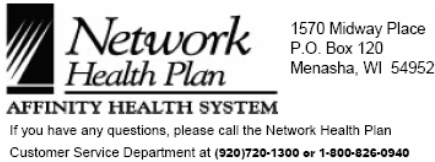


How to Read Your Explanation of Benefits

Effective 10/1/2005 Network Health Plan began using a new format for Explanation of Benefits (EOB). Network Health Plan will issue you an EOB after every medical visit, whether or not payment is due. Please refer to the example shown below for assistance in locating important information.



Explanation of Benefits
THIS IS NOT A BILL
 September 30, 2005

Page 1 of 1

Please remit member responsibility of \$15.00 to FOND DU LAC REGIONAL CLINIC

Patient:	Insured:	Claim Number:	05216E01515
Member ID:	Provider: ILEA VASQUEZ, DANA	Dates:	7/28/2005 - 7/28/2005
Benefit Plan:	Pay To: FOND DU LAC REGIONAL CLINIC	Status:	PAID
Employer Grp:			

Service Date	Procedure	Billed	Provider Adjustment		Other Ins.	Member Resp.		Paid by Plan	Message ID
			Amt	Reason		Amt	Reason		
07/28/2005	99214 - OFC/OUTPT E&M ESTAB MOD-HI 25	146.00	39.01	Disc		15.00	Copay	91.99	
	Totals	146.00	39.01			15.00		91.99	

Total Amount Paid to Provider 91.99
 Your Responsibility

Summary			
Payee	Billed	Paid	Your Responsibility
FOND DU LAC REGIONAL CLINIC	146.00	91.99	\$15.00

Benefit Accumulators						
Description	Individual			Family		
	Plan Limit	Applied	Remaining	Plan Limit	Applied	Remaining
DEDUCTIBLE	250.00	0.00	250.00	500.00	0.00	500.00
OUT OF POCKET	500.00	0.00	500.00	1,000.00	0.00	1,000.00
YEARLY POLICY MAXIMUM	1,000,000.00	462.21	999,537.79			
LIFETIME POLICY BENEFIT	2,000,000.00	462.21	1,999,537.79			

1. Service Date: This is the date the services were provided.
2. Provider and Pay To: The name of the provider and clinic where you received your medical services.
3. Please remit your member responsibility to the provider listed.
4. Paid by Plan: Network Health Plan paid this amount to the provider who rendered the medical services.
5. Benefit Accumulators: This is the amount applied toward your policy maximums up to the date the claim was processed.