

# ELIGIBILITY BY BENEFIT REPORT

Group Name  
Plan Year: 01/01/2009 - 12/31/2009  
As Of: 02/25/2009

## Reimbursement for Rx Co-Pay

Code	Benefit Type	Classification	One of Group
RX CO-PAY	Reimbursement	Medical General	

Eligibility Age	Length Service	Minimum Hours	Eligibility Date	Full Time	Non-resident Alien	Union
0	0	0	Date of Eligibility Satisfaction	No	No	No

## Eligibility & Enrollment

Name	SSN	Birth Date	Hire Date	Entry Date	Class	Enrolled?
		08/27/1972	06/18/2001	01/01/2009		N
		01/02/1972	11/30/1998	01/01/2009		Y
		06/16/1960	04/10/2000	01/01/2009		Y
		05/12/1973	07/15/2002	01/01/2009		Y
		07/11/1969	02/26/1997	01/01/2009		N
		04/01/1960	02/06/1995	01/01/2009		Y
		01/08/1956	09/09/1998	01/01/2009		Y
		01/03/1962	10/13/1992	01/01/2009		Y
		01/03/1951	06/25/2004	01/01/2009		N
		06/08/1957	07/11/2007	01/01/2009		Y
		02/14/1966	01/13/2009	01/13/2009		Y
		12/04/1955	09/17/1990	01/01/2009		Y
		12/09/1961	06/02/1986	01/01/2009		Y
		04/27/1969	04/01/2005	01/01/2009		Y
		08/23/1951	07/05/1983	01/01/2009		Y
		06/12/1958	11/08/2004	01/01/2009		N
		01/25/1967	06/01/2005	01/01/2009		N
		08/11/1955	03/01/2007	01/01/2009		Y
		01/29/1979	06/14/2004	01/01/2009		N
		06/16/1964	10/07/2002	01/01/2009		Y
		08/27/1964	07/09/1984	01/01/2009		Y
		03/15/1953	11/26/2001	01/01/2009		N
		06/07/1960	06/09/2003	01/01/2009		Y
		08/17/1968	06/13/1988	01/01/2009		Y
		10/11/1961	06/18/1984	01/01/2009		Y
		02/05/1945	05/16/1988	01/01/2009		N
		07/22/1945	06/20/2005	01/01/2009		Y
		11/05/1948	04/05/1999	01/01/2009		N
		06/23/1964	03/05/1984	01/01/2009		Y
		03/29/1962	03/09/1994	01/01/2009		N

