We are a church organization serving other church organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.

Health Solutions

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.

For your convenience, we've created an EOB summary to help you read and understand your own EOB summary when you receive it monthly. Choose the blue number on the sample EOB (page 2) that you would like to learn more about, and match it to the same blue number in the definition column (page 3). These numbers do not appear on your actual EOB. If you have any questions, please contact our Customer Service Department at the toll-free number listed on your EOB and ID card.

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CHRISTIAN BROTHERS SERVICES

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbservices.org to learn more.

Christian Brothers Services
Prepared by Christian Brothers Services (1)
1205 Windham Parkway
Romeoville IL 60446-1679

Explanation of Benefits

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL

Forwarding Service Requested

J279 18

(3) JOHN SAMPLE
123 MAIN STREET
CHICAGO IL 60606

Customer Service (2)

For questions, please visit us at
www.mycbs.org/health
or contact us at
(xxx) xxx-xxxx

(4)
Enrollee: JOHN SAMPLE
Group#: 12345
Group: SAMPLE GROUP
Date: 5/15/2020

(5) Dates of Service: 4/01/2020 thru 4/30/2020

Dear JOHN SAMPLE,

The information below is a summary of the healthcare claims you incurred for the period 4/01/2020 through 4/30/2020. This information is commonly referred to as an *"Explanation of Benefits" (EOB).* This is not a bill. It is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may recieve from the provider(s) listed below. If you did not receive service from the provider(s) listed below or suspect fraudulent charges please contact the customer service department at the number listed above.

Total Amount Billed (6) $60.00

This is the total amount billed for the dates of service of 4/01/2020 thru 4/30/2020.

Total Amount Paid By Plan (7) $31.30

This is the amount the plan paid in total for services rendered from 4/01/2020 thru 4/30/2020. Please see the "Claim Detail" section of this document for more information.

Your Financial Responsibility (8) $0.00

This is the amount the provider(s) of service *may* bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. Amounts shown here do not reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.

(9) Claim Summary

(10) Claim Number	Patient Name	(11) Total Charge	(12) Ineligible Amount	(13) Discount Amount	(14) Covered By Plan	(15) Deductible Amount	(16) Co-pay Amount	(17) Patient Responsibility	(18) Payment Amount
2222222222	JOHN SAMPLE	$60.00	$0.00	$28.70	$31.30	$0.00	$0.00	$0.00	$31.30
(19) **Totals**		$60.00	$0.00	$28.70	$31.30	$0.00	$0.00	$0.00	$31.30

(20) **Claim#:** 2222222222
Patient: JOHN SAMPLE

(21) **Patient#: 999999**
Provider: DR SMITH

(22) Dates of Service	(23) Service Code	(24) Total Charge	(25) Ineligible Amount	(26) Reason Code	(27) Discount Amount	(28) Covered By Plan	(29) Deductible Amount	(30) Co-pay Amount	(31) Balance Amount	(32) Paid At	(33) Payment Amount
4/17 - 4/17/2020	TH	$60.00	$0.00	ar	$28.70	$31.30	$0.00	$0.00	$31.30	100%	$31.30
Column Totals		$60.00	$0.00		$28.70	$31.30	$0.00	$0.00	$31.30		$31.30
										Other Credits or Adjustments	$0.00
(34) **Patient's Responsibility:**		**$0.00**								**Total Net Payment**	$31.30

(35) Service Code Description

TH OP THERAPY SERVICES

(36) Reason Code Description

ar DISCOUNTED PER YOUR HEALTH PROVIDERS AGREEMENT

(37) Payment Details

Paid To	Check No.	Amount
DR SMITH	00000000	$31.30

PPO Information

This claim was processed per your health providers contractual agreement

Additional Information

This is an adjustment to a prior claim.

Appeal Language

If this Explanation of Benefits reflects an adverse benefit determination, you may appeal the determination; submit written comments, documents, records or other information relating to the claim; and, upon request and free of charge, receive copies of all documents, records and other information relevant to the claim.

Explanation of Benefits (EOBs) Definitions

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 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 Mail To: Your address is printed here. If this address is incorrect, contact your employer to request a change.

4 Claim Information: The enrollee name, group number, group name, and the date of this EOB summary are found in this area.

5 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.

6 Total Amount Billed: Total amount of services billed for the dates of service for the time period.

7 Total Amount Paid By Plan: The combined dollar amount the plan has paid for services rendered for the dates of service. The Claim Detail sections contain the specific breakdown of this number.

8 Your Financial Responsibility: The total amount that the providers may bill you after your health care benefits were paid. These bills may result from a copay, deductible, coinsurance or services not covered by the plan. The details for each claim can be found in the Claim Detail section.

9 Claim Summary: A summary of all claims through the dates of service along with total charges, payments and more.

10 Claim Number/Patient Name: You will need your claim number if you call our customer service department with questions about your claim. The patient name for each claim is listed next to the claim number.

11 and 24 Total Charge: The dollar amount your health care provider has billed you for services you received.

12 and 25 Ineligible Amount: The amount of the Total Charge that will not be covered by your Trust Benefits.

13 and 27 Discount Amount: The amount that was discounted from the Total Charge (#11).

14 and 28 Covered By Plan: The amount of the Total Charge that is allowed by the Plan. This charge may be limited to usual and customary or Preferred Provider Organization (PPO) allowable.

15 and 29 Deductible Amount: This shows how much of this claim will count toward meeting your deductible. Your deductible is the amount you are responsible for paying before the Employee Benefit Trust begins paying benefits for certain services.

16 and 30 Co-Pay Amount: The copayment amount you were required to pay for each visit, treatment, or hospital stay.

17 and 34 Patient Responsibility: This is the amount you, as the patient, are responsible to pay the provider.

18 and 33 Payment Amount: The amount the Christian Brothers Employee Benefit Trust has determined is payable on your claim.

19 Totals: The totals for each category. Note that the totals for the Total Charge, Payment Amount and Patient Responsibility are the same numbers that appear in the larger type in the middle of the tatement (#'s 6, 7 and 8).

20 Claim #/Patient Name

21 Patient #/Provider: The patient's plan number, as well as the name of the provider visited is located here.

22 Dates of Service: The date(s) when you saw your provider.

23 and 35 Service Code: Where the service was rendered is listed in a code. For descriptors of these codes, please refer to the bottom portion of your EOB under the header Service Code Description (#35).

26 and 36 Reason Code: This column contains a code for the reason why a payment was ineligible or discounted. For descriptors of these codes, please refer to the bottom portion of your EOB under the header Reason Code Description (#36).

31 Balance Amount: Total cost of services received after the discount and co-pay amounts are applied.

32 Paid At: Percentage level of benefits for covered services.

37 Payment Details: Benefit details including provider name, check # and amount.

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

UYB-1/2025

CHRISTIAN BROTHERS SERVICES