How to Read Your Explanation of Benefits

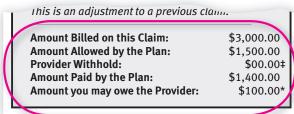


The Explanation of Benefits (EOB) is not a bill, but serves to keep you informed of how your care is being covered. It will show how much CDPHP has paid, how much you have paid, and any outstanding amount you may still owe your provider. Below is a sample EOB.

Why Should I Care What the EOB Says?

There are several important reasons to check your EOB each time you receive one. Here are just a few:

- · Comparing the "Amount billed," the "Amount allowed," and "Amount you may owe," will give you a clear idea of the value of your benefits.
- If you do still owe your provider something for the visit, this will be reflected on your EOB. Knowing about it in advance can help you plan and budget. When you get a bill from the provider, compare it with your EOB. They should match in terms of your payment responsibility.
- If you get an EOB for a service you don't recall receiving, call a member services representative at the number on your ID card for help researching the claim. If you are concerned that a fraudulent claim has been filed on your behalf, that should be reported to our Fraud Awareness Hotline at 1-800-280-6885.



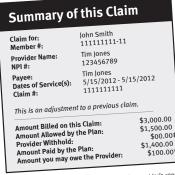


Statement Date: 5/22/2012 Page 1 of 2 1111111111 Claim #:

John Smith Claim for: Julie Smith Subscriber:

Explanation of Benefits

This is not a bill.



C. Ctotus	Limit	YTD
Benefit Status Individual In-Network Deductible Family In-Network Deductible	\$1,500.00 \$2,500.00	\$500.00 \$500.00
Individual In-Network Out-of-Pocket Family In-Network Out-of-Pocket	\$5,000.00 \$7,500.00	Met Met
Individual Out-of-Network Deductible Family Out-of-Network Deductible	\$3,000.00 \$4,500.00	\$100.00 \$100.00
Individual Out-of-Network Out-of-Pocket Family Out-of-Network Out-of-Pocket	\$10,000.00 \$12,500.00	\$3,000.00 \$3,000.00
HRA Status	alaim:	\$100.00
Amount Deducted from your HRA for this Current Remaining Balance in your HRA:	ctain:	\$1,400.00

Withheld from payment to the provider per the provider's contract with CDPHP. Member responsibility is unaffected.

* Patient's payment responsibility includes deductible, coinsurance, copayment, and certain denied amounts. This amount may not reflect out-of-network and/or non-covered health services payment responsibility.

Please view full and updated details about your claims, the status of your deductible, and/or benefit maximums by logging into your account at www.cdphp.com.

Statement Date: 5/22/2012 Page 2 of 2 Claim #: 1111111111 Claim for: John Smith Subscriber: Julie Smith PLAN ALLOWED AMOUNT OTHER INSURANCE AMOUNT COPAY DEDUCTIBLE INSURANCE 1,500.00 0.00 0.00 100.00 1,400.00 0.00 0.00 0.00 0.00 0.00 1,500.00 0.00 0.00 100.00 1,400.00 rimary procedure. Provider Liable YP arranged with the provider. nce. You have 180 days from receipt of this notice to You may file your grievance in writing or by calling itten acknowledgement of your grievance within 15 equest any other information we need from you or et part of that information, we will ask for the missing ion. If your grievance involves a pre-service claim, we from receipt of your request. If it involves a postfit involves an urgent care claim, we will decide it as 8 hours after receipt of all necessary information or rused this claim to be denied, you have the right to t the address or telephone numbers listed above. ontact Community Service Society of New York, n://www.communityhealthadvocates.org. ncome Security Act of 1974 (as amended) a) of ERISA to challenge this decision.

Terms We Use

If there are terms you do not understand while reading your EOB, please refer to these explanations.

Provider Name

The name of the person or location that provided the service.

Date(s) of Service(s)

This is the date you received the treatment in question.

Amount allowed

A discounted amount, negotiated by CDPHP, that our network providers have agreed to accept for the service in question.

Provider Withhold

Providers treating members in certain plan types agree to delay receiving a portion of their reimbursement. They receive the money the following year once it has been determined that the network fulfilled standards for member satisfaction, cost-effectiveness, and quality of care. (Withhold amounts are included in the "Amount Paid by the Plan.")

Amount Paid by the plan

Amount CDPHP has paid the provider (if any).

Benefit Status information

Look here for an overview of your progress towards meeting your deductible and out-of-pocket maximum (if applicable). The information shown here will correlate to the most recent benefit period reflected on the EOB.

HRA Status Information

This section will show up on your EOB only if you have a health reimbursement arrangement (HRA) as part of your benefits with us. An HRA is an account set up by your employer that you can use to pay for certain health-related items and services.

Copay, Deductible, and Coinsurance

This is a summary of what you will owe (if you have not already paid it).

