TEMPLATE 1: SINGLE OOP HMO

EXPLANATION OF BENEFITS / MEMBER

DATE PREPARED: 11/10/ÝÝÝÝ

PAGE 1

Dean Health Plan, Inc. P.O. Box 56099 Madison WI 53705-9399 Customer'7 UfY'7 YbhYf f608£828-1301 OR fJ 00£279-1301

have been billed to us by the provider(s) listed below processed according to the terms of your policy; and for which you have some personal financial responsibility as detailed below. Services paid in full will not be listed.

The Explanation Of Benefits (EOB) lists those services that

COVERAGE CONTRACT: 000777777 DIVISION NUMBER: P004 CONTRACT YEAR: //////////////////////

000853-000001-000002-001705 2403453 1720 EB012

John Q Member 123 Main St Madison, WI 53714

MEMBER NAME: **MEMBER NUMBER:**

Services	Description of Services	Service Date	Provider Charge	Amount Allowed	Amount Not Covered	Deductible Amount	Copay- ment Amount	Coinsurance Amount	Remarks See Explanation Below	Amount Paid*
PROVIDER NUMBER/NAME: XXXXXXXXXXXXXIDr Smith						OUNT NUMBE	R:		NUMBER: XXXXXX	
01 99283	EMERGENCY DEPARTMENT	LL/LL#LL	59.64	59.	64 59.6	0.00	0.0\$	0.00 3	111 222 33 444	0.00
		TOTALS:	59.64	59.64	59.64	0.00	0.00	0.00		0.00

TOTAL PATIENT RESPONSIBILITY 59.64

REMARKS

(MED) MEDICARE COMMERCIAL ACCEPT ASSIGNMENT SECONDARY EQUATION 111 222 CONTRACTED RATE

MEDICAL EXACT DUPE - 1 333 ADDITIONAL REASON CODE 444

* THIS AMOUNT HAS BEEN PAID TO THE PROVIDER UNLESS A CHECK HAS BEEN SENT TO YOU.

	DEDUCTIBLE	YEAR TO DATE	REMAINDER	OUT OF POCKET	YEAR TO DATE	REMAINDER
INDIVIDUAL	500	57.90	442.10	1000	57.90	942.10
FAMILY	1000	57.90	942.10	2000	57.90	1942.10

Complete details of your claim(s), including a break-down of charges and member payment responsibility are available on Secure Access to Member Tools at deanconnect.com. To access Secure Access to Member Tools go to deanconnect.com and click on the Secure Access to Member Tools logo in the upper-right corner. Once you are logged into Secure Access to Member Tools click on Claims Itemization to view your EOB details. If you do not have a Secure Access to Member Tools account you may register and receive a password immediately via email. You may also request, free of charge, any provisions or criterion used to make this payment determination.

TEMPLATE 2: SINGLE OOP PPO & POS

EXPLANATION OF BENEFITS /MEMBER

DATE PREPARED: 11/10/XXXX

PAGE 1

The Explanation Of Benefits (EOB) lists those services that have been billed to us by the provider(s) listed below processed according to the terms of your policy; and for which you have some personal financial responsibility as detailed below. Services paid in full will not be listed.

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Dean Health Plan, Inc. P.O. Box 56099 Madison WI 53705-9399 Customer 7 Uf Y7 Ybh/f ff \$, £, &, !% \$%CF ff \$\$£&+-!% \$%

000853-000001-000002-001705 2403453 1720 EB012

John Q Member 123 Main St Madison, WI 53714
 COVERAGE CONTRACT:
 000777777

 DIVISION NUMBER:
 P004

 CONTRACT YEAR:
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MEMBER NAME: MEMBER NUMBER:

Services	S Description of Services	Service Date	Provider Charge	Amount Allowed	Amount Not Covered	Deductible Amount	Copay- ment Amount	Coinsurance Amount	Remarks See Explanation Below	Amount Paid*
	NUMBER/NAME:				ACC	COUNT NUMBER	₹:		NUMBER: XXXXXXX	
01 99283	EMERGENCY DEPARTMENT	02/LL/LL	59	0.64	59.64 5	9.64 0.00	0.0		00 111 222 33 444	0.00
		TOTALS:	59.64	59.64	59.64	0.00	0.00	0.00		0.00

TOTAL PATIENT RESPONSIBILITY 59.64

REMARKS

111 (MED) MEDICARE COMMERCIAL ACCEPT ASSIGNMENT SECONDARY EQUATION

222 CONTRACTED RATE
333 MEDICAL EXACT DUPE - 1
444 ADDITIONAL REASON CODE

^{*} THIS AMOUNT HAS BEEN PAID TO THE PROVIDER UNLESS A CHECK HAS BEEN SENT TO YOU.