Number of employees eligible: 30  
Number of employees enrolled: 20

**Eligibility By Benefit Report**  
Census of who is enrolled under HRA

# ACCOUNT STATUS REPORT

February 18, 2010

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Group Name

Plan Year: 01/01/2009 - 12/31/2009

For Transactions: 01/01/2009 - 02/18/2010

SSN	Employee	Annual Election	Begin Balance	Plan Year Deductible	Contributions	Received	Claims Approved	Denied	Payments	Account Balance	Effective Balance
			<b>0.00</b>	<b>0.00</b>	<b>1,025.00</b>	<b>415.66</b>	<b>415.66</b>	<b>0.00</b>	<b>415.66</b>	<b>609.34</b>	<b>609.34</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	850.00	0.00	0.00	850.00	415.66	415.66	0.00	415.66	434.34	434.34
			<b>0.00</b>	<b>0.00</b>	<b>1,025.00</b>	<b>470.00</b>	<b>450.00</b>	<b>20.00</b>	<b>450.00</b>	<b>575.00</b>	<b>575.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	100.00	100.00	0.00	100.00	0.00	0.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	850.00	0.00	0.00	850.00	370.00	350.00	20.00	350.00	500.00	500.00
			<b>0.00</b>	<b>0.00</b>	<b>525.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>525.00</b>	<b>525.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	350.00	0.00	0.00	350.00	0.00	0.00	0.00	0.00	350.00	350.00
			<b>0.00</b>	<b>0.00</b>	<b>525.00</b>	<b>335.00</b>	<b>335.00</b>	<b>0.00</b>	<b>335.00</b>	<b>190.00</b>	<b>190.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	350.00	0.00	0.00	350.00	335.00	335.00	0.00	335.00	15.00	15.00
			<b>0.00</b>	<b>0.00</b>	<b>875.00</b>	<b>425.00</b>	<b>425.00</b>	<b>0.00</b>	<b>425.00</b>	<b>450.00</b>	<b>450.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	75.00	75.00	0.00	75.00	0.00	0.00
	RX CO-PAY	700.00	0.00	0.00	700.00	350.00	350.00	0.00	350.00	350.00	350.00
			<b>0.00</b>	<b>0.00</b>	<b>875.00</b>	<b>410.00</b>	<b>410.00</b>	<b>0.00</b>	<b>410.00</b>	<b>465.00</b>	<b>465.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	700.00	0.00	0.00	700.00	410.00	410.00	0.00	410.00	290.00	290.00
			<b>0.00</b>	<b>0.00</b>	<b>525.00</b>	<b>101.15</b>	<b>101.15</b>	<b>0.00</b>	<b>101.15</b>	<b>423.85</b>	<b>423.85</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	350.00	0.00	0.00	350.00	101.15	101.15	0.00	101.15	248.85	248.85
			<b>0.00</b>	<b>0.00</b>	<b>1,025.00</b>	<b>1,231.83</b>	<b>850.00</b>	<b>381.83</b>	<b>850.00</b>	<b>175.00</b>	<b>175.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	850.00	0.00	0.00	850.00	1,231.83	850.00	381.83	850.00	0.00	0.00
			<b>0.00</b>	<b>0.00</b>	<b>1,025.00</b>	<b>1,631.76</b>	<b>950.00</b>	<b>681.76</b>	<b>950.00</b>	<b>75.00</b>	<b>75.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	100.00	100.00	0.00	100.00	0.00	0.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	850.00	0.00	0.00	850.00	1,531.76	850.00	681.76	850.00	0.00	0.00
			<b>0.00</b>	<b>0.00</b>	<b>525.00</b>	<b>358.79</b>	<b>350.00</b>	<b>8.79</b>	<b>350.00</b>	<b>175.00</b>	<b>175.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	350.00	0.00	0.00	350.00	358.79	350.00	8.79	350.00	0.00	0.00
			<b>0.00</b>	<b>0.00</b>	<b>1,025.00</b>	<b>419.24</b>	<b>368.66</b>	<b>50.58</b>	<b>368.66</b>	<b>656.34</b>	<b>656.34</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	850.00	0.00	0.00	850.00	419.24	368.66	50.58	368.66	481.34	481.34
			<b>0.00</b>	<b>0.00</b>	<b>875.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>875.00</b>	<b>875.00</b>
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	700.00	0.00	0.00	700.00	0.00	0.00	0.00	0.00	700.00	700.00

# ACCOUNT STATUS REPORT

February 18, 2010

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Group Name

Plan Year: 01/01/2009 - 12/31/2009

For Transactions: 01/01/2009 - 02/18/2010

SSN	Employee	Annual Election	Begin Balance	Plan Year Deductible	Contributions	Received	Claims Approved	Denied	Payments	Account Balance	Effective Balance
			0.00	0.00	525.00	425.00	425.00	0.00	425.00	100.00	100.00
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	75.00	75.00	0.00	75.00	0.00	0.00
	RX CO-PAY	350.00	0.00	0.00	350.00	350.00	350.00	0.00	350.00	0.00	0.00
			0.00	0.00	525.00	305.83	230.83	0.00	230.83	294.17	294.17
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	75.00	75.00	0.00	75.00	0.00	0.00
	RX CO-PAY	350.00	0.00	0.00	350.00	230.83	155.83	0.00	155.83	194.17	194.17
			0.00	0.00	875.00	130.00	130.00	0.00	130.00	745.00	745.00
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	700.00	0.00	0.00	700.00	130.00	130.00	0.00	130.00	570.00	570.00
			0.00	0.00	875.00	163.22	163.22	0.00	163.22	711.78	711.78
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	700.00	0.00	0.00	700.00	163.22	163.22	0.00	163.22	536.78	536.78
			0.00	0.00	1,025.00	507.49	507.49	0.00	507.49	517.51	517.51
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	850.00	0.00	0.00	850.00	507.49	507.49	0.00	507.49	342.51	342.51
			0.00	0.00	1,025.00	672.40	536.10	136.30	536.10	488.90	488.90
	IP HOS.	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00
	OP SURGERY	75.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	75.00	75.00
	RX CO-PAY	850.00	0.00	0.00	850.00	672.40	536.10	136.30	536.10	313.90	313.90
<b>Grand Totals:</b>			<b>0.00</b>	<b>0.00</b>	<b>14,700.00</b>	<b>8,002.37</b>	<b>6,648.11</b>	<b>1,279.26</b>	<b>6,648.11</b>	<b>8,051.89</b>	<b>8,051.89</b>

