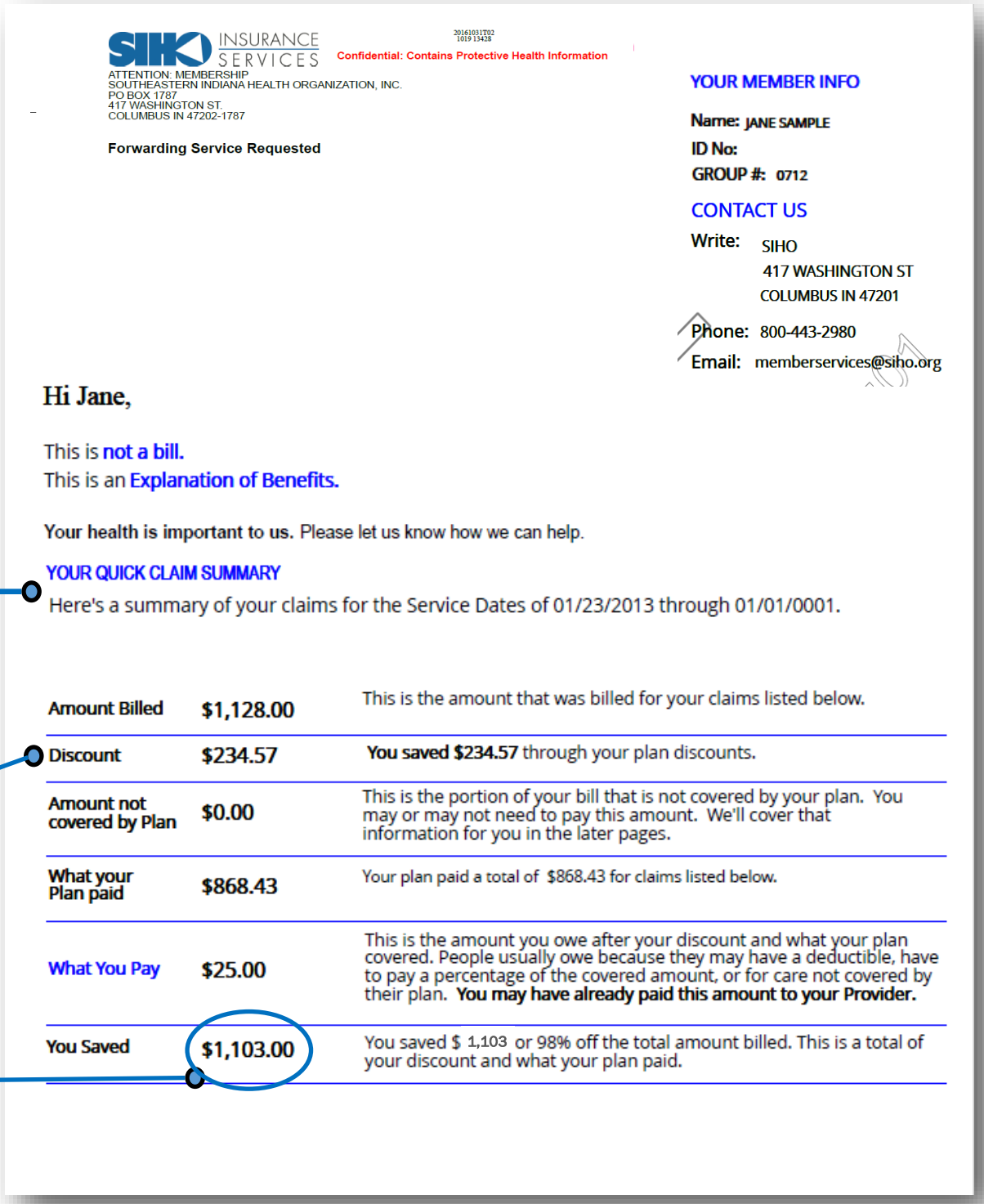
Guide to Your Explanation of Benefits

See how your benefits are working for you with this easy-to-understand document that shows you the costs associated with the medical care you've received.

When a claim is filed under your benefits plan, you get an Explanation of Benefits (EOB). Because we know health care expenses can be confusing, we've simplified the language and summarized the most important information about the claim.

The summary page gives an overview of how your benefits are working for you—quickly see what was submitted, what's been paid, and what you owe.



