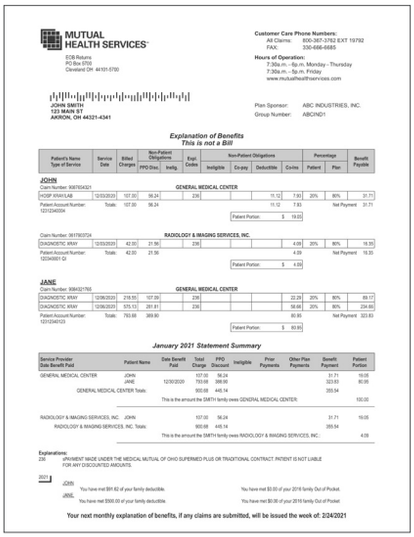
Explanation of Benefits Guide

Mutual Health Services is dedicated to helping our customers manage their healthcare in the best way possible. To help you get the most from your healthcare coverage while keeping your out-of-pocket costs down, it is important that you understand your benefit plan. Understanding your Explanation of Benefits (EOB) will help.



MUTUAL HEALTH SERVICES

EOB Returns
PO Box 9700
Cleveland OH 44101-5700

Customer Care Phone Numbers:
All Claims: 800-367-3762 EXT 19792
FAX: 330-666-6985
Hours of Operation:
7:30a.m. - 6p.m. Monday - Thursday
7:30a.m. - 5p.m. Friday
www.mutualhealthservices.com

JOHN SMITH
123 MAIN ST
AKRON, OH 44321-4341

Plan Sponsor: ABC INDUSTRIES, INC.
Group Number: ABCIND1

Explanation of Benefits
This is not a Bill

Patient's Name Type of Service	Service Date	Billed Charges	Non-Patient Obligations PPO Disc.	Non-Patient Obligations Ineltg.	Expl. Codes	Non-Patient Obligations Ineligible	Non-Patient Obligations Co-pay	Non-Patient Obligations Deductible	Non-Patient Obligations Coins	Percentage Patient	Percentage Plan	Benefit Payable
JOHN												
Claim Number: 908765432/1												
GENERAL MEDICAL CENTER												
HOSP RIVR/LAB	12/03/2020	107.00	56.24		236			11.12	7.93	20%	80%	31.71
Patient Account Number: 123123445004	Totals:	107.00	56.24					11.12	7.93		Net Payment	31.71
								Patient Portion:	$ 19.05			
Claim Number: 0617803724												
RADIOLOGY & IMAGING SERVICES, INC.												
DIAGNOSTIC XRAY	12/03/2020	42.00	21.56		236				4.09	20%	80%	16.35
Patient Account Number: 123439001 Q	Totals:	42.00	21.56						4.09		Net Payment	16.35
								Patient Portion:	$ 4.09			
JANE												
Claim Number: 908432765												
GENERAL MEDICAL CENTER												
DIAGNOSTIC XRAY	12/06/2020	218.50	107.09		236				22.29	20%	80%	69.17
DIAGNOSTIC XRAY	12/06/2020	575.53	281.81		236				56.66	20%	80%	234.80
Patient Account Number: 123123445123	Totals:	793.88	388.90						80.95		Net Payment	323.93
								Patient Portion:	$ 80.95			

January 2021 Statement Summary

Service Provider Date Benefit Paid	Patient Name	Date Benefit Paid	Total Charge	PPO Discount	Ineligible	Prior Payments	Other Plan Payments	Benefit Payment	Patient Portion
GENERAL MEDICAL CENTER	JOHN		107.00	56.24				31.71	19.05
	JANE	12/30/2020	733.68	388.90				323.93	80.95
GENERAL MEDICAL CENTER Totals:			900.68	445.14				355.64	
This is the amount the SMITH family owes GENERAL MEDICAL CENTER:									100.00
RADIOLOGY & IMAGING SERVICES, INC.	JOHN		107.00	56.24				31.71	19.05
RADIOLOGY & IMAGING SERVICES, INC. Totals:			900.68	445.14				355.54	
This is the amount the SMITH family owes RADIOLOGY & IMAGING SERVICES, INC.:									4.09

Explanations:
236 PAYMENT MADE UNDER THE MEDICAL MUTUAL OF OHIO SUPERMED PLUS OR TRADITIONAL CONTRACT. PATIENT IS NOT LIABLE FOR ANY DISCOUNTED AMOUNTS.

