

UNITED HEALTHCARE INSURANCE COMPANY
 POST OFFICE BOX 30374
 ATLANTA GA 30374
 PHONE (888) 780-4876



Member Number Policy Statement Period

800000123 9708497 03/01/2006-03/31/2006

HEALTH STATEMENT

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JOHN C SAMPLE
 675 MAIN ST
 ANYTOWN GA 30005

Visit www.myuhc.com
 for more detail on account
 balances and activity

Remaining Account Balances	Network Deductible	Network Out Of Pocket
Family	\$0.00	\$1,960.04
John	\$0.00	\$1,960.04

The deductible and out of pocket amounts above represent the Network amounts for reaching the thresholds defined by your plan.

Balances may not match what is on your personal website

You Can Breathe Easy

A Registered Nurse is available 24 hours a day, 7 days a week to answer your questions about emphysema, chronic bronchitis, or Chronic Obstructive Pulmonary Disease (COPD). Use one of our knowledgeable Registered Nurses anytime you want to talk about shortness of breath or oxygen therapy. To speak with a nurse, call the number on your member ID card.

Claim Details *	Amount Billed	Discount	Cost Of Care	Health Plan Paid	You May Owe **
John on 1/17/06 #0340601532201 GENERAL HOSPITAL MEDICAL	3656.00	2216.00	1440.00	159.82	1280.18
TOTALS	3656.00	2216.00	1440.00	159.82	1280.18

All of your Explanation of Benefit forms (EOB) are available online at www.myuhc.com.

- * Some claim detail may not appear on this statement to maintain the privacy of our members.
- ** This is the amount you owe the physician, health care professional or facility. This may include amounts already paid to your provider / pharmacy at the time of service. This may include amounts that will be paid out of your HRA/FSA.



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Account	Coverage Amount	Amount Paid YTD	Amount Available
HRA*	\$1000.00	\$1000.00	\$0.00
FSA	\$1800.00	\$947.63	\$852.35

Balances may not match what is on your personal website.
 *Includes prior year carryover if applicable added to the total

Claim Details *	Amount Considered	Amount Pended	Plan Paid	Health Plan Ref #
01/17/06 - 01/17/06 #060014125202 HRA TRANSACTION	1280.18	0.00	332.53	0340601532201
01/17/06 - 01/17/06 #060014435201 FSA TRANSACTION	947.65	0.00	947.63	0340601532201
TOTALS	1280.18	0.00	1280.18	

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Consumer Alerts

Celebrex Alternative

UnitedHealthcare is committed to helping you save money whenever we see an opportunity. For this reason, we want to let you know that you might be able to replace Celebrex prescription with an over-the-counter (OTC) drug such as Ibuprofen, Advil or Aleve. These OTC drugs have the same pain killing capabilities as Celebrex, but they cost much less. Please note that for medical reasons, Celebrex may be the best option for you, so always talk to your doctor before changing medications.

Save Money

Now more than ever, UnitedHealthcare members are looking for ways to save money on health care. Because of this, we want you to know that you can save the most money by visiting doctors, hospitals, or other facilities that participate in your network. Find the providers that are in your network by using the search tools in the Physicians & Facilities section of myuhc.com.

Healthy Pregnancy Program

Women who are expecting a new baby can now expect help from a trusted source - your UnitedHealthcare benefit. We want you to have a healthy pregnancy and a successful delivery. So, we created the Healthy Pregnancy Program in order to provide helpful resources and support during each trimester of pregnancy. It also provides assistance once your baby is born. To enroll, call the number on the back of your ID card, or visit myuhc.com for more information.

Understanding Your Health Statement

Medical/Pharmacy Section

Network Deductible: Total dollar amount of eligible expenses you need to incur before your co-insurance begins to apply.

Network Out of Pocket: The maximum dollar amount you would still have to pay before your plan covers 100% of eligible expenses.

Remaining Account Balances	Network Deductible	Network Out Of Pocket
Family	\$1200.00	\$4000.00
Nancy	\$400.00	\$2000.00
Phil	\$0.00	\$1580.00

You May Owe: Amount you may owe the physician, health care professional or facility. May include amounts already paid to your provider / pharmacy at the time of service.

Amount Billed: Amount billed for service before any discounts.

Discount: Reduction from Amount Billed due to savings from a network or other agreement.

Cost of Care: Cost after all discounts have been applied.

Health Plan Paid: Amount paid by your plan's Health Coverage for qualified expenses.

Claim Details *	Amount Billed	Discount	Cost Of Care	Health Plan Paid	You May Owe**

FSA/HRA Section

Coverage Amount: Total Account Balance at start of plan year

Amount Paid YTD: Total expenses paid from your account

Amount Available: Total remaining in your account

Account	Coverage Amount	Amount Paid YTD	Amount Available
HRA*	\$1000.00	\$1000.00	\$0.00
FSA	\$1800.00	\$947.63	\$852.35

Amount Considered: Amount submitted for reimbursement

Amount Pended: Amount to be paid, pending additional contributions to your plan

Plan Paid: Amount paid from your account

Health Plan Ref #: Identification number of related medical/pharmacy claim

Claim Details *	Amount Considered	Amount Pended	Plan Paid	Health Plan Ref #
04/08/06 - 04/08/06 #060684125202 HRA TRANSACTION	19.20	0.00	19.20	1234567890001