Note: Date range for claims are as of the submission date.

### Account Totals By Benefit:

#### Reimbursement Benefits:

Benefit	Description	Begin Balance	Plan Year Deductible	Contributions	Received	Claims Approved	Denied	Payments	Account Balance	Effective Balance
IP HOS.	IP Hospital reimbursement	0.00	0.00	1,800.00	200.00	200.00	0.00	200.00	1,600.00	1,600.00
OP SURGERY	Reimbursement for OP Co-	0.00	0.00	1,350.00	225.00	225.00	0.00	225.00	1,125.00	1,125.00
RX CO-PAY	Reimbursement for Rx Co-I	0.00	0.00	11,550.00	7,577.37	6,223.11	1,279.26	6,223.11	5,326.89	5,326.89
<b>Totals:</b>		<b>0.00</b>	<b>0.00</b>	<b>14,700.00</b>	<b>8,002.37</b>	<b>6,648.11</b>	<b>1,279.26</b>	<b>6,648.11</b>	<b>8,051.89</b>	<b>8,051.89</b>
<b>Grand Totals:</b>		<b>0.00</b>	<b>0.00</b>	<b>14,700.00</b>	<b>8,002.37</b>	<b>6,648.11</b>	<b>1,279.26</b>	<b>6,648.11</b>	<b>8,051.89</b>	<b>8,051.89</b>

### Account Status

Breakdown of each member's HRA balance (monthly or yearly). Also shows how much employer is to reimburse.

Group Name

This is an Explanation of Benefits (EOB)  
This is neither a payment, nor a payment advice

Employee Benefit Contact: EE Name  
Contact Phone Number:  
Claim Number: 20  
Notification Date: February 18, 2010

Employee Name:  
Address:

Group Name  
Reimbursement for Rx Co-Pay  
Plan Year: December 31, 2009  
Claim ID: 20

Date Incurred	Amount	SSN	Code	Provider	Status	Payments Made	Deductible Applied	Payments Pending	Amount Approved	Amount Denied
01/12/2009	10.00		Prescription-Gen	CVS	14	10.00	0.00	0.00	10.00	0.00
01/29/2009	280.00		Prescription	Next Rx	14	280.00	0.00	0.00	280.00	0.00
03/21/2009	10.00		Prescription-Gen	CVS	14	10.00	0.00	0.00	10.00	0.00
03/24/2009	20.00		Prescription-Gen	Marra's	14	20.00	0.00	0.00	20.00	0.00
03/24/2009	10.00		Prescription-Gen	Marra's	14	10.00	0.00	0.00	10.00	0.00
03/24/2009	10.00		Prescription-Gen	Marra's	14	10.00	0.00	0.00	10.00	0.00
03/24/2009	10.00		Prescription-Gen	Marra's	14	10.00	0.00	0.00	10.00	0.00
04/06/2009	20.00		Prescription-Gen	Next Rx	14	20.00	0.00	0.00	20.00	0.00
05/24/2009	40.00		Prescription	CVS	14	40.00	0.00	0.00	40.00	0.00

**Status Codes**

14) Approved

You may appeal any adverse claim adjudications (if any) by filing a formal, written appeal within 180 days of the date of this notice unless the denial is for insufficient information, in which case you must supply the requested information within 45 days. You may also include written documentation, records, and other information relating to the claim that supports your appeal.

Failure to appeal within the specified time will be considered a failure to exhaust all administrative remedies under the Plan. Additional information about the appeals process is contained in your Summary Plan Description.