2021

JOHN You have met $91.42 of your family deductible. You have met $3.93 of your 2018 family Out of Pocket.
JANE You have met $500.00 of your family deductible. You have met $0.00 of your 2018 family Out of Pocket.

Your next monthly explanation of benefits, if any claims are submitted, will be issued the week of: 2/24/2021

Your Explanation of Benefits

Your EOB details recent claims and how they were paid or explains why claims were denied. The EOB is not a bill.

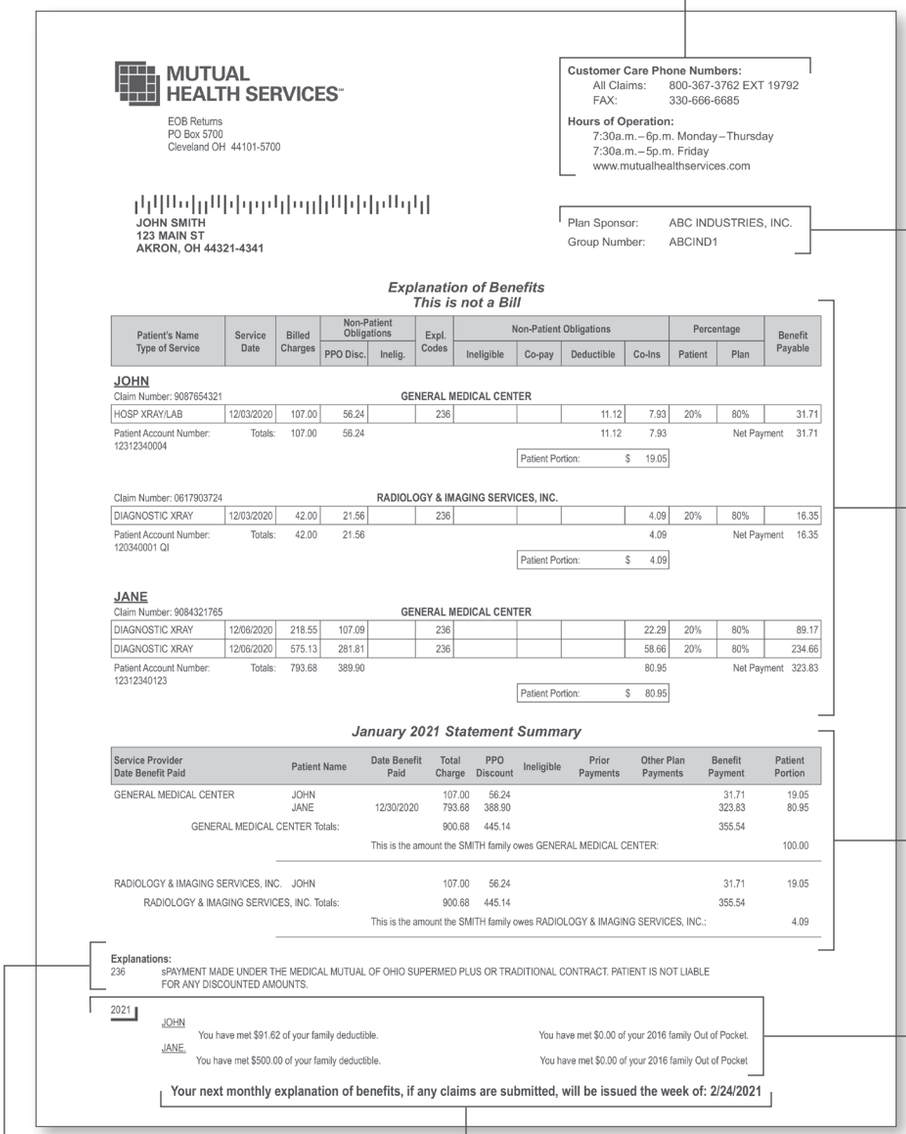
The main sections of the EOB include:

- Customer Care information and your member information.
- Claims details, which cover every processed healthcare provider and hospital claim during a month. The claims in this section will be listed for individual family members and may be several pages. In this section, you may also see notes, which give more detail about benefits.
- The monthly statement summary, which shows an overview of you and your dependent's claims and the total amount you owe providers.
- Deductible and coinsurance balances, which show the amounts you and your dependents have accrued toward the patient and family annual maximum.

You will find a sample EOB outlined on the back page of this handout with descriptions of each section. If you need more information or have questions, please call Customer Care using the number on your EOB.

