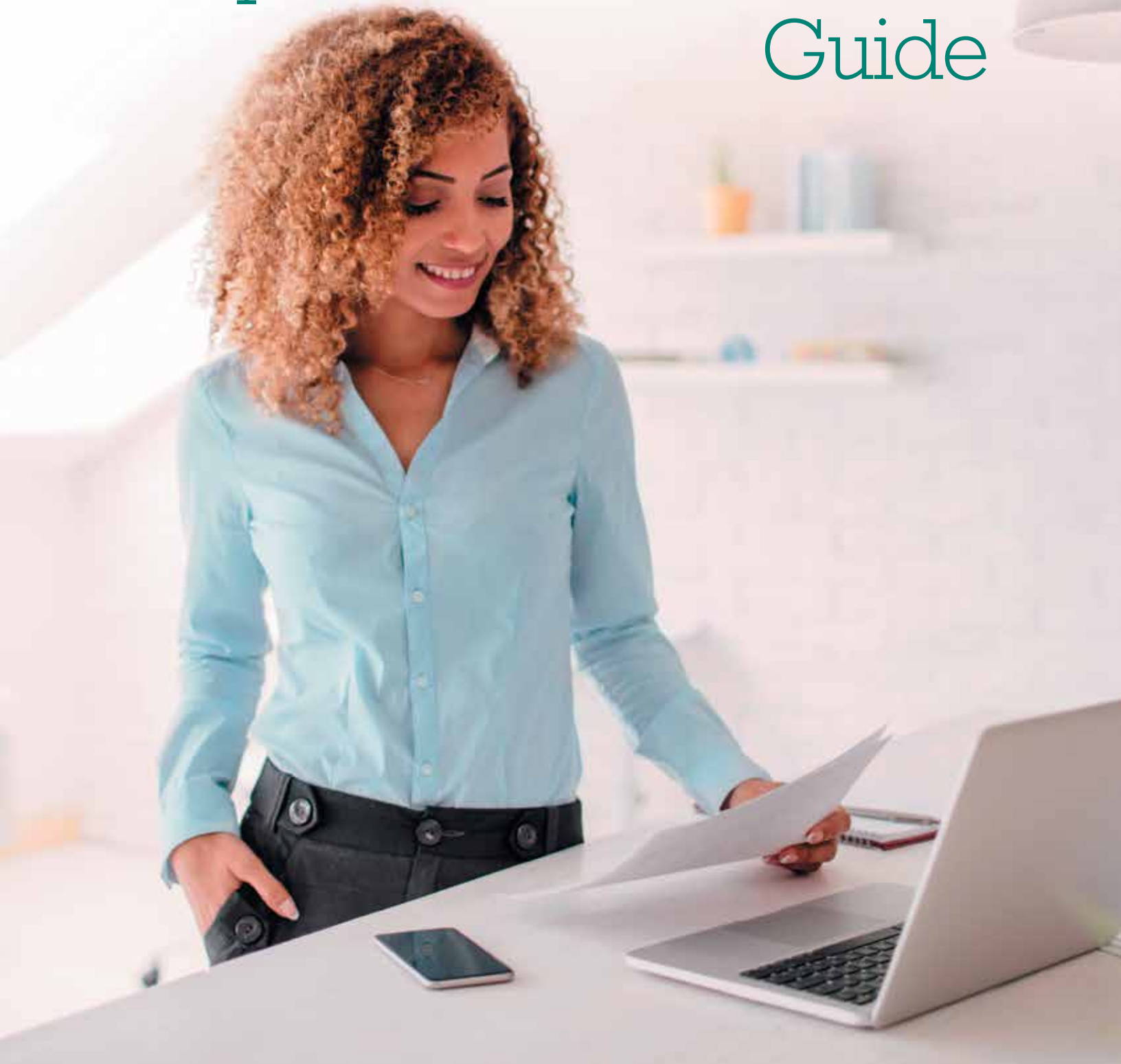
