

EXPLANATION OF BENEFIT (EOB)

THIS IS NOT A BILL

Questions about this statement? Call the Member Services Team at 855-644-1776 Monday through Friday from 8am until 6pm.



Statement Date: 6/3/2015

P.O. Box 120025

Boston, MA 02112-0025

1 JOE MINUTEMAN
123 STREET NAME
CITY, STATE ZIP

Section 1: Claim Payment Information

2 Your Plan Information	
Name	JOE MINUTEMAN
ID #:	MM000000001
Group #:	ABC123
Plan Name:	

Claim#: 123456789ABC Provider Name: DR. JOHN SMITH

Description of Services:	Minuteman was billed:	Minuteman Allowed:	Paid by Minuteman	Other Insurance Payments:	MEMBER RESPONSIBILITY:		
					Deductible: 4	Copay: 5	Other Insurance Payments: 6
Date of Service: 4/17/2015 3 Laboratory/Pathology	\$120.00	\$67.50	\$0.00	\$0.00	\$67.50	\$0.00	\$0.00
Date of Service: 4/17/2015 Physician Visits	\$160.00	\$122.75	\$97.75	\$0.00	\$0.00	\$25.00	\$0.00
Totals:	\$280.00 7	\$190.25 8	\$97.75 9	\$0.00	\$67.50	\$25.00	\$0.00

- 1** Please contact the Member Services Team if your name or address is not correct.
- 2** The information in this section should match your Minuteman Health ID card. If it doesn't, please contact the Member Services Team.
- 3** If the date of the service looks wrong your provider could have made an error. Please contact Member Services to discuss.

- 4** If you haven't met the *deductible* that this service is subject to, you're responsible for the amount below. Please note that you are responsible only for the *allowed amount* (which includes the Minuteman discount), not the total amount billed.
- 5** A *copay* is a fixed amount you pay for a covered health care service after you've paid your *deductible*.
- 6** If there is an amount listed under *Other Insurance Payments* it means that another entity has paid a portion of the claim (*ex. Medicare or another health insurance company*)

- 7** This is the total amount that Minuteman was billed by the provider or providers for services provided.
- 8** The *allowed amount* is the total that is actually paid to the providers for services rendered. If the service is from an *In-Plan Provider*, the difference between the *allowed amount* and the *billed amount* is the result of the discount Minuteman has negotiated with the providers that offered the services.

Your Plan Information	
Name	JOE MINUTEMAN
ID #:	MM000000001
Group #:	ABC123
Plan Name:	

Section 2: Your Payment Information 10

This amount was applied to your deductible:	\$67.50
Your copayment for this service(s) is:	\$25.00
Your coinsurance for this service(s) is:	\$0.00
The amount you are responsible to pay (Deductible + Copayment + Coinsurance)* is:	\$92.50

*Your provider may bill you for the amounts listed above, if you have not already paid them.

Section 3: Summary of Deductibles and Out-of-Pocket Maximums 11

These totals are based on our information to date and may not reflect all outstanding claims.

Plan Year: 4/ 1/2015

Deductible/OOP	Plan Maximum:	Amount Applied this Statement			Amount Remaining
		Medical:	Rx:	Total to Date:	
In-Network					
FAMILY DEDUCTIBLE	\$4,100.00	\$67.50	\$0.00	\$67.50	\$4,032.50
FAMILY OOP MAXIMUM	\$8,000.00	\$92.50	\$0.00	\$92.50	\$7,907.50
INDIVIDUAL DEDUCTIBLE	\$2,050.00	\$67.50	\$0.00	\$67.50	\$1,982.50
INDIVIDUAL OOP MAXIMUM	\$4,000.00	\$92.50	\$0.00	\$92.50	\$3,907.50

Note: A dollar amount written as (\$X) means a credit or deduction.

Year-to-date totals may include chiropractic services. See your plan membership materials for more details.

Minuteman is committed to improving the health and lives of the people in our communities. One of the ways we do this is by following sustainable business practices. We have stopped sending EOB statements for services where the claim does not affect your deductible or coinsurance. If you would like to view claims information, it is available online at Minuteman Health Direct, our secure member-only online portal. We will continue to send EOBs for claims that do affect your deductible or coinsurance.

Continued...

9 This is the amount Minuteman paid providers for services rendered. It represents the *allowed amount*, minus any member cost-sharing that you are responsible for.

10 This is a summary of the payments that you are responsible for. If these look significantly higher than you anticipated, please contact the Member Services Team.

11 This summary represents a running total for your plan year. If the amounts shown look incorrect, please contact the Member Services Team.