

CHANGE TO YOUR HIGHMARK DELAWARE EXPLANATION OF BENEFITS (EOB) DELIVERY  
EFFECTIVE JULY 15, 2016

- As a Highmark Delaware member, you will no longer automatically receive paper Explanation of Benefits (EOBs) if your claims are for services covered in full (i.e. preventive care services which are covered at 100%) or if your responsibility is a copayment paid at the time of service.
- Highmark is making this change in an effort to deliver an improved member experience and help to avoid unnecessary confusion, as Highmark has received feedback on how confusing it can be for members to receive EOBs when they do not owe money for services (other than copays paid at the time of the service) and no action is required on their part.
- You will continue to receive paper EOBs for all other claims for services, unless you chose to receive electronic notifications. Examples of claims for other services include:
  - services which are subject to a deductible or a coinsurance as applicable for members enrolled in the CDH Gold and First State Basic plans;
  - out of network services for members enrolled in the Comprehensive PPO, CDH Gold and First State Basic plans, and
  - certain therapies and chiropractic services subject to a coinsurance under the Comprehensive PPO and IPA/HMO plans.
- If you need a paper EOB for any service received under your Highmark Delaware plan, you can view and print them directly from the member [website](#). You can also request one by calling Highmark Member Service at the number on the back of your ID card.
- You can also receive real-time email alerts (electronic notifications) as soon as your claims activity is available. To elect this option, click on the link "change your settings" under Go Paperless on the homepage of Highmark's [website](#). On the Contact Preferences page, check the "Go Paperless" box and save your preferences.