WHEN AN EXPLANATION OF BENEFITS COMES, HERE'S WHAT TO DO WITH IT

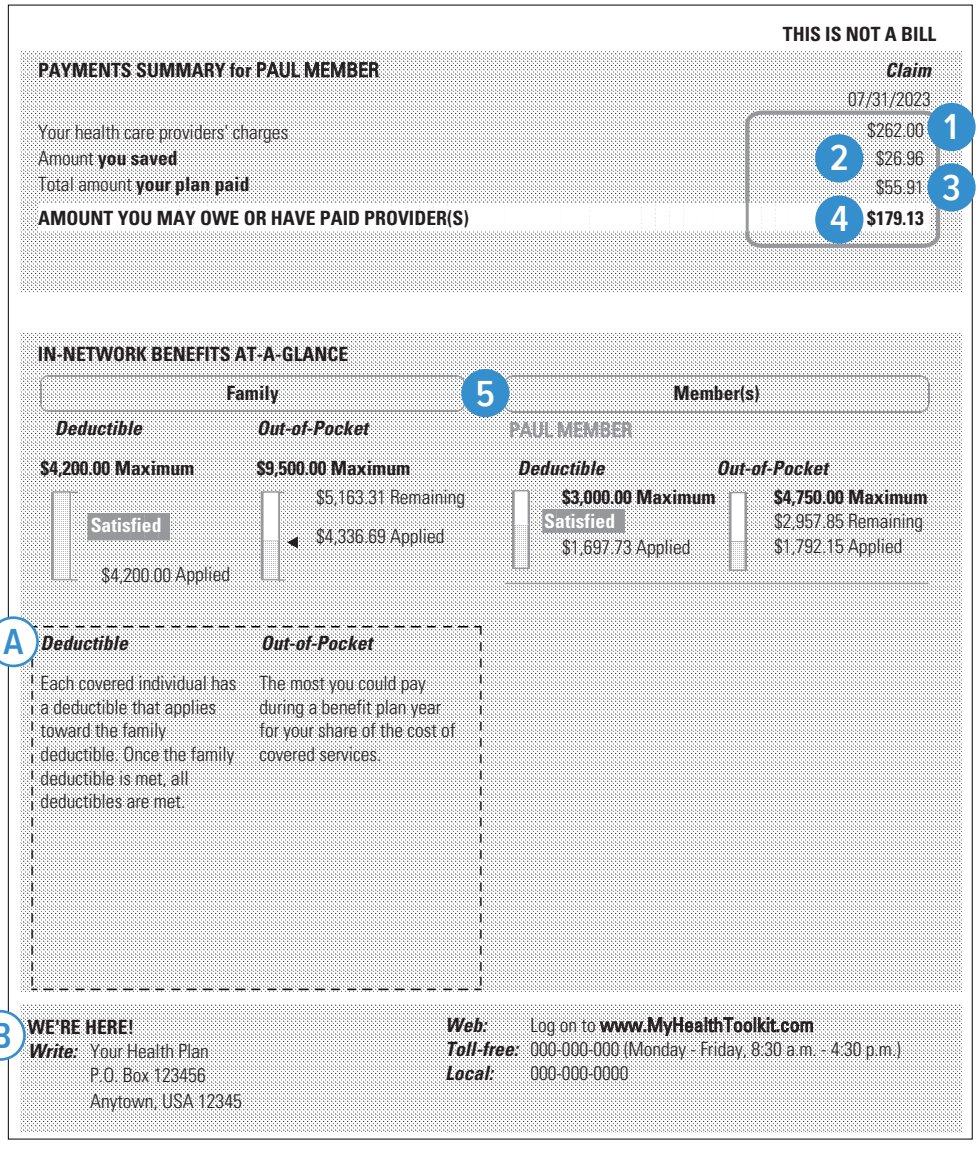
Whenever you use your health insurance, we send you an Explanation of Benefits (EOB). It shows you a breakdown of the services you received, the cost of those services and what you might have to pay your provider. **An EOB is not a bill**.

Your EOB shows you:

1. How much the doctor charged.
2. How much you saved through your health plan.
3. How much your health plan paid.
4. How much you may still owe.
5. How close you are to reaching your deductible and out-of-pocket maximum during this benefit period based on your in-network benefits.

On page 1, you'll find:

- (A) Helpful definitions.
- (B) How to reach us if you have questions.
- (C) Your member ID number.



