

Explanation of Benefits Guide

Date statement was produced → November 26, 2012

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

MEDICAL MUTUAL
CAROLINA CARE PLAN | CONSUMERS LIFE

2060 East Ninth Street
Cleveland, Ohio 44115-1355


 JOHN DOE
 123 MAIN STREET
 ANYTOWN OH 44000

YOUR EXPLANATION OF BENEFITS

This is not a bill - it's a statement listing the details of your recent health benefit claims. You'll 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

Total benefits we paid	\$1,006.00
▶ Total you are responsible for	\$244.48

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 used 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.

DETAILS OF YOUR CLAIM

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

Type of service	Amount billed(\$)	Allowed amount(\$)	Benefits paid(\$)	Amount you are responsible for(\$)
Date of Service: October 27, 2010				
X-Ray Exam of Neck/Spine - <i>see note E23</i>	151.01	56.74	0.00	56.74
Office Visit, Mod Complx, 25 Min - <i>see note E23</i>	107.00	75.96	0.00	75.96
Total for this claim	\$258.01	\$132.70	\$0.00	\$132.70

A benefit year deductible of \$132.70 was applied to this claim.
Note: E23 - Your in network healthcare professional has agreed to accept the allowed amount (our payment plus any deductible and coinsurance) as payment in full.

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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.



YOUR EXPLANATION OF BENEFITS
 November 26, 2012 ID number 967954321987 John Doe

Claim Number: 0324598765-000
 Services provided by: Community Hospital (In network)

Type of service	Covered charges (\$)	Allowed amount (\$)	Benefit paid (\$)	Amount you are responsible for (\$)
Date of service: October 29, 2012				
Outpatient services - see note E09	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, 2012 was sent to Community Hospital.

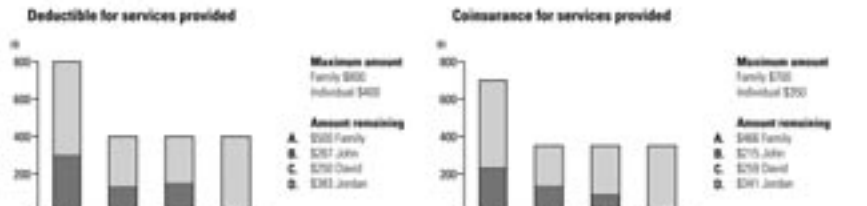
Note: E09 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

	Covered charges (\$)	Allowed amount (\$)	Benefit 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, 2012 – December 31, 2012



- 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, 2012.
 - 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.

EQD GUIDE



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