For more detailed definitions and EOB information, please visit us at mycbs.org/health
How to Read your Explanation of Benefits (EOBs)

Every time you or your health care provider files a claim, an Explanation of Benefits, or EOB, is created explaining how we've calculated payment. You will be receiving a monthly consolidated EOB showing a summary of all services from which you incurred an out-of-pocket expense.

1. Christian Brothers Services Address: The company that administers the health benefits for members of the Christian Brothers Employee Benefit Trust (CBEBT).
2. Contact Information: If you have any questions about your claim, you can visit us on the web, or at the number listed in this area. This number can also be found on your ID card.
3. Claim Information: The enrollee name, group number, group name, and the date of this EOB summary are found in this area.
4. Dates of Service: The date range reported on the statement. There are three large numbers listed on the left side. These numbers are the total of all claims included on the statement.
5. Total Amount Billed: This is the total amount billed for services received from 4/01/2020 thru 4/30/2020.
6. Total Amount Paid By Plan: This is the amount the provider(s) may bill after your health plan benefits were paid. Typically a plan participant may be billed the provider charges or claims paid for services not covered by the plan. These bills may result from a copay, deductible, coinsurance or the service not covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may receive from the provider(s) listed below. If you did not receive service from the providers listed below or suspect fraudulent charges please contact the customer service department at the number listed above.
7. Your Financial Responsibility: This is the amount the provider(s) of service may bill after your health plan benefits were paid. Typically a plan participant may be billed the provider charges or claims paid for services not covered by the plan. These bills may result from a copay, deductible, coinsurance or the service not covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may receive from the provider(s) listed below. If you did not receive service from the providers listed below or suspect fraudulent charges please contact the customer service department at the number listed above.

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Patient Name</th>
<th>Total Charges</th>
<th>Total Deductible</th>
<th>Total Coinsurance</th>
<th>Total Copay</th>
<th>Total Payment</th>
<th>Total Patient Responsibility</th>
<th>Date of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>002222222222</td>
<td>JOHN SAMPLE</td>
<td>$60.00</td>
<td>$31.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$29.00</td>
<td>$0.00</td>
<td>4/01/2020</td>
</tr>
</tbody>
</table>

If you have any questions, please contact our Customer Service Department at the toll-free number listed on your EOB and ID card.