<u>In Network</u>	DEDUCTIBLE	YEAR TO DATE	REMAINDER	OUT OF POCKET	YEAR TO DATE	REMAINDER
INDIVIDUAL	500	57.90	442.10	1000	57.90	942.10
FAMILY	1000	57.90	942.10	2000	57.90	1942.10
Out of Network	DEDUCTIBLE	YEAR TO DATE	REMAINDER	OUT OF POCKET	YEAR TO DATE	REMAINDER
INDIVIDUAL	500	57.90	442.10	1000	57.90	942.10
FAMILY	1000	57.90	942.10	2000	57.90	1942.10

Complete details of your claim(s), including a break-down of charges and member payment responsibility are available on Secure Access to Member Tools at deanconnect.com. To access Secure Access to Member Tools og to deanconnect.com and click on the Secure Access to Member Tools logo in the upper-right corner. Once you are logged into Secure Access to Member Tools click on Claims Itemization to view your EOB details. If you do not have a Secure Access to Member Tools account you may register and receive a password immediately via email. You may also request, free of charge, any provisions or criterion used to make this payment determination.

TEMPLATE 3: RX DEDUCTIBLE

EXPLANATION OF BENEFITS / MEMBER

DATE PREPARED: 11/10/ÝÝÝÝ

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Dean Health Plan, Inc. P.O. Box 56099 Madison WI 53705-9399 Customer 7 UfY 7 YbhYf ft \$, £, &, !% \$%CF ft \$\$£&+-!% \$%

000853-000001-000002-001705 2403453 1720 EB012

John Q Member 123 Main St Madison, WI 53714 The Explanation Of Benefits (EOB) lists those services that have been billed to us by the provider(s) listed below processed according to the terms of your policy; and for which you have some personal financial responsibility as detailed below. Services paid in full will not be listed.

 COVERAGE CONTRACT:
 000777777

 DIVISION NUMBER:
 P004

 CONTRACT YEAR:
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MEMBE	R NAME:			MEMBER NUMBER:						
Comicos	Description of	Comico	Drovidor	Amount	Amount Not	Doductible	Conov	Cair		

Services	S Description of Services	Service Date	Provider Charge	Amount Allowed		t Deductible Amount	Copay- ment Amount	Coinsurance Amount	Remarks See Explanation Below	Amount Paid*
	NUMBER/NAME:				AC	COUNT NUMBE		CLAIM	NUMBER: XXXXXXX	
01 99283	EMERGENCY DEPARTMENT	LL/LL/LL		59.64	59.64	59.64 0	.00		0.00 111 22 33 444	22 0.00
		TOTALS:	59.64	59.64	59.64	0.00	0.00	0.00		0.00

TOTAL PATIENT RESPONSIBILITY 59.64

REMARKS

111 (MED) MEDICARE COMMERCIAL ACCEPT ASSIGNMENT SECONDARY EQUATION

222 CONTRACTED RATE
333 MEDICAL EXACT DUPE - 1
444 ADDITIONAL REASON CODE

^{*} THIS AMOUNT HAS BEEN PAID TO THE PROVIDER UNLESS A CHECK HAS BEEN SENT TO YOU.

<u>In Network</u>	MEDICAL DEDUCT	YEAR TO DATE	REMAINDER	PHARMACY DEDUCT	YEAR TO DATE	REMAINDER	OUT OF POCKET	YEAR TO DATE	REMAINDER
INDIVIDUAL	500	57.90	442.10	1500	500	1000	1000	57.90	942.10
FAMILY	1000	57.90	942.10	2500	500	2000	2000	57.90	1942.10
Out of Network	MEDICAL DEDUCT	YEAR TO DATE	REMAINDER	PHARMACY DEDUCT	YEAR TO DATE	REMAINDER	OUT OF POCKET	YEAR TO DATE	REMAINDER
INDIVIDUAL	500	57.90	442.10	NA	NA	NA	1000	57.90	942.10
FAMILY	1000	57.90	942.10	NA	NA	NA	2000	57.90	1942.10

Complete details of your claim(s), including a break-down of charges and member payment responsibility are available on Secure Access to Member Tools at deanconnect.com. To access Secure Access to Member Tools go to deanconnect.com and click on the Secure Access to Member Tools logo in the upper-right corner. Once you are logged into Secure Access to Member Tools click on Claims Itemization to view your EOB details. If you do not have a Secure Access to Member Tools account you may register and receive a password immediately via email. You may also request, free of charge, any provisions or criterion used to make this payment determination.

