



How to Read Your Monthly Explanation of Benefits (EOB)

The EOB is a statement you get in the mail after you've been to a doctor or hospital. The new monthly EOB lists all the claims Network Health processed in the previous month. It is not a bill.

TOTALS for medical and hospital claims	Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
Totals for this month (for claims processed from February 01, 2020 to February 29, 2020)	1 \$212.00	2 \$72.05	3 \$60.81	4 \$10.00
Totals for 2020 (all claims processed through February 29, 2020) 5	6 \$1,158.96	7 \$525.00	8 \$389.48	9 \$135.52

YEARLY LIMIT - this limit gives you financial protection (this section may vary depending on your plan)

This limit tells the most you will have to pay in “out-of-pocket” costs, copays, and coinsurance for medical and hospital services covered by the plan.

This yearly limit is called your “out-of-pocket maximum.” It puts a limit on how much you have to pay, but it does not put a limit on how much care you can get.

Your out-of-pocket spending for non-Medicare covered expenses such as routine hearing, hearing aids, routine dental, home medical monitoring, meals programs and other non-covered services will not count toward your yearly out-of-pocket maximum. This means:

- Once you have reached your limit in out-of-pocket costs, **you stop paying out of pocket for all services except non-covered services.**
- You keep getting your covered medical and hospital services as usual, and **the plan will pay the full cost for the rest of the year.** Your out-of-pocket spending for services that are not covered by Medicare does not count toward your out-of-pocket maximum.

10 As of February 29, 2020, (for the plan year 2020), **you have had \$121.69 in out-of-pocket costs** that count toward your \$4,500.00 out-of-pocket maximum for covered services.

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Combined (in-network + out-of-network) limit

In 2020, \$4,500.00 is the most you will have to pay for covered services you get from all providers (in-network providers + out of network providers combined).

As of February 29, 2020, (for plan year 2020), **you have had \$121.69 in out-of-pocket costs** that count toward your \$4,500.00 combined out-of-pocket maximum for covered services.

Details for claims processed in February 2020

Provider: EXAMPLE PROVIDER Claim Number: 20001E00001 In-network provider 15	Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
OFFICE/OUTPATIENT VISIT EST 99213 22	01/17/2020 17	\$212.00 18	\$72.05 19	\$60.81 20	\$10.00 21

You pay a \$10.00 copayment for services from an In-network provider. \$0.00

1 The total amount providers billed the plan for services received during the month

2 The total amount the plan approved to pay for the services received during the month

3 The total amount the plan paid your provider (your savings) for the month

4 The amount you owe for services received for the month

5 The year the service was received

6 The total amount providers have billed for the plan year indicated

7 The total amount the plan approved to pay for services received so far this year

8 The total amount the plan paid your provider (your savings) so far this year

9 The total amount you've paid for services received this year

10 The amount you have spent toward your maximum out-of-pocket costs

11 Your maximum out-of-pocket costs for the plan year

12 Indicates the month when claims were processed for the services listed (Network Health receives claims from your provider)

13 Names the provider submitting the claim for services received

14 A number generated to identify the claim

15 Describes if this provider is in-network or out-of-network

16 A brief description of the service received

17 The date the service was provided

18 The total amount the provider billed for the service

19 The total amount the plan approved*

20 The amount the plan paid your provider (your savings)

21 The amount you'll pay for this service

22 A code the provider uses to indicate the reason for service

23 Explains why you owe this amount

*The plan's share and your share may not always equal the total cost. You are not responsible for the difference.