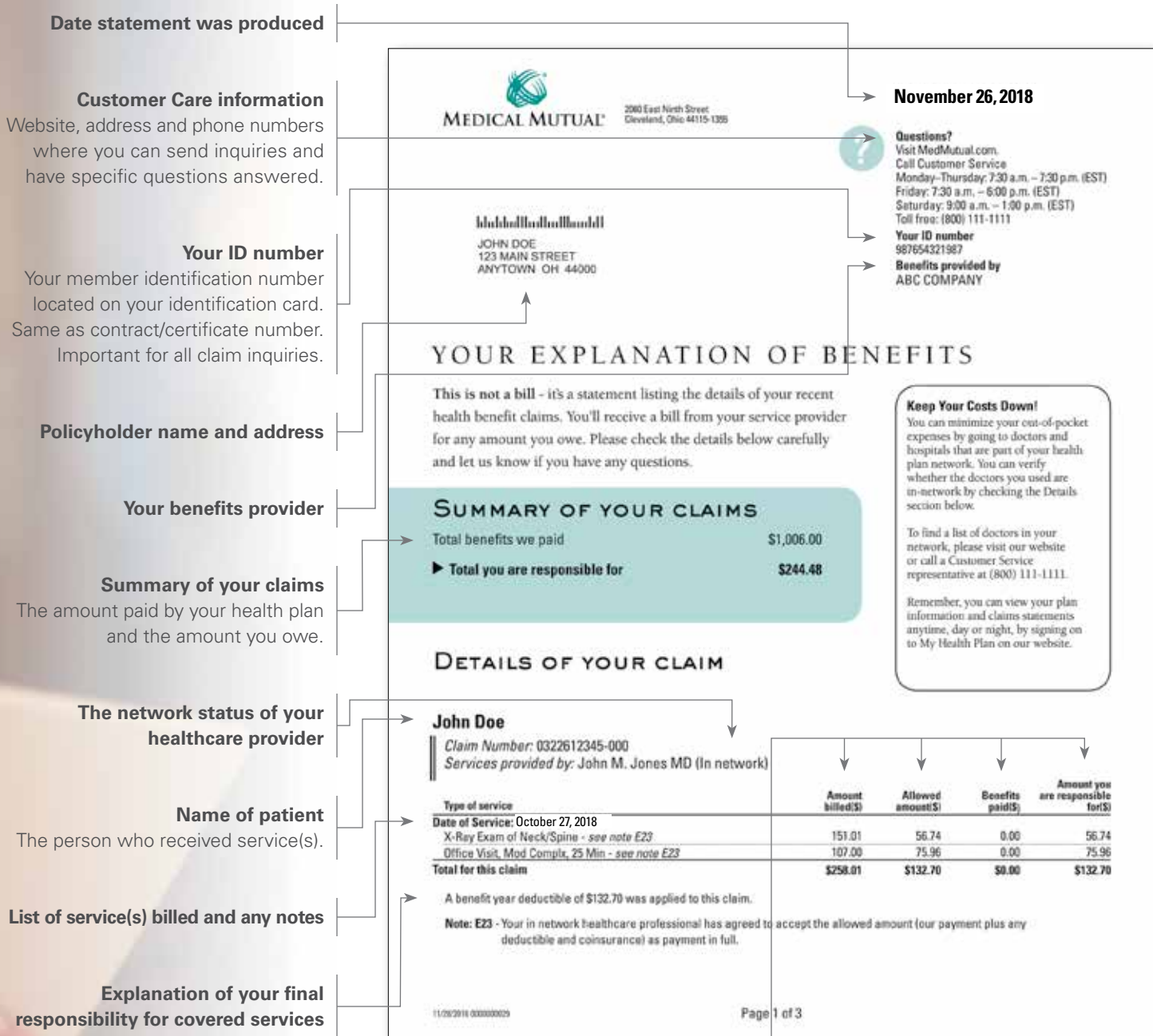


