HealthEZ

7201 West 78th Street, Suite 100
Bloomington, MN 55439

JANE DOE
1234 ROYAL DRIVE
MINNEAPOLIS, MN 55100

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary

Member ID XXXXXXX4567

Statement Date 2/21/09

New Transactions This Period
Paid by your health plan $441.49
Paid by your HealthEZ*Choice* accounts $301.84
You owe providers $0.00

Paid by Your Employer YTD:
Medical $441.49
Dental $117.30
Pharmacy ....$ 65.24

Information & Resources

Your Resources for Help
Benefit Questions:
800-948-9450 or
yourcustomsite.com

EOBs Available Online
The Explanation of Benefits
that corresponds to this
statement is available by
logging in at
yourcustomsite.com. If you
have questions, call 800-
948-9450.

HealthEZpay Account Summaries

Flexible Spending Account (FSA)

Claims Paid Year-to-date $0.00
Available Amount................................... $500.00

Health Savings Account (HSA)

Claims Paid This Period $223.93
Current Balance $275.07

Health Reimbursement Account (HRA)

Claims Paid This Period .... NA
Current Balance .... NA

Credit/Debit Card Accounts

Claims Paid This Period $77.91

Your Year-to-Date Summaries

Medical In-Network Deductible

Met Year-to-Date.. $301.84

Medical In-Network Out-of-Pocket

Met Year-to-Date.. $301.84

Dental Benefit

Used Year-to-Date $117.30

*Information current as of statement date. For detailed and
up-to-date information, go to yourcustomsite.com.*

Transactions for the Current Period

MEDICAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid*	You Owe Provider
01/15/2009	Jane	Fairview Clinic	$248.00	$24.07	$0.00	$223.93	$0.00
01/15/2009	Alex	Methodist Hospital	$911.00	$391.60	$441.49	$77.91	$0.00

DENTAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/12/2009	Jane	Metro DentalCare	$138.00	$20.70	$117.30	$0.00	$0.00

PHARMACY

Service Date	Patient	Pharmacy	Drug Name	Retail Amount	You Paid
01/16/2009	Jane	Walgreens	AZITHROMYCIN TAB 250MG	$48.00	$8.00
01/21/2009	Alex	Walgreens	NUTRINATE CHW	$48.00	$8.00

For a copy of your detailed Explanation of Benefits (EOB), log in at yourcustomsite.com and click on "Statements" in the
left sidebar.

SAMPLE