SIHO INSURANCE SERVICES

20161031T02
1019 13428

Confidential: Contains Protective Health Information

ATTENTION: MEMBERSHIP
SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC.
PO BOX 1787
417 WASHINGTON ST.
COLUMBUS IN 47202-1787

Forwarding Service Requested

YOUR MEMBER INFO

Name: JANE SAMPLE
ID No:
GROUP #: 0712

CONTACT US

Write: SIHO
417 WASHINGTON ST
COLUMBUS IN 47201

Phone: 800-443-2980
Email: memberservices@siho.org

Hi Jane,

This is **not a bill.**
This is an **Explanation of Benefits.**

Your health is important to us. Please let us know how we can help.

YOUR QUICK CLAIM SUMMARY

Here's a summary of your claims for the Service Dates of 01/23/2013 through 01/01/0001.

Amount Billed	**$1,128.00**	This is the amount that was billed for your claims listed below.
Discount	**$234.57**	**You saved $234.57** through your plan discounts.
Amount not covered by Plan	**$0.00**	This is the portion of your bill that is not covered by your plan. You may or may not need to pay this amount. We'll cover that information for you in the later pages.
What your Plan paid	**$868.43**	Your plan paid a total of $868.43 for claims listed below.
What You Pay	**$25.00**	This is the amount you owe after your discount and what your plan covered. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. **You may have already paid this amount to your Provider.**
You Saved	**$1,103.00**	You saved $ 1,103 or 98% off the total amount billed. This is a total of your discount and what your plan paid.

Dates of service are listed for easier reference.

Discounts are negotiated with health care professionals and facilities to help you save money.

This reflects the total value of your plan—the amount you saved and the amount paid by your plan.

After your summary page, you'll see a detailed breakdown of each claim that has been submitted during those dates of service.

The description is the name of your benefit plan which specifies individual, family, deductible, out-of-pocket expenses, etc. It also shows the start date to the end date of your coverage. During this time, if you get care, we cover the portion of the cost we've agreed to.

YOUR HEALTH CARE BENEFITS AT A GLANCE

Here's some information about your latest totals.

Description: $4000 AGG Ind OON Calendar Year OOP

Benefit Period: 01/01/2016 - 12/31/2016

$91.80 Used

$3908.20 Remaining

YOUR DETAILED CLAIM BREAKDOWN

Received on: 09/15/2016

Provider: PROVIDER GROUP INC

Claim #: 1315738593

The dollar amount and percentage your plan paid toward the covered amount, minus any copay/ deductible/coinsurance you're responsible for.

						PLAN PAID		YOU'RE RESPONSIBLE FOR			
Type of Service/Date	Amount Billed	Your Member Discount	Amount Not Covered	Allowed Amount	Other Insurance Paid	What Your Plan Paid	% Paid	Deductible	Copay/ Coinsurance	See Notes	Total
OFFICE OUTPT EST 25 MIN 01/23/2013	$192.00	$26.50	$0.00	$165.50	$0.00	$140.50	0.00%	$0.00	$25.00	S10	$0.00
TOTALS	$192.00	$26.50	$0.00	$165.50	$0.00	$140.50		$0.00	$25.00		$25.00

PLAN PAID: $140.5 **WHAT YOU PAY: $25.00**

*** After you have met your deductible, the cost of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.**

The notes section will give you information on the network that your health care professional is in as well as what you have left in your plan deductibles and out-of-pocket expenses.

NOTES:

SI1	SIHO1 Network
2	$3.54 deductible was applied for liability $1500 ind

Glossary of Common Terminology

Allowed Amount: The amount allowed by the Plan after subtracting the negotiated discount.

Amount Billed: This is the amount the Provider billed for your claim before any adjustments, co-pays, deductible, or any ineligible amount.

Amount Not Covered: This amount indicates the portion of your bill that is not covered by your Plan.

Coinsurance: This is your share of the costs for covered health care services, calculated as a percentage.

Copay: A set dollar amount you pay for a covered service, such as a doctor visit.

Deductible: This amount reflects the deductible requirement at the time the charges were processed. You are responsible to pay this for covered health care services, before your Plan begins paying.

Network: Doctors and hospitals who've agreed to accept your insurance. Each Plan has its own network and getting care from your network is a good way to get quality care at a more reasonable cost.

Other Insurance Paid: The amount paid by another health plan or insurance company toward services you received. Examples include other health insurance, automobile insurance, homeowners' insurance, disability insurance, etc.

Out-of-Pocket Maximum: The maximum dollar amount you'll pay for covered services during your Plan year. After that, your Plan will pay for the rest of your covered care that year.

What Your Plan Paid: The amount paid by your Plan.

Your Member Discount: Your Plan negotiates discounts with health care professionals and facilities to help you save money.