THIS IS NOT A BILL

PAYMENTS SUMMARY for PAUL MEMBER — ***Claim*** 07/31/2023

Your health care providers' charges	$262.00 (1)
Amount **you saved**	$26.96 (2)
Total amount **your plan paid**	$55.91 (3)
AMOUNT YOU MAY OWE OR HAVE PAID PROVIDER(S)	**$179.13** (4)

IN-NETWORK BENEFITS AT-A-GLANCE

(5) **Family**

Deductible — **$4,200.00 Maximum** — Satisfied — $4,200.00 Applied

Out-of-Pocket — **$9,500.00 Maximum** — $5,163.31 Remaining — $4,336.69 Applied

PAUL MEMBER

Deductible — **$3,000.00 Maximum** — Satisfied — $1,697.73 Applied

Out-of-Pocket — **$4,750.00 Maximum** — $2,957.85 Remaining — $1,792.15 Applied

(A)

Deductible

Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.

Out-of-Pocket

The most you could pay during a benefit plan year for your share of the cost of covered services.

(B) **WE'RE HERE!**

Write: Your Health Plan
P.O. Box 123456
Anytown, USA 12345

Web: Log on to **www.MyHealthToolkit.com**
Toll-free: 000-000-000 (Monday - Friday, 8:30 a.m. - 4:30 p.m.)
Local: 000-000-0000

Individual Claim Report

EXPLANATION OF BENEFITS

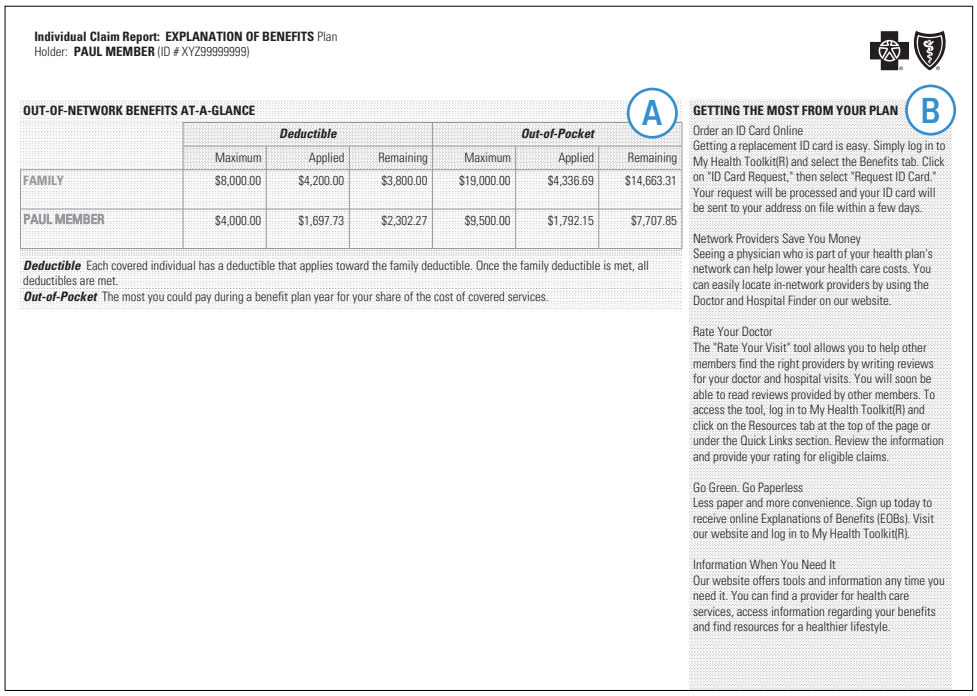
(C) **Plan Holder: PAUL MEMBER**
(ID # XYZ999999999999)
Benefit Plan Year: 01/01/2023 - 01/01/2024
Notice Date: 08/07/2023

On page 2, you'll find:

- **A** How close you are to reaching your deductible and out-of-pocket maximum during this benefit period based on your out-of-network benefits.
- **B** Tips on using and making the most of your benefits.

On page 3, you'll find:

- **A** Details about your claim, including the claim number and provider.
- **B** When the visit took place and if the provider is in or out of network.
- **C** A breakdown of what your health plan paid and how much you might owe your provider. The amount you might owe does not reflect any amount you may have already paid the provider.
- **D** Additional details about your claim, including why a claim may have been denied.



Individual Claim Report: EXPLANATION OF BENEFITS Plan
Holder: **PAUL MEMBER** (ID # XYZ99999999)

OUT-OF-NETWORK BENEFITS AT-A-GLANCE (A)

	Deductible			Out-of-Pocket		
	Maximum	Applied	Remaining	Maximum	Applied	Remaining
FAMILY	$8,000.00	$4,200.00	$3,800.00	$19,000.00	$4,336.69	$14,663.31
PAUL MEMBER	$4,000.00	$1,697.73	$2,302.27	$9,500.00	$1,792.15	$7,707.85

Deductible Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.
Out-of-Pocket The most you could pay during a benefit plan year for your share of the cost of covered services.

