



Member Number

Statement Period

800 000 011

11/01/05 - 11/30/05

Monthly Statement

Chris Johnson
8332 Cedar Lane
St. Louis Park, MN 55416

Visit www.myuhc.com today!

(this space should be used to mention the key benefits of myuhc.com)

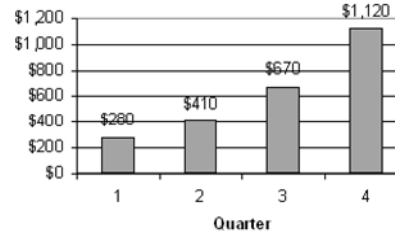
Your Account Balances

The table below shows the initial balance, prior and current activity, and amount to be paid in your Deductible and Out of Pocket Maximum, as well as this month's activity in your Spending Accounts.

	Deductible				Out of Pocket				Spending Account	
	Total	Prior Statements	Current Statement	Remaining	Maximum	Prior Statements	Current Statement	Remaining	FSA this period	HRA this period
Family:	\$2100.00	\$1080.00	\$200.00	\$820.00	\$3000.00	\$880.00	\$1280.00	\$840.00	\$0.00	\$227.00
Pat	\$700.00	\$300.00	\$150.00	\$250.00	\$1000.00	\$300.00	\$700.00	\$320.00	\$0.00	155.00
Chris	\$700.00	\$500.00	\$200.00	\$700.00	\$1000.00	\$500.00	\$500.00	\$1000.00	\$0.00	45.00
Madison	\$700.00	\$280.00	\$0.00	\$280.00	\$1000.00	\$50.00	\$80.00	\$500.00	\$0.00	27.00

Health Spending Accounts				
Account	Total	Prior Statements	Current Statement	Balance
FSA	\$200.00	\$50.00	\$0.00	\$150.00
HRA	\$1200.00	\$300.00	\$227.00	\$663.00

Your 2005 Cumulative Network Savings



We track your "Total Savings" for the year! It's the total from the "You Save" column. Keep using in-network providers, and Save even more!

The deductible and out of pocket amounts above represent the In Network amounts for reaching the thresholds defined by your plan. Balances may not match what is on your personal website. This health statement reflects balances as of the end of the statement period, while balances on your personal website are updated daily.

For more details on these account balances and on your out-of-network activity, please visit [myuhc.com](http://www.myuhc.com)

For customer service, visit www.myuhc.com or call 1-800-357-1371.

Your Claims* All of your *Explanation of Benefit (EOB)* statements are available online at www.myuhc.com.

This section shows the claims you've accrued in the past month, your in-network savings, and the division of the payments.

Claim Details		Cost Details			Account Details			Payment Details			
Date	Patient and Location	Regular Cost	UHC's discounted rate	YOU SAVE	Health Plan pays	Paid from FSA	Paid from HRA	Paid from HSA	Applied to Deductible	You Pay	Notes see page <n>
4/08	Chris Medco Pharmacy, RX	\$600.00	\$500.00	\$100.00	\$255.00	\$0.00	\$45.00	\$NA	\$500.00	\$0.00	
4/12	Pat Jamie Lewis Medical, Office Visit	\$55.00	\$50.00	\$5.00	\$0.00	\$0.00	\$50.00	\$NA	\$50.00	\$0.00	1
4/23	Pat Quello Clinic Medical, Lab	\$1400.00	\$1100.00	\$300.00	\$595.00	\$0.00	\$105.00	\$NA	\$400.00	\$0.00	2
4/28	Madison Quello Clinic Medical, Lab	\$200.00	\$150.00	\$50.00	\$123.00	\$0.00	\$27.00	\$NA	\$150.00	\$0.00	
Totals:		\$2255.00	\$1800.00	\$455.00	\$978.00	\$0.00	\$227.00	\$NA	\$1100.00	\$0.00	

* Some claim detail may not appear on this statement to maintain the privacy of our members.

Note	Explanation
D1:	Thank you for using a network physician or other health care professional. We have applied the contracted fee. The patient is not responsible for the difference between the amount charged by the physician or health care professional and the amount allowed by the contract. However, the patient is responsible for any deductible.
QN	Your claim may have been separated for processing purposes. Any additional charges will be processed as soon as possible.

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

This section shows the footnotes and explanations to any claims from the previous page(s).

