



HOW TO READ YOUR EXPLANATION OF BENEFITS

Understanding medical costs and out-of-pocket responsibilities is important. Your Explanation of Benefits (EOB) provides details about the services you received and your Common Ground Healthcare Cooperative (CGHC) benefits.

When you receive an EOB, please be sure to read it carefully.

- ✓ Check the date of service, provider name, and service description(s).
- ✓ If something doesn't look right, call Member Services at **877.514.2442** or call your provider.
- ✓ Keep your EOB for future reference. Always compare your EOB to the bill received from your provider. This will help you track how you have used your CGHC benefits and the amount you need to pay out-of-pocket.

Here are a few tips about your EOB:

CLAIM SUMMARY									
Date:		03/10/22							
Claim Number:		123456789							
Description of Service	Service Dates From To	Procedures	Billed Charges	CGHC Cost After Discount	Your CGHC Plan Paid	Not Covered	Remark Code	Amount You Owe Provider	
Routine Exam	01/15/22 01/15/22	36415	120.00	89.65	89.65	0.00	PRV	0.00	
Physician Visit	01/15/22 01/15/22	80053	100.00	59.87	59.87	0.00	PRV	0.00	
Totals		2	220.00	149.52	149.52	0.00		0.00	

Amount Your Plan Saved You	220.00
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Remark Code	Description
ENP	This claim has been priced through the Envision network.
PRV	Preventive Service, Pays at 100%

1. Amount You Owe Provider

To calculate the *Amount You Owe Provider*, we start by checking to see if the provider participates in our network. For In-Network providers, we use the following calculation:

$$\begin{aligned}
 & \text{CGHC Cost After Discount} \\
 & - \text{Amount Your CGHC Plan Paid} \\
 & = \text{Amount You Owe Provider}
 \end{aligned}$$

Note: *CGHC Cost After Discount* is the maximum payment an In-Network provider is eligible to receive.

The *Amount Your CGHC Plan Paid*, reflects the reduced rate for services that CGHC has negotiated with our network health care professionals and facilities.

For Out-of-Network providers, various benefit rules apply that will impact the *Amount You Owe Provider*. Please review your plan's coverage details on our website: <https://commongroundhealthcare.org/coverage-details/>.

2. Amount Your Plan Saved You

To calculate the *Amount Your Plan Saved You*, we subtract the *CGHC Cost After Discount* from the *Billed Charges* and add the amount *Your CGHC Plan Paid*.

$$\begin{aligned}
 & \text{Billed Charges} - \text{CGHC Cost After Discount} \\
 & + \text{Amount Your CGHC Plan Paid} \\
 & = \text{Amount Your Plan Saved You}
 \end{aligned}$$

PLAN SUMMARY

Limits		Annual Limit	Year to Date	Remainder
INDIVIDUAL				
Medical Deductible (In Network)	3	\$500.00	\$390.29	\$109.71
Medical Out of Pocket (In Network)		\$6,850.00	\$390.29	\$6459.71
Medical Deductible (Out of Network)				
Medical Out of Pocket (Out of Network)				

Limits		Annual Limit	Year to Date	Remainder
FAMILY				
Medical Deductible (In Network)				
Medical Out of Pocket (In Network)				
Medical Deductible (Out of Network)				
Medical Out of Pocket (Out of Network)				

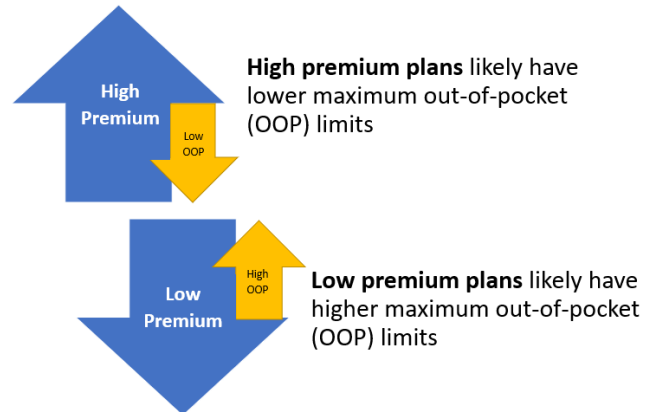
3. Plan Summary Limits

Every plan includes some form of cost-sharing. Copayments, coinsurance, and deductibles are all forms of cost-sharing. We show tracking of deductibles and out-of-pocket limits for each plan year.

Deductible is the amount you are responsible for towards your in-network healthcare costs before your plan begins to assist with the cost.

Out-of-pocket Limit is the maximum amount you are responsible for towards your in-network healthcare costs before insurance begins to pay for covered services at 100%. The following apply toward your Out-of-Pocket Limit:

- **Coinsurance** is the percentage of in-network healthcare costs you are responsible for after your deductible has been met.
- **Copayment** is a fixed amount you pay for a covered service, usually when you receive the service. For example, a Primary Care Provider (PCP) visit could have a \$50 copay for each visit.
- **Deductible** (as described above) also counts toward your out-of-pocket limit.



If you have questions about your Explanation of Benefits, please contact Member Services at 877.514.2442 or email Info@CommonGroundHealthcare.org.