Notes section

Any codes that appear in the "Notes" section should trigger you to look here for an explanation.

Appeals information

You have the right to appeal benefit decisions made by CDPHP. This process is explained here.

- † Note: HRA deductions are paid directly to the provider.
- *††* Current remaining balance is updated weekly. For most recent balance please check your account online at www.cdphp.com.



Benefit Status	Limit	YTI
Individual In-Network Deductible	\$1,500.00	\$500.00
Family In-Network Deductible	\$2,500.00	\$500.00
Individual In-Network Out-of-Pocket	\$5,000.00	Me
Family In-Network Out-of-Pocket	\$7,500.00	Me
Individual Out-of-Network Deductible	\$3,000.00	\$100.00
Family Out-of-Network Deductible	\$4,500.00	\$100.00
Individual Out-of-Network Out-of-Pocket	\$10,000.00	\$3,000.00
Family Out-of-Network Out-of-Pocket	\$12,500.00	\$3,000.00
HRA Status		
Amount Deducted from your HRA for this	claim:	\$100.00
Current Remaining Balance in your HRA:		\$1,400.00

ATE OF ERVICE	TYPE OF SERVICE	AMOUNT BILLED	AMOUNT NOT COVERED	SEE NOTES BELOW	PLAN ALLOWED AMOUNT	OTHER INSURANCE AMOUNT	COPAY	CO- INSURANCE	DEDUCTIBLE	AMOUNT PAID
/2012	General Surgery	2,800.00	1,300.00		1,500.00	0.00	0.00	0.00	100.00	1,400.00
/2012	Laboratory Services	200.00	200.00	N01	0.00	0.00	0.00	0.00	0.00	0.00
LS		3,000.00	1,500,00		1,500.00	0.00	0.00	0.00	100.00	1,400.00
Notes EX CODE	NO1: This proced	dure is conside	red incidental	to or a part o	f the primary p	procedure.			Provider Liab	le
Certain	service(s) may be cover	ed in part or w	hole by a prep	aid agreeme	nt CDPHP arra	nged with the	provide	r.		
If you d file you us at th busines your pri informa will dec service soon as 72 hou have bi	o not agree with any r grievance or you m e address or telepha ss days after we rece. actitioner/provider t ition, in writing, with ide it within 15 days claim, we will decid possible, taking int rs after receipt of you lling and diagnosis of	portion of the ay forfeit you one numbers ive it. Upon reomake a grie in five workd (administrate it within 30 o account the ir request. If you do sent to	is decision yc r right to cha listed above. eceipt of your vance detern ays of getting ive) or 30 day days from rec medical nee you think a co you as well b	ou may file of llenge this of You will rec grievance, nination. If v g the partial ys (medical ceipt of your ds, but no leding error ry writing or	a grievance. I decision. You eive a writtei we will reque we only get p information necessity) fr request. If it ater than 48 may have cau calling us at	You have 18th in may file you nacknowled, est any other eart of that in, if your grief om receipt of tinvolves an hours after rused this clait the address	O days f ur grieve gement informati vance in fyour re urgent eceipt o im to be or telep	from receipt ance in writ. of your grie ation we ne on, we will a tovolves a pr equest. If it i care claim, if all necess denied, yo obone numi	ing or by calli, evance within ed from you o ask for the mi: e-service clain involves a pos we will decide ary informatic u have the rig bers listed ab	ng 15 r r ssing m, we t- e it as on or hht to ove.
If you d file you us at th busines your pri informa will dec service soon as 72 hou have bi	o not agree with any r grievance or you m e address or telepho ss days after we rece, actition, in writing, with ide it within 15 days claim, we will decid t s gpossible, taking int rs after receipt of you	portion of the ay forfeit you one numbers ive it. Upon re o make a grie in five workd (administrate it within 30 o account the ir request. If you could set to sistance programme programm	is decision yc r right to cha listed above. sceipt of your vance detern ays of getting ive) or 30 day days from reu ou think a ca you as well b gram can help	ou may file of allenge this of You will recognized from the partial system of your day, but no loading error rey writing or you file you f	a grievance. I decision. You eive a writtei we will requi we only get p information necessity) fr request. If it ater than 48 may have cau calling us at ur appeal. Co	You have 180 In may file you In acknowledgest any other In act of that in It fyour grief It involves an In hours after r Used this clait It the address It involtes the comment of the clait It the address It involtes the comment of the clait It the address	O days f ur grieve gement informativance in fyour re urgent eceipt of im to be or telep	from receipt nnce in writt of your grie ation we ne on, we will a wolves a pr equest. If it i care claim, if all necess denied, yo obone numi	ing or by callii evance within ed from you o ask for the min er-service clain involves a pos we will decidu ary informatio u have the rig bers listed ab-	ng 15 r r ssing m, we t- e it as on or hht to ove.

