Using your EOBs

EOBs contain information which allows you to:

✓ **Track Network discounts.**
You maximize your benefits and reduce out-of-pocket costs when you choose Network health care provdiers. For each claim, the "Network Discount" column (see "D" on example EOB) shows the discount applied when you utilize a Network provider.

✓ **Monitor deductible status.**
The AFTRA Health Plan requires you to meet annual deductibles before the Plan begins to pay any benefits. The "Deductible" column (see "F" on example EOB) shows how much deductible (if any) was satisfied for a specific medical claim. The "Deductible Satisfied To Date" section of the EOB (see "M" on example EOB) provides a detailed breakdown of the current deductible status for you and any covered family members for both Network and Non-Network providers.

✓ **Know what you owe.**
The "Balance Due Provider" line (see "L" on example EOB) shows your financial responsibility for each claim, excluding any copayment you paid when services were provided. The "Balance Due Provider"amount should be paid directly to your provider once you receive a bill. Note that if a claim from a Non-Network Provider is listed, the "Balance Due Provider" amount will likely include charges in excess of the scheduled allowance – the maximum amount the Plan will pay for a covered service in a geographic area. Also, occasionally a Network provider will incorrectly bill a patient for an amount in excess of the contracted allowance. Such "balance billing" by Network providers is not allowed under our PPO contracts. If you have questions or concerns about excess billed charges, speak with your health care provider or contact Participant Services at 1-800-562-4690.

Common questions

What is the difference between and copayment and coinsurance?

Certain covered services require a **copayment** – a fixed amount you pay the health care provider when services are rendered. For example, each doctor's visit requires a $10 copayment. **Coinsurance** is the percentage of covered expenses that you must pay after satisfying the deductible. You don't pay coinsurance on covered expenses once you reach the annual out-of-pocket maximum.

The provider listed on my EOB doesn't look familiar.

Sometimes the health care provider that submits a bill may be different from the provider who actually delivered the care, or the provider's name may be the same, but the address is different. This is not uncommon, especially in larger practices, but you may want to call your provider to verify that the billing information is correct. But if you question any claim or provider listed on your EOB, always call Participant Services at 1-800-562-4690. One of the primary purposes of EOBs is to assist health care consumers to identify billing errors or possible fraud, which contribute to the problem of rising health care costs.

My EOB has a "Previous Payment" and/ or "Previously Paid" field. What are these?

Under certain circumstances, the AFTRA Health Plan may discover that it has overpaid or underpaid your health care provider on a previous medical claim for you or another Plan participant. When such situations are discovered, AFTRA H&R may adjust the amount that is payable to the provider on your claim. If this circumstance applies, this field will appear on your claim to indicate any adjustment.

Questions? Call us.

Call Participant Services at 1-800-562-4690 if you … need to request a duplicate EOB …. think your EOB may be incorrect … or have any questions at all. We're here to help!

To ensure that you continue to receive your EOBs on time, make sure that AFTRA H&R always has your current mailing address. To learn how to update your mailing address, visit *www.aftrahr.com* and select "Change your address" under the "Participant Toolkit" menu.

For details about the AFTRA Health and Retirement Plans, please:

- Visit *www.aftrahr.com*;
- Review your AFTRA Health Plan Summary Plan Description, *Benefits Updates* and other Plan notices; or
- Call Participant Services at 1-800-562-4690.

Please Note: The information provided in this brochure is summarized and is not a complete description of the actual terms and provisions of the AFTRA Health Plan. Please refer to your AFTRA Health Plan Summary Plan Description, Benefits Updates *and other Plan notices for additional information. If any conflict arises between the information contained in this brochure and the actual Plan documents, the Plan documents will govern in all cases.*