Claim Details	Footnote	Amount	Explanation
4/12 Pat Jamie Lewis Medical, Office Visit	1	\$0.22	<code> <Explanation of Code>
4/23 Pat Quello Clinic Medical, Lab	2	\$27.00	<code> <Explanation of Code>
		\$3.00	<code> <Explanation of Code>
		\$22.00	<code> <Explanation of Code>
		\$52.00	<code> <Explanation of Code>

Appealing Claim Decisions

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This section contains basic customer information.

Customer Information

Enrollee	Member ID Number	Group Number	Copay	In-Network Coverages	Out of Network Coverages
Chris	123-456-7890	1228-6548	\$15	\$700 Individual Deductible	\$1400 Individual Deductible
Pat	123-456-7890	1228-6548	\$15	\$2100 Family Deductible	\$4200 Family Deductible
Madison	123-456-7890	1228-6548	\$15	Plan pays 85% after deductible met.	Plan pays 40% after deductible met.
Colleen	123-456-7890	1228-6548	\$15		
Geoff	123-456-7890	1228-6548	\$15		

* **IMPORTANT:** We do not currently have updated insurance information for the enrollee listed above. **To avoid delays in claim processing, please visit www.myuhc.com and visit *Manage My Account | Coordination of Benefits* to update this information, or call the number on the back of your membership card.**

Need to make changes? You can update your information on www.myuhc.com.

Consumer Alerts

Do you take Celebrex? You might have a lower-cost 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 your 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.

Have You Talked To A Coach?

The UnitedHealthcare 24-hour Health Coaching Service helps you make meaningful healthcare decisions by providing you with honest and reliable support. Health Coaches are available 24 hours a day, 7 days a week to answer your questions about medical symptoms, conditions, diagnoses or treatments. To contact a Health Coach, call 1.999.999.9999 (1.999.999.9999), or go to your personal website at www.myuhc.com and visit the Health Resources section.

Help with Asthma

Many people who suffer from asthma have looked to the UnitedHealthcare 24-hour Health Coaching Service for help. If you haven't had a chance to do this, consider contacting us today. Our Health Coaches are available 24 hours a day, 7 days a week, and can answer your questions about asthma triggers, peak flow meter use, or long-term control and quick-relief medications.

Information

For customer service, visit www.myuhc.com or call 1-800-357-1371.

Understanding Your Health Statement

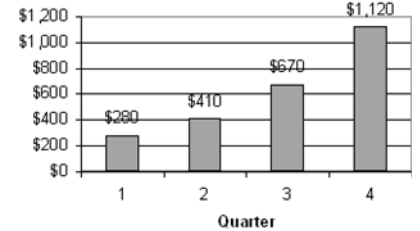
In-Network Deductible: Total dollar amount of eligible expenses you need to incur before your co-insurance begins to apply.

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

Flexible Spending Account (FSA): Balance remaining in your account for the current plan year.

Network Savings: The \$ discount applied against retail prices through utilizing UnitedHealthcare's payment rates.

Your 2005 Cumulative Network Savings



Account Balances

Remaining Amount:
Family:
Nancy
Phil

In Network In Network Flexible Spending

RECOMMENDED CHANGES (NOT SHOWN):

- change format to match new page 1
- re-write descriptions to be simpler and in "plain English"

-- OR --

Consider creating an interactive version of this page and post it on myuhc.com, then include only a simple Glossary of Terms on the statement, instead of this visual reference.

Amount Billed:
Amount billed for service before any discounts

Amount the health care provider or facility. Provide amounts paid to your pharmacy at point of service

Paid from Flexible Spending Account:
Amount you owe paid to you by your flex account.

Remark Code:
Refer to Remark Code Definitions section of this statement to find the description that is associated with this code.

Claim Details*

Chris on 4/08
Medco
Pharmacy, RX

Amount Billed	Remark Code****
5.00	D1

Appeals and privacy Information

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: United Healthcare Appeals, P.O. Box 30432, Salt Lake City, UT 84130-0432. The request for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review not later than 30 days after we received your request for review.

Maintaining the privacy and security of individuals' personal information is very important to us at United Healthcare. To protect your privacy, we have implemented strict confidentiality practices. These practices include the ability to use a unique individual identifier. You may see the unique individual identifier on United Healthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBS), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer care professional at the number shown at the top of this statement.