



Health insurance can be complex and confusing; we are here to make it easier to understand and navigate. Below are some common terms and definitions to help you better understand what you have to pay and when. Please look at your plan documents outlining your Health Tradition Health Plan for specific plan information.

1. **Explanation of Benefits (EOB)** This is not a bill. Your EOB provides information about how we processed an insurance claim you or your healthcare provider submitted. A healthcare provider could include a doctor or hospital.

CLAIMS DETAIL

Claims Information			Health Tradition Responsibility				Your Responsibility					
2 Date of Service	3 Code	4 Code Desc	5 Billed Amount	6 Allowed Amount	7 Provider Discount	8 Plan Paid	9 Non-Covered	10 Co-Pay	11 Deductible	12 Coinsurance	13 Your Responsibility	14 Reason Code
2/12/2019	99214	OFFICE/OUTPATIENT VISIT EST	\$200.00	\$150.00	\$50.00	\$125.00	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00	3
2/26/2019	85025	COMPLETE CBC W/AUTO DIFF WBC	\$130.00	\$100.00	\$30.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3/7/2019	80048	METABOLIC PANEL TOTAL CA	\$100.00	\$75.00	\$25.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Totals:			\$430.00	\$325.00	\$105.00	\$300.00	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00	
Other Insurance Paid: \$0.00											Your Responsibility: \$25.00	

2. **Date of Service** The date the service was performed.
3. **Code** The medical code providers use to report services.
4. **Code Desc** A brief description of the service provided.
5. **Billed Amount** The total dollar amount of the procedure as billed by the provider.
6. **Allowed Amount** The dollar amount Health Tradition allows for the service, based on Health Tradition's contract with the provider.
7. **Provider Discount** The difference between the billed amount and the allowed amount, which is the reduction in charges Health Tradition negotiated with in-network health care professionals and facilities to help you save money.
8. **Plan Paid** The dollar amount Health Tradition paid.
9. **Non-Covered** The dollar amount of services not covered under your Health Tradition Health Plan. Please see the Reason Code for further explanation.
10. **Co-pay** A co-pay is a fixed dollar amount that you pay for certain services (e.g. office visits, prescriptions) each time you have that service.
11. **Deductible** A deductible is the amount you pay to your doctor or pharmacy for covered services each benefit year before your Health Tradition health insurance begins to pay.
12. **Co-insurance** Co-insurance is a percentage of the cost of a covered service that you pay to your doctor. For example, if your co-insurance is 20% and your bill is \$100, you pay \$20 and your Health Tradition plan pays the remaining share of \$80. You do not start to pay co-insurance until after you have finished paying your deductible.
13. **Your Responsibility** This is the amount owed you owe to the provider. The provider will bill you for this amount, less anything you may have paid at the time of your visit. If this amount is zero, that means your deductible or out of pocket limit was met.
14. **Reason Code** The number under the Reason Code column indicates additional information is being provided to explain why the claim processed the way it did. The explanation will appear below the table.

BENEFIT SNAPSHOTS

Current Plan Year A benefit year, also called a plan year, is a 12-month period during which you have insurance coverage.

Maximum Out of Pocket Amount The maximum out of pocket amount is the most money you will have to pay each benefit year for covered medical expenses as outlined in your plan document. This includes the amounts you pay for co-pays, deductibles, and coinsurance. It does not include your monthly premium. Once the amount of money you have paid equals your maximum out of pocket amount for that benefit year, your Health Tradition Health Plan will pay 100% of covered services for the remainder of the benefit year.

Deductible A deductible is the amount you pay to your doctor or pharmacy for covered services each benefit year before your Health Tradition health insurance begins to pay.

In-Network Services done through an in-network provider. An in-network provider is a provider that has contracted with Health Tradition to provide care to its members at a discounted price. These providers are called “network providers” or “in-network providers.” Provider networks include providers like primary care physicians, specialists, hospitals, pharmacies and more.

To find an in-network provider visit HealthTradition.com/findadoc or log into your Maddy Member Portal account (MaddyPortal.com).

Out-of-Network Services done through an out-of-network provider. These providers are not contracted with Health Tradition.

Benefit Snapshot for John Sample – Current Plan Year				
Individual	Maximum Amount	Amount Met	Remaining Balance	Percentage Met
In-Network Deductible	\$500.00	\$129.21	\$370.79	26%
In-Network Out-of-Pocket	\$1,500.00	\$229.21	\$1,270.79	15%
Out-of-Network Deductible	\$1,000.00	\$0.00	\$1,000.00	0%
Out-of-Network Out-of-Pocket	\$3,000.00	\$0.00	\$3,000.00	0%

Benefit Snapshot for Family – Current Plan Year				
Family	Maximum Amount	Amount Met	Remaining Balance	Percentage Met
In-Network Deductible	\$1,000.00	\$129.21	\$870.79	13%
In-Network Out-of-Pocket	\$3,000.00	\$229.21	\$2,770.79	8%
Out-of-Network Deductible	\$2,000.00	\$0.00	\$2,000.00	0%
Out-of-Network Out-of-Pocket	\$6,000.00	\$00.00	\$6,000.00	0%

Please note: Both Single and Family Benefit Snapshots will appear on your Explanation of Benefits regardless of your plan.

If you have any questions regarding your plan, please reference your Health Tradition Health Plan documents. Plan documents can be found through your Maddy Member Portal account or requested via phone to our Customer Service Center at 877.832.1823.