In the event that the language concerning the appeals process is different in the SPD than in this Notice, the language of the SPD and Plan Document will supersede the language of this Notice.

If you have any other questions, please do not hesitate to call us.

Plan Administrator

**Explanation of Benefits (EOB)**  
Detail of member's claims: claim  
date, expense incurred, type of  
reimbursement and amount  
approved or denied.

# CLAIM REGISTER REPORT

February 18, 2010

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Group Name

Plan Year: 01/01/2009 - 12/31/2009

For Claims Submitted: 07/14/2009 - 02/18/2010

Claim#	Name Status	SSN Provider/Notes	Submitted Incurred	Benefit Claim Code	Request	Approved	Denied	Paid	Pending
	EE Name		09/21/09	RX CO-PAY	100.00	90.14	9.86	90.14	0.00
	Approved	CVS	06/28/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Approved	CVS	07/06/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Approved	CVS	07/13/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Approved	CVS	07/18/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Approved	CVS	07/30/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Approved	CVS	08/01/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Approved	CVS	08/16/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Approved	CVS	08/22/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Approved	CVS	09/05/09	Prescription-Gen	10.00	10.00	0.00	10.00	0.00
	Denied: Exceeds Election	CVS	09/05/09	Prescription-Gen	10.00	0.14	9.86	0.14	0.00

**Summary By Benefit:**

Benefit Code	Benefit Description	<u>Claims</u>	<u>Requested</u>	<u>Approved</u>	<u>Denied</u>	<u>Paid</u>	<u>Pending</u>
RX CO-PAY	Reimbursement for Rx Co-Pay	1	100.00	90.14	9.86	90.14	0.00
<b>Totals:</b>		1	100.00	90.14	9.86	90.14	0.00

**Claim Register  
(HR use)**

Detail by employer, by expense and  
total payout for claims

# PAYMENT DETAIL REPORT

February 18, 2010

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Group Name

All Plan Years

Payment Dates: 01/01/2009 - 02/18/2010

Benefit	Date Paid	P.Y.E.	Claim #	Line #	Amount	Payment #	Type
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## Reimbursement Benefits

EE Name	<b>410.00</b>						
RX CO-PAY	07/08/2009	12/31/2009	20	1	10.00	0	Check
RX CO-PAY	07/08/2009	12/31/2009	20	2	280.00	0	Check
RX CO-PAY	07/08/2009	12/31/2009	20	3	10.00	0	Check
RX CO-PAY	07/08/2009	12/31/2009	20	4	10.00	0	Check
RX CO-PAY	07/08/2009	12/31/2009	20	5	10.00	0	Check
RX CO-PAY	07/08/2009	12/31/2009	20	6	10.00	0	Check
RX CO-PAY	07/08/2009	12/31/2009	20	7	20.00	0	Check
RX CO-PAY	07/08/2009	12/31/2009	20	8	20.00	0	Check
RX CO-PAY	07/08/2009	12/31/2009	20	9	40.00	0	Check

EE Name	<b>368.66</b>						
RX CO-PAY	03/16/2009	12/31/2009	5	1	50.58	0	Check
RX CO-PAY	03/16/2009	12/31/2009	6	1	75.00	0	Check
RX CO-PAY	03/16/2009	12/31/2009	7	1	10.00	0	Check
RX CO-PAY	03/16/2009	12/31/2009	7	2	10.00	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	2	10.00	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	3	15.97	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	4	12.60	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	5	35.00	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	6	10.00	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	7	75.00	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	8	10.00	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	9	10.00	0	Check
RX CO-PAY	11/04/2009	12/31/2009	31	10	10.00	0	Check
RX CO-PAY	01/25/2010	12/31/2009	41	1	34.51	0	Check

### **Total Reimbursement Payments:**

Benefit	P.Y.E.	Amount
RX CO-PAY    Reimbursement for Rx Co-Pay	12/31/2009	778.66
<b>Total:</b>		<b>778.66</b>

Plan Year Ending	Amount
12/31/2009	778.66

**Payment Detail Report**  
Member reimbursement amount,  
and type of reimbursement benefit