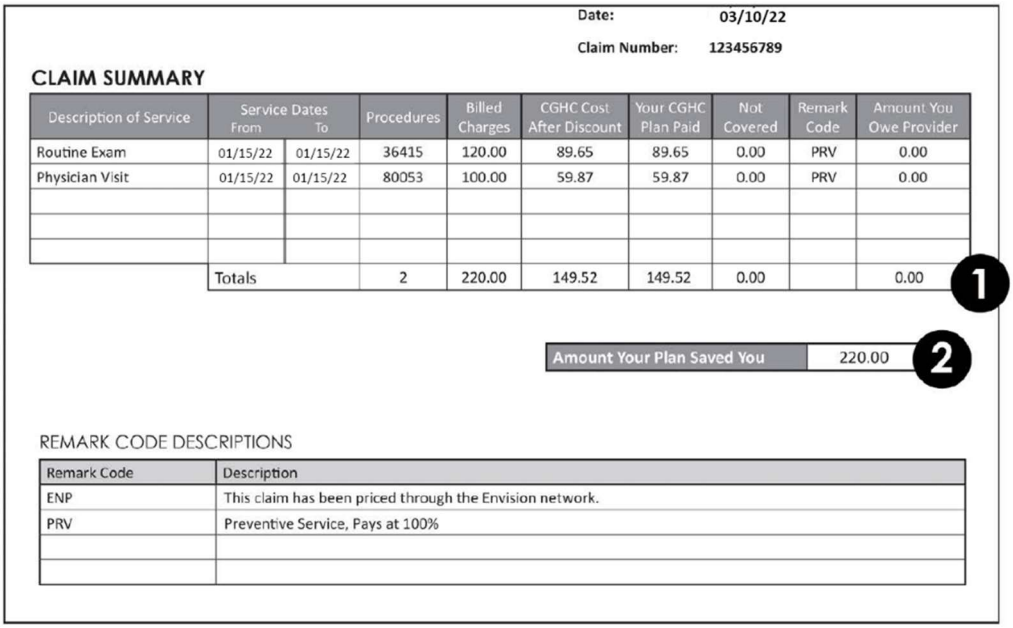
HOW TO READ YOUR EXPLANATION OF BENEFITS
For Services Received On or Before December 31, 2024

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 does not look right, call Member Services at **1-877-514-2442** 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:



Date: 03/10/22

Claim Number: 123456789

CLAIM SUMMARY

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

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Amount Your Plan Saved You 220.00 2

REMARK CODE DESCRIPTIONS

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:

CGHC Cost After Discount
– Amount Your CGHC Plan Paid

= Amount You Owe Provider

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 minus any cost-sharing (copay, deductible and/or coinsurance) that may apply.

Out-of-Network expenses are covered only in the case of emergency care from an out-of-network provider, urgent care received outside our service area, and other special circumstances. Various benefit rules apply that will impact the *Amount You Owe Provider*. Please view your plan's *Certificate of Coverage* on the *Coverage Details* page of our website: **CommonGroundHealthcare.org**.

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*.

Billed Charges – CGHC Cost After Discount
+ Amount Your CGHC Plan Paid

= Amount Your Plan Saved You

PLAN SUMMARY

Limits		Annual Limit	Year to Date	Remainder
INDIVIDUAL				
	Medical Deductible (In Network)	$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)			

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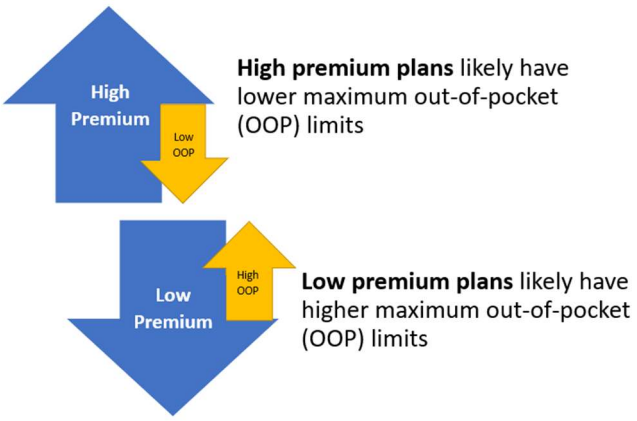
3. **Plan Summary Limits**

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

Deductible – The amount you pay for covered services before the health plan starts to pay. Some benefits, such as preventive health services, are covered by the plan regardless of deductible. Please refer to your *Certificate of Coverage* and *Schedule of Benefits* for more detailed information.

Out-of-Pocket Limit – The amount that you will pay each benefit year for covered services. For a complete definition, please refer to your *Certificate of Coverage*. When you have met your Annual Out-of-Pocket Limit for a benefit year, your plan will pay 100% of eligible expenses for covered services through the end of that benefit year. The following apply toward your Out-of-Pocket Limit:

- **Coinsurance** – The percentage of in-network healthcare costs you are responsible for after your deductible has been met.
- **Copayment** (Copay) – 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, deductible also counts toward your Out-of-Pocket Limit.



Do you have questions about your Explanation of Benefits?
Please call Member Services at 1-877-514-2442.