Understanding Your Explanation of Benefits

Medical Mutual 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.
Understanding an EOB

An EOB provides a complete picture of the cost for healthcare services you receive. The EOB is not a bill, and if you owe money for services, your provider will send you a bill directly. These pages show an example of what an EOB looks like.

<table>
<thead>
<tr>
<th>Date statement was produced</th>
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<tr>
<td>November 24, 2025</td>
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**Customer Care information**
Website, address and phone numbers where you can send inquiries and have specific questions answered.

**Policyholder name and address**
Your member identification number located on your identification card. Same as contract/certificate number. Important for all claim inquiries.

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

**Summary of your benefits**
This is not a bill - it's a statement listing the details of your recent health benefits claim. You’ll receive a bill from your provider, for any amount you owe. Please check the details below carefully and let us know if you have any questions.

**Your benefits provider**
Policyholder name and address
Your ID number

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

**The network status of your healthcare provider**
The amount you are responsible for the indicated service(s) rendered.

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

**List of service(s) billed and any notes**
The network status of your healthcare provider.

**Explanation of your final responsibility for covered services**

**Amount billed**
The dollar amount billed by your healthcare provider 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 provider.

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