

Information partners can use on:

‘Explanation of Benefits’ (EOB) for Medicare Advantage & Medicare drug plans

What’s a Medicare Advantage Plan EOB?

A Medicare Advantage Plan EOB gives enrollees clear and timely information about their medical claims, and helps them make informed decisions about their health care options. Medicare Advantage Plans (not individual providers) send the EOB. **The EOB isn’t a bill.**

What does a Medicare Advantage Plan EOB include?

- Clear contact information for member services.
- Instructions for reporting suspected fraud.
- Language about denied claims and appeals.
- Detailed payment information for all Medicare Advantage Plan claims (like Part A- and Part B-covered services, including Part B drug coverage, preventive services, mandatory supplemental benefits, and optional supplemental benefits) processed during the reporting period.
- Clear information about the plan’s maximum out-of-pocket spending limit.
- The enrollee’s current total out-of-pocket costs, in relation to the plan’s maximum out-of-pocket spending limit.
- Details about amounts the enrollee has paid toward the plan’s deductible(s).

When do enrollees get a Medicare Advantage Plan EOB?

Medicare Advantage Plans must send enrollees an EOB, but plans have a choice between sending the EOB monthly **or** on a per claim basis with additional quarterly summary statements.

Medicare Advantage Plans aren’t required to send an EOB if either of the following conditions apply:

- An enrollee hasn’t had claims activity during a reporting period.
- An enrollee is a dual eligible member. “Dual eligibles” are eligible for both Medicare and Medicaid, and usually have most of their health care costs covered.

What should enrollees do with the Medicare Advantage Plan EOB?

Check for mistakes.

Enrollees should keep the EOB for their records and check each one for accuracy. The easiest way to do this is to save their receipts and check them against the claims listed on their EOB. If they have questions, find mistakes, or want to file an appeal, they can contact their plan. State Health Insurance Assistance Programs (SHIPs) can also help them file an appeal. SHIPs offer free health insurance counseling and personalized help. Get the most up-to-date SHIP phone numbers by visiting shiphelp.org or calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Senior Medicare Patrol (SMP) programs can help if an enrollee suspects a mistake or fraud. Find a local SMP program from the SMP locator at smpresource.org, or call 1-877-808-2468. If an enrollee suspects Medicare fraud, they can also call 1-800-MEDICARE or the Medicare Drug Integrity Contractor (MEDIC) at 1-877-7SAFERX (1-877-772-3379).

Check their deductible & maximum out-of-pocket (MOOP) information.

Every EOB must include:

- Clear information about plan deductibles, so enrollees can easily track their progress toward meeting the deductible(s).
- Both plan level and service category deductibles.
- The plan's MOOP amount and how much the enrollee has paid toward the MOOP amount.

Each EOB must show the dollar amount the enrollee has spent on deductibles and other cost-sharing in relation to the plan's MOOP. If the plan excludes cost-sharing for supplemental benefits from counting toward the MOOP, the EOB must list the excepted items and services.

Where can people get more information about the Medicare Advantage Plan EOB?

- Enrollees can call the Medicare Advantage Plan's member services at the phone number found on the EOB.
- Partners can visit [CMS.gov/Medicare/Health-Plans/ManagedCareMarketing/MarketngModelsStandardDocumentsandEducationalMaterial](https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/MarketngModelsStandardDocumentsandEducationalMaterial) to review the Part C EOB materials.

What's the Medicare drug plan EOB?

The Medicare drug plan EOB gives enrollees clear and timely information about any Part D prescriptions the drug plan filled for an enrollee during a month. The EOB also includes information about the enrollee's current Part D drug benefit stage (which determines how much they'll pay for prescription drugs). **The EOB isn't a bill.**

Note: If an enrollee has a Medicare Advantage Plan with drug coverage, the plan must comply with these drug plan EOB rules as well as the Medicare Advantage Plan EOB rules described in the previous section.

What does a Medicare drug plan EOB include?

- A summary of the claims the plan processed for the enrollee during the monthly reporting period, including the name and cost of each drug.
- A summary of payments made by the enrollee, the plan, and other programs or organizations (if applicable).
- The enrollee's current drug benefit stage (deductible, initial coverage, coverage gap, or catastrophic coverage).
- A record of the enrollee's total out-of-pocket costs and total drug costs.
- The cost of each drug, including amounts the enrollee, the plan, and other programs paid.
- The change in the total cost of each drug (shown as a percentage) since the first time the enrollee got the drug in the current benefit year.
- A list of lower cost alternative drugs (if available) that are similar to the drugs the enrollee currently gets. These could be drugs with lower cost-sharing or a lower drug price.
- Any adjustments (like for a reversed claim) or corrections (like a clerical error) to cost information for the benefit year, including:
 - Total drug costs for the month (as applicable)
 - Total drug costs for the year
 - Total enrollee out-of-pocket costs
- Any formulary updates that affect the coverage or cost of the drugs the enrollee takes.
- Contact information for member services.
- Instructions for reporting suspected fraud, appealing a plan's coverage decision, or reporting an error.

When do enrollees get a Medicare drug plan EOB?

Enrollees should get an EOB by the end of the month after the month they filled a prescription using their drug plan coverage. For example, if an enrollee fills a prescription in June using their drug plan coverage, they should get an EOB by the end of July.

What drug claims does the Medicare drug plan EOB include?

The EOB includes drug claims for:

- All covered Part D drugs.
- Any supplemental drugs the plan covers that Part D doesn't cover (like cough and cold or weight loss drugs).

The EOB doesn't include drugs or supplies that Part A and/or Part B (Original Medicare) cover, or that a Medicare health plan (like a Medicare Advantage Plan) covers.

What should enrollees do with the Medicare drug plan EOB?

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Monitor spending at different coverage stages.

The EOB gives monthly and year-to-date summaries of an enrollee's drug plan costs. These summaries break down the drug costs the enrollee paid during each drug benefit stage. This information helps enrollees know how much more they have to pay in their current drug benefit stage before moving to the next stage.

What should enrollees do with the Medicare drug plan EOB? (continued)

Check for updates to their plan's formulary.

When a plan changes its formulary and the change affects an enrollee's coverage or cost, their EOB will have information about the change. Plans may remove drugs from their formularies, change a drug's formulary level, or add coverage rules about certain drugs throughout the year. In certain cases, if an enrollee is currently taking a drug when the plan stops covering it, the plan will continue to cover the drug for the rest of the plan year. In other cases, formulary changes are effective 30 days after the plan notifies the enrollee about the change.

The EOB tells enrollees what options they have after a change, like talking to their doctor to find out if they can take other covered drugs, or requesting an exception to the plan's coverage change.

Where can people get more information about the Medicare drug plan EOB?

- Enrollees can call the drug plan's member services at the phone number found on the enrollee's EOB.
- Partners can visit [CMS.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials) to review Medicare drug plan EOB materials.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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