aftra H&R
AFTRA Health & Retirement Funds

261 Madison Avenue, 8th floor • New York, NY 10016
Phone: 1-800-562-4690 • Fax: 212-499-4925

Questions? E-mail: webpage@aftrahr.com
or visit us online at www.aftrahr.com

BR.04 Rev. 09/09

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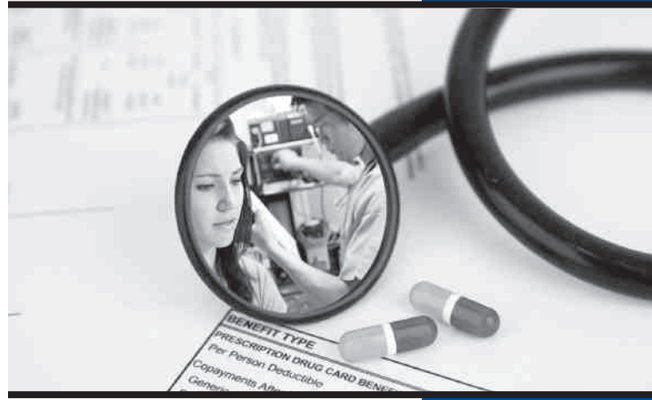
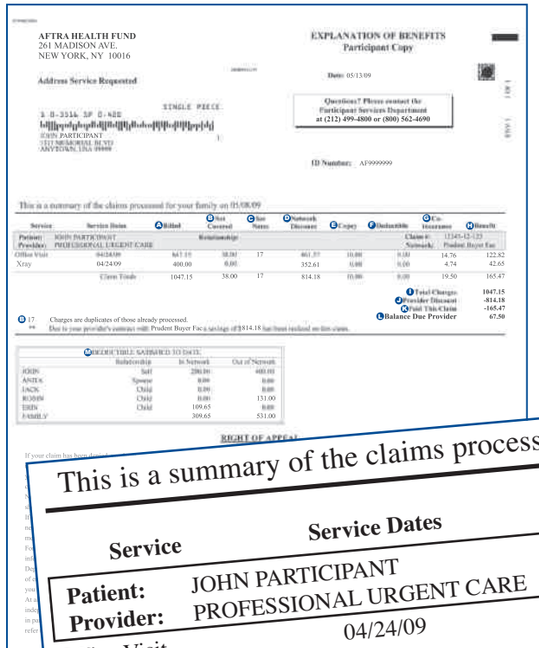
AFTRA Health & Retirement Funds

Understanding Your EOB – It's a Partnership



An Explanation of Benefits (EOB) provides important information about how your medical claims are processed. As your partner in health care, AFTRA H&R wants you to understand your EOBs – and to know how to use the information that they provide.


AFTRA HEALTH FUND
261 MADISON AVE.
NEW YORK, NY 10016

EXPLANATION OF BENEFITS
Participant Copy

Address Service Requested

Questions? Please contact the Participant Services Department at (212) 499-4800 or (800) 562-4690

ID Number: AF9999999

This is a summary of the claims processed for your family on 05/08/09

Service	Service Dates	A Billed	B Not Covered	C See Notes	D Network Discount	E Copay	F Deductible	G Co-Insurance	H Benefit
Patient: JOHN PARTICIPANT	Relationship:							Claim #:	12345-12-123
Provider: PROFESSIONAL URGENT CARE								Network:	Prudent Buyer
Office Visit	04/24/09	647.15	38.00	17	461.57	10.00	0.00	14.76	122.82
Xray	04/24/09	400.00	0.00		352.61	0.00	0.00	4.74	42.65
	Claim Totals	1047.15	38.00	17	814.18	10.00	0.00	19.50	165.47

I Total Charges 1047.15
J Provider Discount -814.18
K Paid This Claim -165.47
L Balance Due Provider 67.50

B&C 17 Charges are duplicates of those already processed.
** Due to your provider's contract with Prudent Buyer a savings of $814.18 has been realized on this claim.

DEDUCTIBLE SATISFIED TO DATE

	Relationship	In Network	Out of Network
JOHN	Self	200.00	400.00
ANITA	Spouse	0.00	0.00
JACK	Child	0.00	0.00
ROBIN	Child	0.00	131.00
ERIN		109.65	0.00
FAMILY		309.65	531.00

RIGHT OF APPEAL

What is an EOB?

EOB stands for Explanation of Benefits. Every time you file a medical claim or a health care provider files a claim on your behalf, you will receive an EOB in the mail. An EOB isn't a bill. It provides important information about how your medical claims are processed. This helps you understand the benefits you receive under the AFTRA Health Plan and know your share of the cost.

A. Billed – The amount that the health care provider billed for each service.

B. Not Covered – The portion of each billed amount that is not covered by your AFTRA Health Plan.

C. See Notes – If an alphanumeric code appears in this column, refer to the corresponding number(s)/letter(s) in your EOB to learn why all or a part of a billed amount is not covered.

D. Network Discount – The discount applied for using a Network Provider.

E. Copay – The copayment amount, if applicable. If this amount is $0.00, no copayment is required for this service.

F. Deductible – The portion of each billed amount that will be applied to your annual Network or Non-Network deductibles (based upon the provider's Network status).

G. Coinsurance – The percentage of each covered expense that you must pay (shown in dollars) in addition to the deductible and any copayment that may apply.

H. Benefit – The portion of each billed amount paid by your AFTRA Health Plan.

I. Total Charges – The total of all charges billed by the provider for the services listed (which should match the "Claims Totals" amount in the "Billed" column).

J. Provider Discount – The total of all Network Discounts the Plan received because you chose Network health care providers.

K. Paid This Claim – The total of all benefit amounts (listed in the "Benefit column) paid by the AFTRA Health Plan for the services listed above.

Other Carrier Paid – The portion of the total charges paid by another carrier under a separate health policy. This line will only appear on the EOB if you have other coverage (not shown on example EOB).

L. Balance Due Provider – The portion of the total charges that are your financial responsibility, excluding any copayment you paid when services were provided. This amount should be paid directly to your provider once the provider bills you. If you have questions or concerns about excess billed charges included within the "Balance Due Provider" amount, speak with your health care provider or call Participant Services at 1-800-562-4690.

M. Deductible Satisfied to Date – The current deductible status for you and any covered family members. Note that there are separate deductibles for services from Network Providers and those provided by Non-Network Providers.