

October 9, 2019

Questions?



Visit MedMutual.com
Call Customer Care
Monday - Thursday: 7:30 a.m. - 7:30 p.m. (EST)
Friday: 7:30 a.m. - 6:00 p.m. (EST)
Saturday: 9:00 a.m. - 1:00 p.m. (EST)
Toll free: (800) 272-6967

Your ID number

123456789

Benefits provided by

ABC Company

Jane Doe
12345 Main St.
Town OH
56789-2607

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.

HIPAA Notice of Privacy Practices

Medical Mutual is committed to protecting the information you share with us and is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your protected health information. Our HIPAA Notice of Privacy Practices explains the type of information we collect, how we use that information, how we protect that information, your rights as they relate to your information and our legal duties and privacy practices.

If you would like a copy of the HIPAA Notice of Privacy Practices, please visit MedMutual.com or call Customer Care at 800.272.6967.

SUMMARY OF YOUR CLAIMS

Total benefits paid by Medical Mutual \$616.05
▶ Total you are responsible for **\$1,093.44**

DETAILS OF YOUR CLAIMS

Jenny Doe

|| *Claim Number: 123456789*

Services provided by: Mary Smith MD

Type of service	Amount billed(\$)	Allowed amount (\$)	Benefits paid(\$)	Amount you are responsible for (\$)
Date of service: July 30, 2019				
Care After Delivery	315.00	249.14	249.14	0.00
Urinalysis	17.00	4.44	4.44	0.00
Total for this claim - see note E10, E23	\$332.00	\$253.58	\$253.58	\$0.00

Check number XXXXX dated October 4, 2019 was sent to ABC Inc.

Note: E10 - Your participating healthcare professional has agreed to accept the allowed amount (Medical Mutual's payment plus any deductible and coinsurance) as payment in full.

DETAILS OF YOUR CLAIMS - CONTINUED

- continued

Claim number: 123456789 - continued

E23 - Your in-network healthcare professional has agreed to accept the allowed amount (Medical Mutual's payment plus any deductible and coinsurance) as payment in full.

	Amount billed(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
► Total for Jenny Doe	\$332.00 (Amount billed)	\$253.58	\$253.58	\$0.00

Jessica Doe

|| Claim Number: 123456789

Services provided by: ABC Hospital

Type of service	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Date of service: July 23, 2019				
Outpatient services - see note E69	5,463.00	1,455.91	362.47	1,093.44
Total for this claim	\$5,463.00	\$1,455.91	\$362.47	\$1,093.44

Details of amounts billed for hospital outpatient services:

Cardiology EKG ECG	5,463.00
Total amount billed	\$5,463.00

A benefit year deductible of \$1,455.91 was applied to this claim.

HRA amount paid by your employer and applied to this claim is: \$362.47. For more details related to your Health Reimbursement Arrangement, visit MedMutual.com/member and log in or register for My Health Plan. Once logged in, click on My Spending Accounts under the Claims and Balances tab to access your account.

Check number 123456789 dated October 1, 2019 was sent to ABC Hospital.

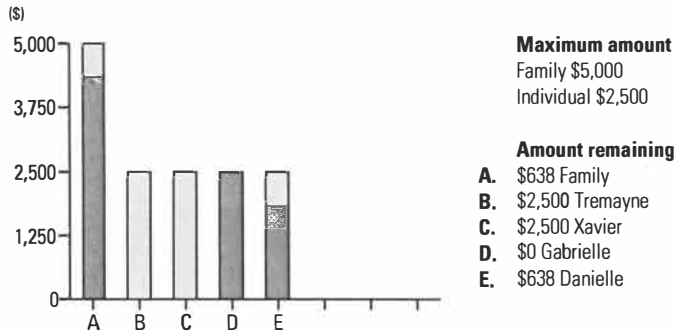
Note: E69 - Your participating healthcare professional has agreed to accept the allowed amount (Medical Mutual's payment plus any deductible and coinsurance) as payment in full.

