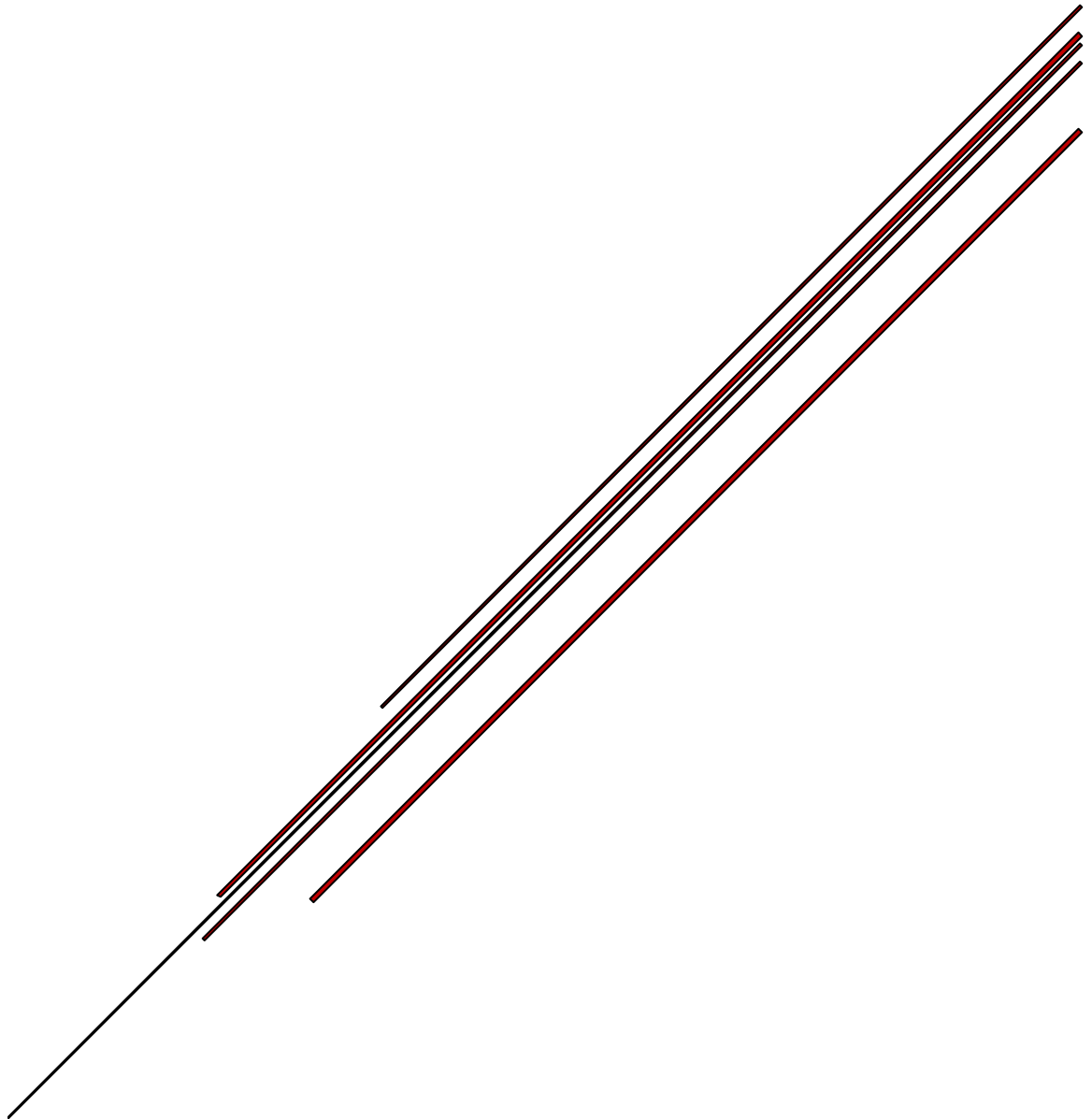


EXPLANATION OF BENEFITS SAVINGS PLUS PLAN

Overview and Frequently Asked Questions

Leading Edge Administrators



Explanation of Benefits Overview

An Explanation of Benefits (EOB) is a statement from your health insurance company providing details on payment for a medical service you received. It is not a bill, but a breakdown of the services provided and how the costs are processed according to your Healthcare insurance plan.

This illustration describes sections of an SPP EOB such as member information, service dates, member responsibility, coverage and billing amounts, and procedure codes and descriptions.

Claim Summary									
Claim Number	Patient Name	Billed Amount	Ineligible Amount	Provider Discount	Covered By Plan	Deductible Amount	Patient Responsibility	Plan Payment Amount	
		\$10,364.00	\$0.00	\$8,266.24	\$2,097.76	\$0.00	\$1,712.35	\$385.41	
Totals		\$10,364.00	\$0.00	\$8,266.24	\$2,097.76	\$0.00	\$1,712.35	\$385.41	

