- The Summary of Benefits and Coverage (SBC)
  - Provides information on how much consumers should expect to pay for a doctor visit or hospital stay and which costs will count toward the deductible and out-of-pocket limit.
  - Shows consumers how to access the plan's list of covered drugs (the drug formulary) and provider directory of in-network or participating providers.
- All carriers follow the same format and include the same benefit descriptions, allowing for easier comparison between plans.
- SBCs are available on the [BeWell website](#) before buying coverage. They are linked to each plan on the [BeWell Shop and Compare Tool](#) and in the consumer's portal when they are selecting a plan after submitting their application. The carrier will also provide access to a copy after the consumer enrolls.

# The Evidence of Coverage

- The Evidence of Coverage (EOC) is a document that includes additional information about how the plan administers benefits. EOCs are sent to consumers after they enroll.
- The EOC includes information like:
  - Health plan contact information;
  - Terms of coverage;
  - Schedule of benefits (who pays what);
  - How to access services and obtain approval of benefits;
  - Description of emergency services;
  - Description of out-of-network benefits;
  - Complaint and appeals processes;
  - Coordination of benefits;
  - Any covered pediatric dental or vision services; and
  - exclusions.

# The Explanation of Benefits



- Consumers receive an Explanation of Benefits (EOB) after the carrier processes a claim.
- The EOB outlines charges received from providers and the action taken by the health plan.
  - In most cases, the EOB will list out charges received, what they were for, what was paid or denied, and the reasons behind those decisions.
  - It will also show what, if any, amounts were applied to the deductible and what costs the consumer can be charged for the service, according to the policy.

# Key Points



- Agents, brokers, and enrollment counselors (ECs) should be able to identify and describe the different plan documents to help consumers understand health insurance costs.
- The SBC provides information such as what consumers should expect to pay for a doctor visit, covered medications, in-network providers, and which costs will count toward the deductible and out-of-pocket limit.
- The EOC is a document from the health plan that includes additional information about how the plan administers benefits.
- Consumers receive an EOB after the carrier processes a claim. This document outlines the charges received from providers and the action that was taken.



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