Union Health–An Integrated Health Plan

How to Read Your Explanation for Benefits (EOB)

UNION HEALTH
AN INTEGRATED HEALTH PLAN

The description is the name of your benefit plan which specifies individual, family, deductible, out-of-pocket expenses, etc. It also shows the start date to the end date of your coverage. During this time, if you get care, we cover the portion of the cost we've agreed to.

Name: JOHN SAMPLE
ID No: 000123456789
GROUP #:

YOUR HEALTH CARE BENEFITS AT A GLANCE

Here's some information about your latest totals.

Description: $10200 Individual Tier 3 Max Out of Pocket
Benefit Period: 01/01/2018 - 12/31/2018
$0.00 Used — $10200.00 Remaining

Description: $1350 Individual / $2700 Family Tier 1 Deductible
Benefit Period: 01/01/2018 - 12/31/2018
$588.20 Used — $761.80 Remaining

Description: $1350 Individual / $2700 Family Tier 2 Deductible
Benefit Period: 01/01/2018 - 12/31/2018
$588.20 Used — $761.80 Remaining

Description: $3600 Individual Tier 1 Max Out of Pocket
Benefit Period: 01/01/2018 - 12/31/2018
$598.20 Used — $3001.80 Remaining

Description: $4600 Individual Tier 2 Max Out of Pocket
Benefit Period: 01/01/2018 - 12/31/2018
$598.20 Used — $4001.80 Remaining

Description: $5000 Individual / $6000 Family Tier 3 Deductible
Benefit Period: 01/01/2018 - 12/31/2018
$0.00 Used — $5000.00 Remaining

YOUR DETAILED CLAIM BREAKDOWN

Received on: 04/18/2018
Provider: THOMAS FAIRCHILD MD
Claim #: 0007190718

The dollar amount and percentage your plan paid toward the covered amount, minus any copay/deductible/coinsurance you're responsible for.

						PLAN PAID		YOU'RE RESPONSIBLE FOR			
Type of Service/Date	Amount Billed	Your Member Discount	Amount Not Covered	Allowed Amount	Other Insurance Paid	What Your Plan Paid	% Paid	Deductible	Copay/ Coinsurance	See Notes	Total
COMPREHENSIVE AUDIOMETRY THRES	$105.00	$50.57	$0.00	$54.43	$0.00	$0.00	0.00%	$54.43	$0.00	SIH,3,6,7	$54.43
TYMPANOMETRY (IMPEDANCE TESTIN	$35.00	$10.64	$0.00	$24.36	$0.00	$0.00	0.00%	$24.36	$0.00	SIH,2,4,5	$24.36
TOTALS	$140.00	$61.21	$0.00	$78.79	$0.00	$0.00		$78.79	$0.00		$78.79

PLAN PAID: $0.00 **WHAT YOU PAY: $78.79**

The notes section will give you information on the network that your health care professional is in as well as what you have left in your plan deductibles and out-of-pocket expenses.

NOTES:

SIH	SIHO
2	$24.36 deductible was applied for liability $1350 Individual / $2700 Family Tier 2
3	$54.43 deductible was applied for liability $1350 Individual / $2700 Family Tier 2
4	$24.36 was applied for liability $4600 Individual Tier 2 Max Out of Pocket.
5	$24.36 was applied for liability $8200 Family Tier 2 Max Out of Pocket.
6	$54.43 was applied for liability $4600 Individual Tier 2 Max Out of Pocket.
7	$54.43 was applied for liability $8200 Family Tier 2 Max Out of Pocket.
8	$138.64 deductible was applied for liability $1350 Individual / $2700 Family Tier 2
9	$138.64 was applied for liability $4600 Individual Tier 2 Max Out of Pocket.
10	$138.64 was applied for liability $8200 Family Tier 2 Max Out of Pocket.