	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
► Total for Jessica Doe	\$5,463.00 (Amount billed)	\$1,455.91	\$362.47	\$1,093.44
Total for all claims	\$5,795.00 (Amount billed)	\$1,709.49	\$616.05	\$1,093.44

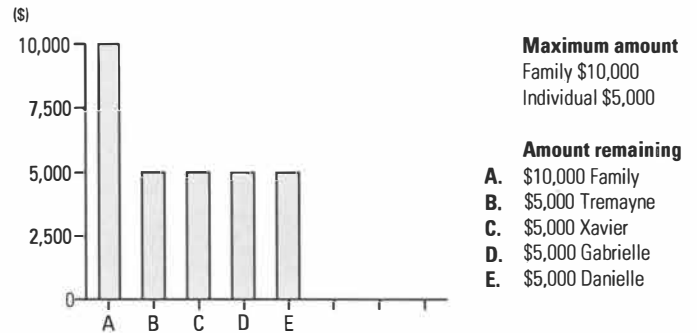
UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2019 - December 31, 2019

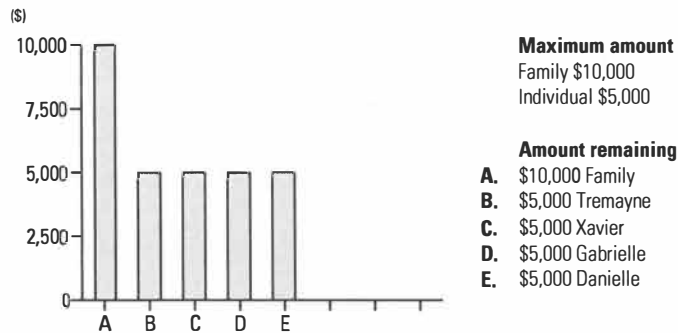
Deductible for services provided in-network



Deductible for services provided out-of-network



Coinsurance for services provided out-of-network



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 through October 9, 2019.
- 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.

HELPFUL INFORMATION ABOUT YOUR BENEFIT PLAN

What to do if you have a question about your Explanation of Benefits

Check your plan certificate or benefit booklet for more information about what your plan covers and the amounts you are responsible for.

If you still have questions or wish to register a complaint, visit MedMutual.com, or call Customer Care at (800) 272-6967. Have the following information available:

- **Your ID number.** Your ID number is at the top of every page of your Explanation of Benefits.
- **Your claim number.** Your claim number for each claim shown on your Explanation of Benefits is under the patient's name in the section *Details of your claims*.
- **The date of service.** The date of each service is shown in the column on the left side of the section *Details of your claims*.

When reviewing your complaint, the Company will follow the procedures described in your plan certificate or benefit booklet.

Language Assistance

Language assistance is available to answer your questions and help you register an appeal or complaint. We offer bilingual telephone and document translation services. To obtain language assistance, please call Customer Care and inform the Customer Care specialist that language assistance is needed.

Help stop healthcare fraud

Please review the information in this Explanation of Benefits carefully. If you didn't receive the services shown or you suspect that fraud has been committed, call the toll-free hotline at (800) 553-1000 between 8:30 a.m. and 4:30 p.m. (EST) or visit MedMutual.com.

What to do if you disagree with a decision and want to appeal

- You have the right to appeal a decision within 180 days from the day you receive this Explanation of Benefits.
- To appeal, you must send us the following:
 - a letter that clearly describes your reasons for appealing the decision including any records, photos or dental X-rays that support your claim; or call Customer Care at (800) 272-6967.
- Visit the *Forms* section of MedMutual.com to complete a member appeal form online, or call Customer Care at (800) 272-6967 to request a copy of the form.

Send this information to:
Medical Mutual
Attention: Member Appeals
P.O. Box 94580
Cleveland, OH 44101-4580

Or you may fax it to (866) 691-8260

- Call Customer Care at (800) 272-6967 if you have any questions about how to file an appeal.
- You or someone you name to act for you (your authorized representative) may file an appeal. You may appoint another person to act for you by providing us a signed and dated statement authorizing that person to act on your behalf.
- You may request copies of information relevant to your claim free of charge. In addition, you may request the diagnosis code or treatment code, and their corresponding meaning, by contacting Customer Care at (800) 272-6967. The information will be provided to you if it is available.
- If you file an appeal, we will review our original decision and provide you with a determination. If the appeal is denied, or you do not receive a timely decision, you may have the right under state or federal law to request an external review of your claim by an independent third party. If you are entitled to external review, you will receive information about how to file an external review in the appeal denial notice. You can also find external review request instructions in your plan certificate or benefit booklet.
- If your plan is subject to the Employee Retirement Income Security Act (ERISA), Section 502(a) of that law gives you the right to file a civil lawsuit after an appeal has been denied.

Additional Resources: For questions about your rights, this notice, or for assistance, the following resources may be helpful to you:

- If your coverage is a group health plan governed by ERISA, you can contact the Employee Benefits Security Administration at (866) 444-EBSA (3272).
- If your coverage is a non-federal governmental health plan, you can contact the Department of Health and Human Services Health Insurance Assistance Team (HIAT) at (888) 393-2789.
- A consumer assistance program may be available to assist you through the Department of Insurance in the state where your policy was sold.