GETTING THE MOST FROM YOUR PLAN (B)

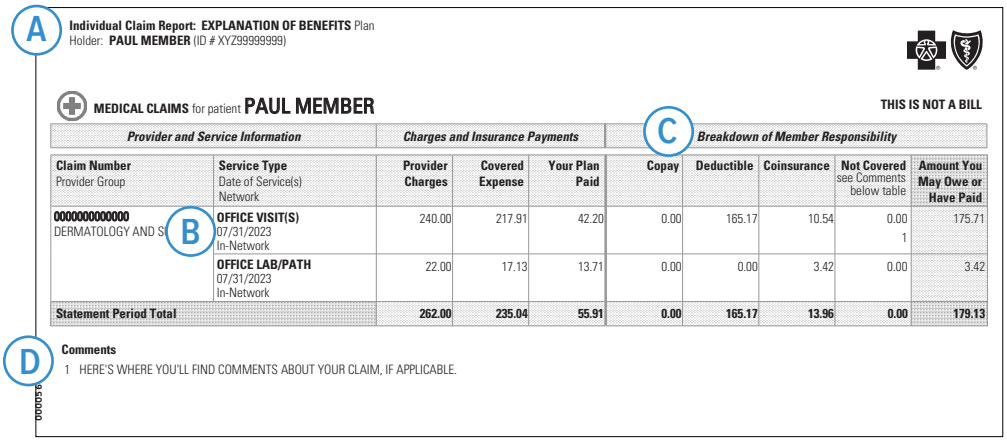
Order an ID Card Online
Getting a replacement ID card is easy. Simply log in to My Health Toolkit(R) and select the Benefits tab. Click on "ID Card Request," then select "Request ID Card." Your request will be processed and your ID card will be sent to your address on file within a few days.

Network Providers Save You Money
Seeing a physician who is part of your health plan's network can help lower your health care costs. You can easily locate in-network providers by using the Doctor and Hospital Finder on our website.

Rate Your Doctor
The "Rate Your Visit" tool allows you to help other members find the right providers by writing reviews for your doctor and hospital visits. You will soon be able to read reviews provided by other members. To access the tool, log in to My Health Toolkit(R) and click on the Resources tab at the top of the page or under the Quick Links section. Review the information and provide your rating for eligible claims.

Go Green. Go Paperless
Less paper and more convenience. Sign up today to receive online Explanations of Benefits (EOBs). Visit our website and log in to My Health Toolkit(R).

Information When You Need It
Our website offers tools and information any time you need it. You can find a provider for health care services, access information regarding your benefits and find resources for a healthier lifestyle.



(A) **Individual Claim Report: EXPLANATION OF BENEFITS** Plan
Holder: **PAUL MEMBER** (ID # XYZ99999999)

MEDICAL CLAIMS for patient **PAUL MEMBER** — **THIS IS NOT A BILL**

(C) ***Breakdown of Member Responsibility***

Provider and Service Information		Charges and Insurance Payments							
Claim Number Provider Group	**Service Type** Date of Service(s) Network	**Provider Charges**	**Covered Expense**	**Your Plan Paid**	**Copay**	**Deductible**	**Coinsurance**	**Not Covered** see Comments below table	**Amount You May Owe or Have Paid**
0000000000000 DERMATOLOGY AND S (B)	**OFFICE VISIT(S)** 07/31/2023 In-Network	240.00	217.91	42.20	0.00	165.17	10.54	0.00 1	175.71
	OFFICE LAB/PATH 07/31/2023 In-Network	22.00	17.13	13.71	0.00	0.00	3.42	0.00	3.42
Statement Period Total		**262.00**	**235.04**	**55.91**	**0.00**	**165.17**	**13.96**	**0.00**	**179.13**

(D) **Comments**
1 HERE'S WHERE YOU'LL FIND COMMENTS ABOUT YOUR CLAIM, IF APPLICABLE.

S1000000

Every EOB includes important information about how to appeal a denial of your claim. This will help you figure out what to do if you disagree with any of the benefits decisions made on this claim.

Check your EOBs through the **My Health Toolkit®** app or by logging in online. From the app, log in and select **Claims**. Select a specific claim, and then select **View Explanation of Benefits**. From a computer, log in to My Health Toolkit and select **Claims & Authorizations**. Then select **Claims** and **Health Claims**.

Choose how you want to receive your EOBs — text, email or mail

You can set your contact preferences when you register for **My Health Toolkit**. If you're already signed up, go to the **My Profile** tab and select **My Contact Preferences**.

If you get paper EOBs, an EOB will be mailed to you after a claim has been finalized. If you've opted for online delivery, you'll get an email or text when your EOB is ready to view in **My Health Toolkit**.

FLORIDA