

FACT SHEET – Summary

Getting and Using Health Plan Evidence of Coverage

This fact sheet is intended to help Navigators answer specific questions that people with disabilities might ask about getting and using health plans' Evidence of Coverage documents when purchasers are considering buying health insurance through the Marketplace

Q1. What is Evidence of Coverage?

A. The Evidence of Coverage (EOC) is a document that describes in detail the health care benefits covered by the health plan. It provides documentation of what that plan covers and how it works, including how much you pay.

Q2. Can I get the Evidence of Coverage for a plan I am considering buying?

A. Many health plans do not provide the Evidence of Coverage documents until you have purchased a health plan and are a paid member. However, if you need to know whether a health plan covers benefits you need, you can try asking for the EOC document from the plan before enrolling. Also, some state laws require health plans to make the EOC available to people who are considering purchasing a plan, so you should check with your state's department of insurance to learn if your state has such a requirement.

Q3. What information can I get from the EOC?

The EOC provides a summary of benefits and coverage and information on payment (including premiums deductibles, copayments, and coinsurance), eligibility, enrollment and how to get services. The EOC also explains what services are not covered. The EOC will also explain how to file a grievance if you disagree with the plan's decision about your care.

Q4. What can I do if the EOC does not provide the information I need?

A. You should try contacting member services for more information, although it is possible that you will not be able to get this information before you purchase a plan.

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