TEMPLATE 4: DUAL OOP PPO & POS

EXPLANATION OF BENEFITS /MEMBER

DATE PREPARED: 11/10/ÝÝÝÝ

PAGE 1

Dean Health Plan, Inc. P.O. Box 56099 Madison WI 53705-9399 Customer'7 UFY7 YbHYf (608) 828-1301 OR (800) 279-1301

000853-000001-000002-001705 2403453 1720 EB012

John Q Member 123 Main St Madison, WI 53714 The Explanation Of Benefits (EOB) lists those services that have been billed to us by the provider(s) listed below processed according to the terms of your policy; and for which you have some personal financial responsibility as detailed below. Services paid in full will not be listed.

MEMBER NAME: MEMBER NUMBER:

Services	Description of Services	Service Date	Provider Charge	Amount Allowed	Amount Not Covered	Deductible Amount	Copay- ment Amount	Coinsurance Amount	Remarks See Explanation Below	Amount Paid*
	NUMBER/NAME: KXX/Dr Smith				ACC	COUNT NUMBE	R:		NUMBER: XXXXXXX	
01 99283	EMERGENCY DEPARTMENT	XX/XX/XX		59.64	59.64	59.64 0.	00	0.00	0.00 111 22 33 444	2 0.00
		TOTALS:	59.64	59.64	59.64	0.00	0.00	0.00		0.00

TOTAL PATIENT RESPONSIBILITY 59.64

REMARKS

111 (MED) MEDICARE COMMERCIAL ACCEPT ASSIGNMENT SECONDARY EQUATION

222 CONTRACTED RATE
333 MEDICAL EXACT DUPE - 1
444 ADDITIONAL REASON CODE

* THIS AMOUNT HAS BEEN PAID TO THE PROVIDER UNLESS A CHECK HAS BEEN SENT TO YOU.

<u>In Network</u>	DEDUCTIBLE	YEAR TO DATE	REMAINDER	DEDUCT/CO-INS LIMIT	YEAR TO DATE	REMAINDER
INDIVIDUAL	500	57.90	442.10	1000	57.90	942.10
FAMILY	1000	57.90	942.10	2000	57.90	1942.10
Out of Network	DEDUCTIBLE	YEAR TO DATE	REMAINDER	DEDUCT/CO-INS LIMIT	YEAR TO DATE	REMAINDER
INDIVIDUAL	500	57.90	442.10	1000	57.90	942.10
FAMILY	1000	57.90	942.10	2000	57.90	1942.10
In Network	MEDICAL MAX OOP	YEAR TO DATE	REMAINDER			
INDIVIDUAL	6350	250	6100			
FAMILY	12700	250	12450			

The following definitions critical for understanding your annual limits have been provided for you below.

Deductible: Covered Expenses the Member and/or family must pay each Contract Period before Dean will pay for Covered Expenses.

Deductible and Coinsurance Limit: Includes Deductible and Coinsurance amounts for medical expenses that a Member or family is required to pay when a covered service is provided.

Out-of-Pocket Expense Maximum: Maximum expenses for medical services the Member and/or Family is required to pay.

More definitions are available in the EOB definitions section. Complete details of your claim(s), including a break-down of charges and member payment responsibility are available on Secure Access to Member Tools of the dean connect.com and click on the Secure Access to Member Tools logo in the upper-right corner. Once you are logged into Secure Access to Member Tools click on Claims Itemization to view your EOB details. If you do not have a Secure Access to Member Tools account you may register and receive a password immediately via email. You may also request, free of charge, any provisions or criterion used to make this payment determination.

TEMPLATE 5: DUAL OOP HMO

EXPLANATION OF BENEFITS / MEMBER

DATE PREPARED: 11/10/XXXX

PAGE 1

Amount

Paid*

Dean Health Plan, Inc. P.O. Box 56099 Madison WI 53705-9399 Customer'7 UfY'7 YbhYf (608) 828-1301 OR (800) 279-1301 The Explanation Of Benefits (EOB) lists those services that have been billed to us by the provider(s) listed below processed according to the terms of your policy; and for which you have some personal financial responsibility as detailed below. Services paid in full will not be listed.



