



MEDICAL MUTUAL OF OHIO®
Your healthcare partner since 1934

Understanding Your Explanation of Benefits

Your Medical Mutual Explanation of Benefits

Your Explanation of Benefits (EOB) form details your recent health benefit claims. The EOB gives you all the information necessary to understand how your healthcare claims were paid or clarifications as to why your claims were denied. Please note an EOB is not a bill.

The main sections of the EOB include:

- The top section, which includes Customer Service information and your Medical Mutual Identification number.
- The *Summary of Claims*, which shows the total benefits paid by Medical Mutual and the total that you are responsible for paying.
- The *Details of Your Claims*, which details 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.

Medical Mutual of Ohio 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.

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 → November 26, 2007 Page 1 of 3

Customer Service Information
Web site, 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 → JOHN DOE
123 MAIN STREET
ANYTOWN OH 44000

Your Benefits Provider → MEDICAL MUTUAL
2060 East Ninth Street
Cleveland, Ohio 44115-1355

Summary of Your Claims
The amount paid by your Health Plan and the amount you owe.

The network status of your healthcare professional → **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.

Name of Patient → **John Doe**
The person who received service(s).

List of service(s) billed and any notes → **DETAILS OF YOUR CLAIMS**

Explanation of your final responsibility for covered services → **Amount billed**
The dollar amount billed by your healthcare professional for the service(s) rendered.

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.

Questions?
Visit MedMutual.com
Call Customer Service
Monday through Friday
7:00 a.m. - 6:00 p.m. (EST)
Toll free: 800/111-1111

Your ID number
987654321987

Benefits provided by
ABC COMPANY

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, Ohio 44115-1355

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Medical Mutual Services is a wholly owned subsidiary of Medical Mutual of Ohio®

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 paid by Medical Mutual	\$1,006.00
► Total you are responsible for	\$244.48

DETAILS OF YOUR CLAIMS

John Doe
Claim Number: 7000430013-000
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: March 27, 2007				
X-Ray Exam of Neck/Spine - see note E23	151.01	56.74	0.00	56.74
Office Visit, Mod Complex, 25 Min - see note E23	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 as payment in full.

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Benefits Guide



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YOUR EXPLANATION OF BENEFITS
November 26, 2007 ID number 987554321987 John Doe

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Claim Number: 7000607636-000
Services provided by: Community Hospital (In network)

Type of service	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Date of service: March 29, 2007 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

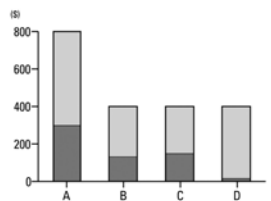
An in-network coinsurance of \$111.78 was applied to this claim.
Check number 6999997 dated November 21, 2007 was sent to Community Hospital.

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

Type of service	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, 2007 - December 31, 2007

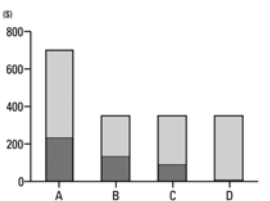
Deductible for services provided



Family	\$800
Individual	\$400

A. \$500 Family
B. \$267 John
C. \$250 David
D. \$383 Jordan

Coinsurance for services provided



Family	\$700
Individual	\$350

A. \$466 Family
B. \$215 John
C. \$259 David
D. \$341 Jordan

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, 2007.
- 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.

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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.

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Visit MedMutual.com.