Claim #: 1		Provider: 2		Enrollee ID: 3							
Patient:	Enrollee:	Enrollee:	Enrollee:	Enrollee:	Enrollee:						
Dates of Service	Procedure	Billed Amount	Not Covered	Reason Code	Provider Discount	Allowable Amount	Plan Limit Reduction	Deductible Amount	Co-Pay Amount	Co-Insurance	Plan Payment Amount
08/29-08/29/2023	0250	\$7.00	\$0.00	05, 49	\$5.58	\$1.42	\$0.00	\$0.00	\$1.42	\$0.00	\$0.00
08/29-08/29/2023	0301	\$653.00	\$0.00	05, 49	\$520.83	\$132.17	\$0.00	\$0.00	\$132.17	\$0.00	\$0.00
08/29-08/29/2023	0301	\$434.00	\$0.00	05, 49	\$346.16	\$87.84	\$0.00	\$0.00	\$87.84	\$0.00	\$0.00
08/29-08/29/2023	0301	\$117.00	\$0.00	05, 49	\$93.31	\$23.69	\$0.00	\$0.00	\$23.69	\$0.00	\$0.00
08/29-08/29/2023	0301	\$632.00	\$0.00	05, 49	\$504.08	\$127.92	\$0.00	\$0.00	\$127.92	\$0.00	\$0.00
08/29-08/29/2023	0305	\$177.00	\$0.00	05, 49	\$141.18	\$35.82	\$0.00	\$0.00	\$35.82	\$0.00	\$0.00
08/29-08/29/2023	0307	\$149.00	\$0.00	05, 49	\$118.84	\$30.16	\$0.00	\$0.00	\$30.16	\$0.00	\$0.00
08/29-08/29/2023	0307	\$187.00	\$0.00	05, 49	\$149.15	\$37.85	\$0.00	\$0.00	\$37.85	\$0.00	\$0.00
08/29-08/29/2023	0450	\$7,948.00	\$0.00	SPP, 05, 49	\$6,339.25	\$1,608.75	\$1,212.35	\$0.00	\$23.13	\$0.00	\$373.27
08/30-08/30/2023	0636	\$60.00	\$0.00	05	\$47.86	\$12.14	\$0.00	\$0.00	\$0.00	\$0.00	\$12.14
Column Totals		\$10,364.00	\$0.00		\$8,266.24	\$2,097.76	\$1,212.35	\$0.00	\$500.00	\$0.00	\$385.41

Patient's Responsibility: 4		Other Carrier Adjustment	
\$1,712.35			\$0.00
		Total Payment Amount	\$385.41

Procedures		Remarks	
Code	Description	Code	Description
0250	PHARMACY - GENERAL	05	PPO discount has been applied
0301	LABORATORY - CHEMISTRY	49	Service copayment applied
0305	LABORATORY - HEMATOLOGY	SPP	This service is subject to and has exceeded the maximum benefit allowable. If you have a balance billing issue, please contact customer service and they will work directly with providers on your behalf.
0307	LABORATORY - UROLOGY		
0450	EMERGENCY ROOM- GENERAL		
0636	PHARMACY-DRUGS REQUIRING DETAILED CODING		

Payment Details		
Paid To	Check Date	Amount
		\$385.41

Section 1

Provides the dates of service and the specific procedure codes used for billing.

Section 2

Outlines the original amount charged for the service, what part is not covered by insurance, and discounts provided by the providers, and the amount eligible for insurance coverage.

Section 3

Outlines what you, as the member, are responsible for based on the terms of your insurance coverage. * If the **Patient's Responsibility** figure exceeds the totals shown in Section 3, it may include additional charges due to balance billing. If this occurs, please contact your Concierge Customer Service using the telephone number on the back of your ID card.

Section 4

Provides a brief description for each reason code listed. If there's a reference to Savings Plus Plan (SPP) on your EOB, and you are billed for the total amount in the **Patient's Responsibility** section, this is indicative of a balance bill. You are responsible for the cost share noted in Section 3. If balance bill, contact your Concierge Customer Service using the telephone number on the back of your ID card.

Frequently Asked Questions

How do I read the *Dates of Service* on my EOB?

The *Dates of Service* column shows the range of dates during which medical services were provided to you. For instance, in the illustration provided, the services were rendered on 08/29/2023.

What does the *Procedure* column mean?

The *Procedure* column lists standardized medical codes for the services you received. Each code corresponds to a specific medical procedure or service, which helps the insurance company determine coverage and payment.

What is a *Billed Amount*?

A *Billed Amount* is the total cost billed by your healthcare provider for the services you received.

Why are some amounts listed in the *Not Covered* column?

The *Not Covered* column indicates expenses not eligible for payment under your insurance plan. This could be due to various reasons, such as services not covered by your policy or charges exceeding the usual rates.

What is a *Reason Code*?

A *Reason Code* provides an explanation for reductions or denials in coverage.

What's the significance of the *Provider Discount* column?

The *Provider Discount* columns shows the amount discounted from the original charged amount, which is a result of the healthcare provider's agreement with the insurance company.

What does *Allowable Amount* mean?

The *Allowable Amount* is the amount your network has contracted, reflecting any negotiated discounts between your provider and the insurance.

Why am I being charged a *Deductible Amount*?

A *Deductible Amount* is what you owe as part of your insurance plan before your insurer starts to pay. This amount contributes to your annual deductible.

What is a *Co-Payment*?

A *Co-Payment* is a fixed amount you pay for a covered healthcare service, typically paid at the time of the service.

What is a *Co-Insurance*?

A *Co-Insurance* is the percentage of covered health care costs you are responsible for paying after you have met your deductible.

What does *Patient's Responsibility* signify on the EOB?

Patient's Responsibility on your EOB reflects the total amount you may be billed for which may include any applicable deductible, copay, and coinsurance as determined by your health plan.

For these balance bill amounts under SPP, it is essential to contact **Concierge Customer Service** using the telephone number listed on the back of your ID Card.

What if there is an *Other Carrier Adjustment*?

If you have secondary insurance, any payments or adjustments made by this carrier would appear in the *Other Carrier Adjustment* column.

What is the *Plan Payment Amount*?

The *Plan Payment Amount* column shows how much your insurance company has paid towards the claim.

How do I obtain additional information?

For more detailed questions about your EOB, please contact **Concierge Customer Service** or your insurance provider directly.