000853-000001-000002-001705 2403453 1720 EB012

John Q Member 123 Main St Madison, WI 53714 COVERAGE CONTRACT: 000777777
DIVISION NUMBER: P004
CONTRACT YEAR: XXXX

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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			MEMBER NOMBER.									
Services	Description of Services	Service Date		Amount Allowed		Deductible Amount	Copay- ment Amount	Coinsurance Amount	Remarks See Explanation Below				
DDOVIDED NUMBED/NAME					ACCOLINI NUMBED: CLAIM NUMBED:								

CLAIM NUMBER: PROVIDER NUMBER/NAME: ACCOUNT NUMBER: XXXXXXXXXXIDr Smith XXXXXXXXX XXXXXXXXXXX 01 99283 **EMERGENCY** XX/XX/XX 59.64 0.00 0.00 111 222 59.64 59.64 0.00 0.00 DEPARTMENT 333 444 TOTALS: 59.64 59.64 59.64 0.00 0.00 0.00 0.00

TOTAL PATIENT RESPONSIBILITY 59.64

REMARKS

MEMBED NAME

(MED) MEDICARE COMMERCIAL ACCEPT ASSIGNMENT SECONDARY EQUATION

222 CONTRACTED RATE
333 MEDICAL EXACT DUPE - 1
444 ADDITIONAL REASON CODE

* THIS AMOUNT HAS BEEN PAID TO THE PROVIDER UNLESS A CHECK HAS BEEN SENT TO YOU.

	DEDUCTIBLE	YEAR TO DATE	REMAINDER	DEDUCT/CO-INS LIMIT	YEAR TO DATE	REMAINDER
INDIVIDUAL	500	57.90	442.10	1000	57.90	942.10
FAMILY	1000	57.90	942.10	2000	57.90	1942.10
In Network	MEDICAL MAX OOP	YEAR TO DATE	REMAINDER			
INDIVIDUAL	6350	250	6100			
FAMILY	12700	250	12450			

The following definitions critical for understanding your annual limits have been provided for you below.

Deductible: Covered Expenses the Member and/or family must pay each Contract Period before Dean will pay for Covered Expenses.

Deductible and Coinsurance Limit: Includes Deductible and Coinsurance amounts for medical expenses that a Member or family is required to pay when a covered service is provided.

Out-of-Pocket Expense Maximum: Maximum expenses for medical services the Member and/or Family is required to pay.

More definitions are available in the EOB definitions section. Complete details of your claim(s), including a break-down of charges and member payment responsibility are available on Secure Access to Member Tools at deanconnect.com. To access Secure Access to Member Tools go to deanconnect.com and click on the Secure Access to Member Tools logo in the upper-right corner. Once you are logged into Secure Access to Member Tools click on Claims Itemization to view your EOB details. If you do not have a Secure Access to Member Tools account you may register and receive a password immediately via email. You may also request, free of charge, any provisions or criterion used to make this payment determination.

TEMPLATE 6: MEDICAID (no change)

EXPLANATION OF BENEFITS /MEMBER

DATE PREPARED: 11/10/2013

PAGE 1

Dean Health Plan, Inc. P.O. Box 56099 Madison WI 53705-9399 Customer'7 UTY'7 Ybhff (608) 828-1301 OR (800) 279-1301

000853-000001-000002-001705 2403453 1720 EB012

John Q Member 123 Main St Madison, WI 53714 The Explanation Of Benefits (EOB) lists those services that have been billed to us by the provider(s) listed below processed according to the terms of your policy; and for which you have some personal financial responsibility as detailed below. Services paid in full will not be listed.

 COVERAGE CONTRACT:
 000777777

 DIVISION NUMBER:
 P004

 CONTRACT YEAR:
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R NAWE:		IVICIVIDER						

Services	Description of Services	Service Date	Provider Charge	Amount	Amount Not Covered	Deductible Amount	Copay- ment Amount	Amount	Remarks See Explanation Below	Amount Paid*
PROVIDER NUMBER/NAME: XXXXXXXXXXXX/Dr Smith		ACCOUNT NUMBER: XXXXXXXXX							NUMBER: XXXXXXX	
01 99283	EMERGENCY DEPARTMENT	XX/LL/LL	59	9.64	59.64	59.64 0.0	00		.00 111 222 33 444	0.00
		TOTALS:	59.64	59.64	59.64	0.00	0.00	0.00		0.00

TOTAL PATIENT RESPONSIBILITY 59.64

REMARKS

(MED) MEDICARE COMMERCIAL ACCEPT ASSIGNMENT SECONDARY EQUATION

222 CONTRACTED RATE

333 MEDICAL EXACT DUPE - 1 444 ADDITIONAL REASON CODE

 $^{^{\}star}$ THIS AMOUNT HAS BEEN PAID TO THE PROVIDER UNLESS A CHECK HAS BEEN SENT TO YOU.