

How to Read Your Explanation of Benefits (EOB)

Using Your HMA Benefits

What is an "Explanation of Benefits"?

Commonly referred to as an "EOB," the Explanation of Benefits is a document that is generated when HMA processes a claim submitted by you or your healthcare provider. The EOB is not a bill. It simply explains how your health plan benefits were applied to that particular claim.

Why should I read my EOB?

There is a lot of information packed into an EOB. An EOB contains three important parts:

- 1 A claim summary that shows the amount billed by your healthcare provider, any discounts that were applied, the amount paid by your health plan, and any balance you owe to your provider.
- 2 An easy-to-read claims detail section that breaks everything down for you. It even explains key health plan terms.
- 3 The last section shows how much of that claim has been applied to your deductible. It also shows the remaining amount needed to meet your deductible, as well as where you are at with your out-of-pocket maximum for the year.

What am I supposed to do with this information?

Each time you receive an EOB, review it closely and compare it to the bill or statement from your healthcare provider. If you have any questions, HMA's contact information can be found at the very top of every EOB.

I am still confused. Where can I go to better understand how my health plan works?

Go to <https://www.accesshma.com/member-videos> for helpful health plan videos created for HMA members. You can always call HMA's Customer Care Team at **1-800-869-7093** with your questions.

Healthcare Management Administrators
PO Box 85008
Bellevue, WA 98015-8508

HMA
HEALTHCARE MANAGEMENT ADMINISTRATORS

Forwarding Service Requested

Questions? Contact Us:
Medical (425) 482-1000
Dental (800) 869-7093

Customer service hours of: Mon - Fri 7:00 AM to 5:00 PM
<http://www.accesshma.com>

Employer Name:
Group Number:
Processing Date:
Member ID:

Explanation of Benefits (EOB) [This is not a bill.]

Summary of claims through 06/27/2017

1 **Amount Billed:** \$511.00 This was the combined amount that was billed by your providers.

Discounts and Adjustments: \$181.87 You saved \$181.87. HMA negotiated with healthcare professionals and facilities on your behalf.

What Your Plan Paid: \$263.50 Your plan paid \$263.50 to providers.

What You Owe: \$65.63 **This is the amount you owe your provider.** Your healthcare professional will bill you directly for any remaining amount due.

You Saved: \$445.37 You saved \$445.37 off the total amount billed. This is the total of your discount and what your plan paid.

If any claims are processed, your next EOB will arrive the week of: **07/23/2017**

Claim Number	Provider Name	Amount Billed	Discounts	Adjustments	Plan Paid	Not Covered	Copy / Deductible	Co-Insurance	You Owe	Expl. Codes
5830794101	SAMANTHA WEED	\$511.00	\$181.87	\$0.00	\$263.50	\$0.00	\$25.00	\$40.63	\$65.63	PD
Service Date: 04/27/17 Claim Received Date: 05/02/17 Claim Finalized Date: 05/08/17										
Totals		\$511.00	\$181.87	\$0.00	\$263.50	\$0.00	\$25.00	\$40.63	\$65.63	
		You Owe \$65.63								

Subsequent Action: Upon exhaustion of the full member appeals process, you have no further rights to review of your claim. However, you are entitled to seek redress in the court system.

Expl. Code	Description
PD	PREFERRED PROVIDER DISCOUNT. THE PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.

1 **Amount Billed**
\$511.00

This was the combined amount that was billed by your providers.

2 **Discounts and Adjustments**
\$181.87

You saved \$181.87. HMA negotiated with healthcare professionals and facilities.

3 **What Your Plan Paid**
\$263.50

Your plan paid \$263.50 to providers.

4 **Not Covered**
\$0.00

Non Covered amounts are assigned to a claim due to a denial or other issue. Please see the descriptions associated with the code and the appeals section below.

5 **Copy/Deductible**
\$25.00

Copy is the amount that must be paid before services are covered. Deductible is the amount you owe after the adjudication has been completed and is based upon your plan design.

6 **Co-Insurance**
\$40.63

The percentage of covered expenses you pay after you meet your deductible based on your plan design.

7 **What You Owe**
\$65.63

This is the amount you owe your provider. Your healthcare professional will bill you directly for any remaining amount due.

YOUR DEDUCTIBLE		Applied
		2017
\$0	<div style="width: 80%; background-color: #008000; height: 10px;"></div> The amount applied toward your deductible	\$1,200.00
	Medical Deductible (In-Network)	\$800.00
\$0	<div style="width: 95%; background-color: #008000; height: 10px;"></div> The remaining amount needed to meet your deductible	\$6,000.00
	Medical Out-of-Pocket Maximum (In-Network)	\$1,209.39

Website: <http://www.accesshma.com>