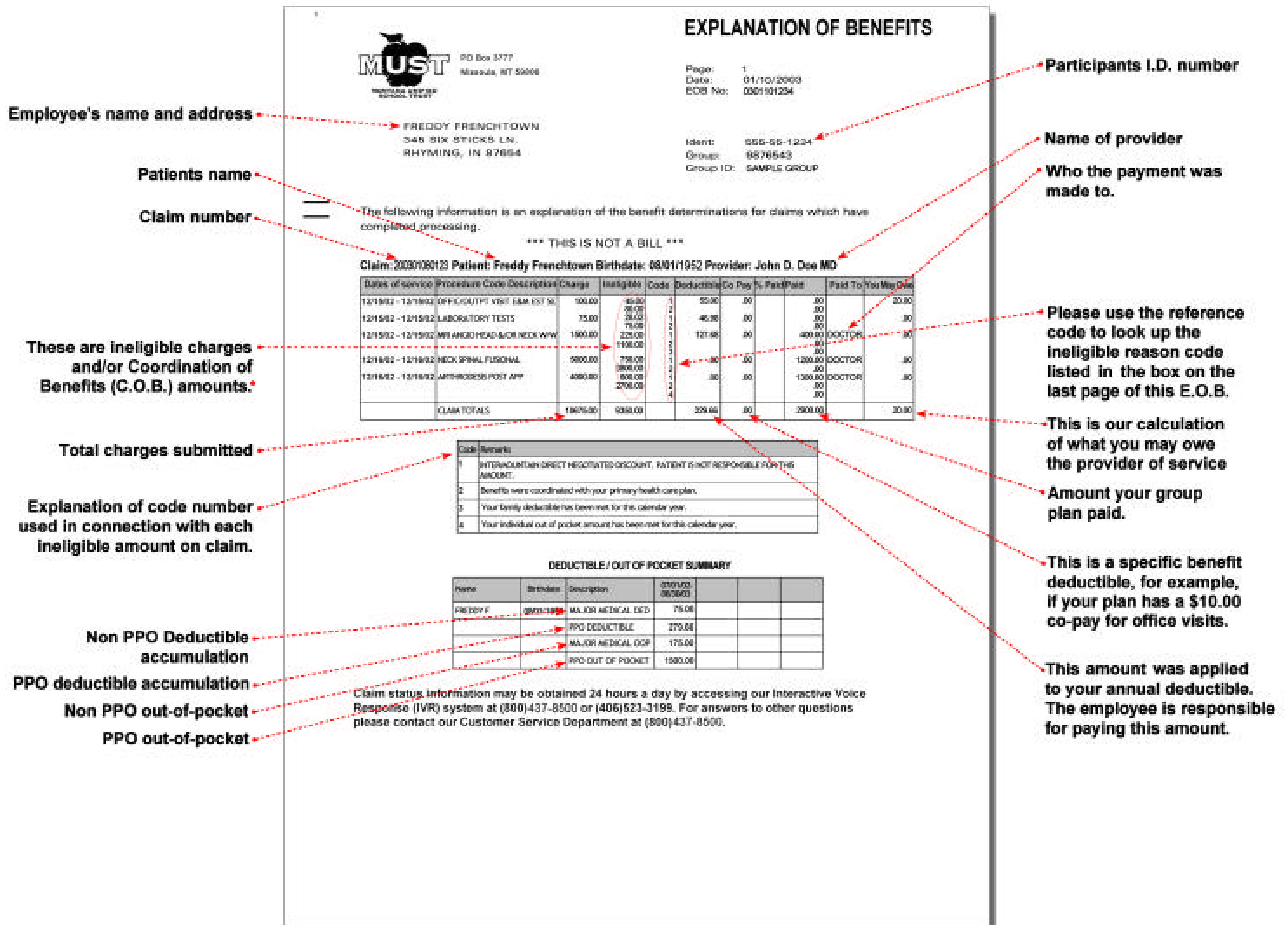
How to Read Your Explanation of Benefits (E.O.B.)



MUST MONTANA UNIFIED SCHOOL TRUST

PO Box 3777
Missoula, MT 59806

EXPLANATION OF BENEFITS

Page: 1
Date: 01/10/2003
EOB No: 0301101234

FREDDY FRENCHTOWN
345 SIX STICKS LN.
RHYMING, IN 87654

Ident: 555-55-1234
Group: 9876543
Group ID: SAMPLE GROUP

The following information is an explanation of the benefit determinations for claims which have completed processing.

*** THIS IS NOT A BILL ***

Claim: 2003010800123 Patient: Freddy Frenchtown Birthdate: 08/01/1952 Provider: John D. Doe MD

Dates of service	Procedure Code Description	Charge	Ineligible	Code	Deductible	Co Pay	% Paid	Paid	Paid To	You May Owe
12/15/02 - 12/15/02	OFFICE/OUTPT VISIT E&M EST 50	100.00	45.00 55.00	1 2	55.00	.00		.00 .00		20.00
12/15/02 - 12/15/02	LABORATORY TESTS	75.00	25.00 75.00	1 2	46.98	.00		.00 .00		.00
12/15/02 - 12/15/02	MRI ANGIO HEAD &/OR NECK W/W	1800.00	225.00 1100.00	1 2 3	127.68	.00		400.00 .00 .00	DOCTOR	.00
12/16/02 - 12/16/02	NECK SPINAL FUSIONAL	5000.00	750.00 3800.00	1 2	.00	.00		1200.00 .00	DOCTOR	.00
12/16/02 - 12/16/02	ARTHRODESIS POST APP	4000.00	800.00 2700.00	1 2 4	.00	.00		1300.00 .00 .00	DOCTOR	.00
	CLAIM TOTALS	10975.00	9050.00		229.66	.00		2900.00		20.00

Code	Remarks
1	INTERMOUNTAIN DIRECT NEGOTIATED DISCOUNT. PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.
2	Benefits were coordinated with your primary health care plan.
3	Your family deductible has been met for this calendar year.
4	Your individual out of pocket amount has been met for this calendar year.

DEDUCTIBLE / OUT OF POCKET SUMMARY

Name	Birthdate	Description	07/01/02-06/30/03			
FREDDY F	08/01/1952	MAJOR MEDICAL DED	75.00			
		PPO DEDUCTIBLE	279.66			
		MAJOR MEDICAL OOP	175.00			
		PPO OUT OF POCKET	1580.00			

Claim status information may be obtained 24 hours a day by accessing our Interactive Voice Response (IVR) system at (800)437-8500 or (406)523-3199. For answers to other questions please contact our Customer Service Department at (800)437-8500.

* The C.O.B. provisions are applied as outlined in your Summary Plan Description. Amounts not paid by your primary carrier may or may not be paid in full by the plan.