Medical Mutual® and its Family of Companies are 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 Service 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 Service using the number provided on your EOB.
Explanation of Benefits Guide

Date statement was produced

Customer Service information
Website, address and phone numbers where you can send inquiries and have specific questions answered.

Your ID number
Your member identification number located on your identification card. Same as contract/certificate number. Important for all claim inquiries.

Policyholder name and address

Your benefits provider

Summary of your claims
The amount paid by your health plan and the amount you owe.

The network status of your healthcare professional

Name of patient
The person who received service(s).

List of service(s) billed and any notes

Explanation of your final responsibility for covered services

Your explanation of benefits
This is not a bill - it's a statement listing the details of your recent health benefit claims. You will receive a bill from your service provider for any amount you owe. Please check the details below carefully and let us know if you have any questions.

Summary of your claims

<table>
<thead>
<tr>
<th>Total benefits we paid</th>
<th>$1,006.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total you are responsible for</td>
<td>$244.48</td>
</tr>
</tbody>
</table>

Details of your claim

John Doe
Claim Number: 0322612345-000
Services provided by: John M. Jones MD (In network)

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Amount billed ($)</th>
<th>Allowed amount ($)</th>
<th>Benefits paid ($)</th>
<th>Amount you are responsible for ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-Ray Exam of Neck/Throat - see note E23</td>
<td>151.01</td>
<td>56.74</td>
<td>0.00</td>
<td>56.74</td>
</tr>
<tr>
<td>Office Visit, Med Comp'l. 35 Min. - see note E23</td>
<td>107.00</td>
<td>75.96</td>
<td>0.00</td>
<td>75.96</td>
</tr>
<tr>
<td>Total for this claim</td>
<td>$258.01</td>
<td>$132.70</td>
<td>$0.00</td>
<td>$132.70</td>
</tr>
</tbody>
</table>

Amount billed
The dollar amount billed by your healthcare professional for the service(s) rendered.

Allowed amount
The maximum benefit allowable under your health plan.

Benefits paid
Amounts paid under your health plan to your healthcare professional.

Amount you are responsible for
The amount you owe for the indicated service(s) rendered.

Keep Your Costs Down!
You can minimize your out-of-pocket expenses by going to doctors and hospitals that are part of your health plan network. You can verify whether the doctors you see are in-network by checking the Details section below.

To find a list of doctors in your network, please visit our website or call a Customer Service representative at 800.111.1111.

Remember, you can view your plan information and claims statements anytime, day or night, by signing on to My Health Plan on our website.
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).

Note
Additional information about the benefit administration.

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.

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

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.