Explanation of Benefits

This is an example of an ankle injury and the student has insurance that requires a **co-pay**. You are responsible for the co-pay amount dictated by your insurance plan.

Code	Description	Charge Amount	Allowed Amt	Contract Adjustment	Deductible	Payment	Co- pay/Co- ins
99213	Office Visit	\$75.00	\$60.00	\$15.00	.00	\$40.00	\$20.00
ACE	Ace Bandage	\$5.00	\$0.00	\$5.00	.00	.00	.00
EO114	Crutches	\$40.00	\$32.00	\$8.00	.00	\$22.40	\$9.60

In this example, the plan has a **deductible** of \$500.00. This means that you are required to pay the first \$500.00 of allowable charges. After you have paid \$500.00, the plan will pay for the charges according to the plan benefit. Any balance due from you is charged to your BU student account.

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99213	Office Visit	\$75.00	\$60.00	\$15.00	\$40.00	.00	\$60.00
ACE	Ace Bandage	\$5.00	\$0.00	\$5.00	.00	.00	.00
EO114	Crutches	\$40.00	\$32.00	\$8.00	\$32.00	.00	\$32.00