X9050-MHS R1.21

MUTUAL HEALTH SERVICES℠



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AKRON, OH 44321-4341

Plan Sponsor: ABC INDUSTRIES, INC.
Group Number: ABCIND1

Explanation of Benefits
This is not a Bill

Patient's Name / Type of Service	Service Date	Billed Charges	Non-Patient Obligations: PPO Disc.	Non-Patient Obligations: Inelig.	Expl. Codes	Non-Patient Obligations: Ineligible	Non-Patient Obligations: Co-pay	Non-Patient Obligations: Deductible	Non-Patient Obligations: Co-Ins	Percentage: Patient	Percentage: Plan	Benefit Payable
JOHN												
Claim Number: 9087654321					GENERAL MEDICAL CENTER							
HOSP XRAY/LAB	12/03/2020	107.00	56.24		236			11.12	7.93	20%	80%	31.71
Patient Account Number: 12312340004	Totals:	107.00	56.24					11.12	7.93		Net Payment	31.71
							Patient Portion:		$ 19.05			
Claim Number: 0617903724					RADIOLOGY & IMAGING SERVICES, INC.							
DIAGNOSTIC XRAY	12/03/2020	42.00	21.56		236				4.09	20%	80%	16.35
Patient Account Number: 120340001 QI	Totals:	42.00	21.56						4.09		Net Payment	16.35
							Patient Portion:		$ 4.09			
JANE												
Claim Number: 9084321765					GENERAL MEDICAL CENTER							
DIAGNOSTIC XRAY	12/06/2020	218.55	107.09		236				22.29	20%	80%	89.17
DIAGNOSTIC XRAY	12/06/2020	575.13	281.81		236				58.66	20%	80%	234.66
Patient Account Number: 12312340123	Totals:	793.68	389.90						80.95		Net Payment	323.83
							Patient Portion:		$ 80.95			

January 2021 Statement Summary

Service Provider / Date Benefit Paid	Patient Name	Date Benefit Paid	Total Charge	PPO Discount	Ineligible	Prior Payments	Other Plan Payments	Benefit Payment	Patient Portion
GENERAL MEDICAL CENTER	JOHN		107.00	56.24				31.71	19.05
	JANE	12/30/2020	793.68	388.90				323.83	80.95
GENERAL MEDICAL CENTER Totals:			900.68	445.14				355.54	
This is the amount the SMITH family owes GENERAL MEDICAL CENTER:									100.00
RADIOLOGY & IMAGING SERVICES, INC.	JOHN		107.00	56.24				31.71	19.05
RADIOLOGY & IMAGING SERVICES, INC. Totals:			900.68	445.14				355.54	
This is the amount the SMITH family owes RADIOLOGY & IMAGING SERVICES, INC.:									4.09

Explanations:
236 sPAYMENT MADE UNDER THE MEDICAL MUTUAL OF OHIO SUPERMED PLUS OR TRADITIONAL CONTRACT. PATIENT IS NOT LIABLE FOR ANY DISCOUNTED AMOUNTS.

2021

JOHN
You have met $91.62 of your family deductible.
You have met $0.00 of your 2016 family Out of Pocket.

JANE
You have met $500.00 of your family deductible.
You have met $0.00 of your 2016 family Out of Pocket

Your next monthly explanation of benefits, if any claims are submitted, will be issued the week of: 2/24/2021

Customer Care Information
Website, address and phone numbers where you can send questions and get answers.

Plan Sponsor
The name of your employer group, which is important for claims questions.

Claim Details
1. Claimant
   The person who received service(s).
2. Claim Number
3. List of Services Billed
   How your claim was processed.
4. Billed Charges
   The dollar amount your healthcare provider billed for services given.
5. Non-patient Obligation
   The amount your benefit plan pays for this service. You are not responsible for paying this amount.
6. Percentage
   The coinsurance percentages for your plan and the patient.
7. Benefits Payable
   The amount your plan paid.
8. Patient Portion
   The amount you have to pay.

Monthly Statement Summary
Includes the total family charges, payments and total family amount owed for claims processed during the month.

Deductible and Coinsurance Balances
The deductible and out-of-pocket amounts you and your dependents have met for the plan year. Some totals might be combined amounts based on the benefit plan.

Next Monthly EOB Statement Date
Applicable only if any claims are submitted.

Explanation Codes
Additional benefit information.