Explanation of Benefits Guide







<p>Amount billed The dollar amount billed by your healthcare provider for the service(s) rendered.</p>	<p>Allowed amount The maximum benefit allowable under your health plan.</p>	<p>Benefits paid Amounts paid under your health plan to your healthcare provider.</p>	<p>Amount you are responsible for The amount you owe for the indicated service(s) rendered.</p>
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YOUR EXPLANATION OF BENEFITS

November 26, 2018 ID number 987654321987 John Doe

Claim Number: 0324598765-000

Services provided by: Community Hospital (In network)

Type of service	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Date of service: October 27, 2018				
Outpatient services - see note E69	2,452.50	1,117.78	1,006.00	111.78
Total for this claim	\$2,452.50	\$1,117.78	\$1,006.00	\$111.78

Details of amounts billed for hospital outpatient services:

Magnetic Resonance Imaging	2,452.50
Total amount billed	\$2,452.50

An in-network coinsurance of \$111.78 was applied to this claim.

Check number 6999997 dated November 21, 2018 was sent to Community Hospital.

Note: E69 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

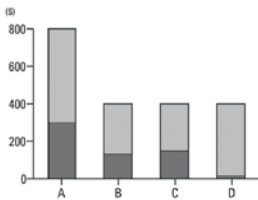
	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Total for John Doe	\$2,710.51	\$1,250.48	\$1,006.00	\$244.48

(Amount billed)

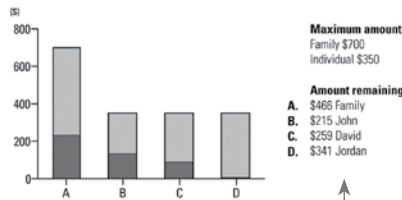
UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2018 – December 31, 2018

Deductible for services provided



Coinsurance for services provided



In the chart(s) above:

- The top of each bar shows your maximum contribution for the plan year.
- The dark shaded areas show how much you've contributed to November 26, 2018.
- The light shaded areas show the amounts remaining to be met. The letters below the bars refer to the family and individuals. See the tables to the right of the charts.

Covered charges

Based on the Total amount billed (by the hospital), this section shows the service(s) and amount(s) that are covered under your health plan.

Total amount billed

This section itemizes the service(s) billed by the hospital and provides the dollar amount billed by the hospital for the service(s).

Check number

This line verifies payment was made under your benefits for this service.

Note

Additional information about the benefit administration.

Total for all EOB claims

If there are multiple patients on an EOB, individual patient totals will be included in the statement.

Amount Remaining

The deductible and coinsurance amounts left before you meet your family and/or individual annual maximum.

Information on how to read your graphs.

Medical Mutual® is dedicated to providing comprehensive healthcare coverage. To help you get the most from your benefit coverage while keeping costs affordable, it is important that you understand your coverage and use your benefits according to your benefit plan or certificate of coverage. Reviewing your Explanation of Benefits (EOB) will help you better understand your benefits.

Understanding Your Explanation of Benefits

Your EOB details recent claims and how they were paid or provides clarification as to why claims were denied. Please note that the EOB is not a bill. The main sections of the EOB include:

- The top section, which includes Customer Care information and your member identification number.
- The Summary of Claims, which shows the total benefits we paid and the total amount you are responsible for paying.
- The Details of Your Claims, which covers every processed physician and hospital claim during a payment cycle. The claims in this section will be presented by family member and may be several pages. In this section, you may also see notes, which are used like footnotes to indicate that some aspect of the benefits administered needs to be explained further.
- The Update on Your Deductible and Coinsurance Balances, which graphically show the amounts you and your dependents have accumulated toward the patient and family annual maximums as applicable.

You will find a sample EOB form outlined for your convenience on the next two pages. General explanations are provided for each section. If you need more information or have questions, contact Customer Care using the number provided on your EOB.



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