



PriorityHealth

616-464-8550
WWW.PRIORITYHEALTH.COM

BILLING FOR : ABC COMPANY

ATTN: JOHN DOE
1234 MAIN ST.
GRAND RAPIDS, MI 49518

DUE DATE : 01/01/2012
BILLING DATE : 12/16/2011

BILLING GROUP ID : 9999901
GROUP ID : 999999

COVERAGE PERIOD FROM : 01/01/2012
THROUGH : 01/31/2012
INVOICE NUMBER : 113500000000

ACCOUNT SUMMARY

PREVIOUS BALANCE DUE	\$	614.25
PAYMENT 12/02/2011 CHECK # EFT	\$	(614.25)
OUTSTANDING BALANCE AS OF 12/16/2011	\$	0.00
CURRENT INVOICE	\$	611.00
TOTAL AMOUNT DUE	\$	611.00

PLEASE PAY THIS AMOUNT

MESSAGES :

0 AUTO DEDUCT; PLEASE DO NOT SEND PAYMENT FOR THIS INVOICE. YOUR PAYMENT WILL BE AUTOMATICALLY DEDUCTED FROM YOUR ACCOUNT.

PLEASE PAY AS BILLED. ANY ADJUSTMENTS WILL BE REFLECTED ON YOUR NEXT STATEMENT. SEND ALL ENROLLMENT CHANGES TO:

PRIORITY HEALTH MANAGED BENEFITS
ATTN: ENROLLMENT MAIL STOP 2170
1231 E BELTLINE NE
GRAND RAPIDS MI 49525
1-800-956-1954

REMIT PAYMENT TO:
PRIORITY HEALTH MANAGED BENEFITS
1686 RELIABLE PARKWAY
CHICAGO IL 60686

BILLING FOR : ABC COMPANY
BILLING GROUP ID : 99999901
GROUP ID : 999999

PAGE 2
BILLING STATEMENT : JANUARY, 2012
INVOICE NUMBER : 113500000000

SUBGROUP ID: S001

SUBGROUP NAME : ABC COMPANY

CLASS ID : CA01

CLASS NAME : ACTIVE 1

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25

SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CA01 **CLASS NAME :** ACTIVE 2

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
TOTALS FOR CLASS		0.00	0.00	0.00	0.00	113.75	0.00	0.00	0.00	0.00	0.00	113.75
NET TOTALS FOR CLASS		0.00	0.00	0.00	0.00	113.75	0.00	0.00	0.00	0.00	0.00	113.75

SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CA02 **CLASS NAME :** ACTIVE 3

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25

SUBGROUP ID: S001

SUBGROUP NAME : ABC COMPANY

CLASS ID : CA02

CLASS NAME : ACTIVE 3

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25

SUBGROUP ID: S001 SUBGROUP NAME : ABC COMPANY

CLASS ID : CA03 CLASS NAME : ACTIVE 4

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25

BILLING FOR : ABC COMPANY
BILLING GROUP ID : 99999901
GROUP ID : 291100

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BILLING STATEMENT : JANUARY, 2012
INVOICE NUMBER : 11350000000

SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CA05 **CLASS NAME :** ACTIVE - 6

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
TOTALS FOR CLASS		0.00	0.00	0.00	0.00	16.25	0.00	0.00	0.00	0.00	0.00	16.25
NET TOTALS FOR CLASS		0.00	0.00	0.00	0.00	16.25	0.00	0.00	0.00	0.00	0.00	16.25

SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CA06 **CLASS NAME :** ACTIVE - 7

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
TOTALS FOR CLASS		0.00	0.00	0.00	0.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00
NET TOTALS FOR CLASS		0.00	0.00	0.00	0.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00

SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CA07 **CLASS NAME :** ACTIVE - 7

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
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BILLING FOR : ABC COMPANY

BILLING GROUP ID : 99999901

GROUP ID : 291100

BILLING STATEMENT : JANUARY, 2012

INVOICE NUMBER : 113500000000

SUBGROUP ID: S001 SUBGROUP NAME : ABC COMPANY
CLASS ID : CA07 CLASS NAME : ACTIVE - 7

Table with 13 columns: SUBSCRIBER NAME, SUBSCRIBER SSN, ADMIN FEE, SPECIFIC PREMIUM, AGGREGATE PREMIUM, OOA NETWORK ACCESS FEE, DENTAL FEES, VISION FEES, FLEX FEES, DISABILITY FEES, NAC FEES, OTHER FEES*, TOTALS. Rows include subscribers like DOE, JANE, DOE, JOHN, MDOE, JANE and summary rows for class totals.

SUBGROUP ID: S001 SUBGROUP NAME : ABC COMPANY
CLASS ID : CA09 CLASS NAME : ACTIVE - 8

Table with 13 columns: SUBSCRIBER NAME, SUBSCRIBER SSN, ADMIN FEE, SPECIFIC PREMIUM, AGGREGATE PREMIUM, OOA NETWORK ACCESS FEE, DENTAL FEES, VISION FEES, FLEX FEES, DISABILITY FEES, NAC FEES, OTHER FEES*, TOTALS. Rows include subscribers like DOE, JOHN, DOE, JANE.

BILLING FOR : ABC COMPANY
BILLING GROUP ID : 99999901
GROUP ID : 291100

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BILLING STATEMENT : JANUARY, 2012
INVOICE NUMBER : 11350000000

SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CA09 **CLASS NAME :** ACTIVE - 8

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
TOTALS FOR CLASS		0.00	0.00	0.00	0.00	78.00	0.00	0.00	0.00	0.00	0.00	78.00
NET TOTALS FOR CLASS		0.00	0.00	0.00	0.00	78.00	0.00	0.00	0.00	0.00	0.00	78.00

SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CA10 **CLASS NAME :** ACTIVE - 9

SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JOHN	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
DOE, JANE	XXXXXXXX	0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25

BILLING FOR : ABC COMPANY

BILLING GROUP ID : 99999901

GROUP ID : 291100

BILLING STATEMENT : JANUARY, 2012

INVOICE NUMBER : 113500000000

SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CE04 **CLASS NAME :** EARLY RETIREE - 1

NET TOTALS FOR CLASS		0.00	0.00	0.00	0.00	3.25	0.00	0.00	0.00	0.00	0.00	3.25
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SUBGROUP ID: S001 **SUBGROUP NAME :** ABC COMPANY
CLASS ID : CR02 **CLASS NAME :** RETIREE - 1

RETROACTIVE ADJUSTMENTS SUBSCRIBER NAME	SUBSCRIBER SSN	ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
DOE, JOHN 12/01/11 - 12/31/11		XXXXXXXX		0.00	0.00	0.00	0.00	(3.25)	0.00	0.00	0.00	0.00
ADJUSTMENT TOTALS		0.00	0.00	0.00	0.00	(3.25)	0.00	0.00	0.00	0.00	0.00	(3.25)
NET TOTALS FOR CLASS		0.00	0.00	0.00	0.00	(3.25)	0.00	0.00	0.00	0.00	0.00	(3.25)

(3.25)

NET TOTALS FOR SUBGROUP		0.00	0.00	0.00	0.00	611.00	0.00	0.00	0.00	0.00	0.00	611.00
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		ADMIN FEE	SPECIFIC PREMIUM	AGGREGATE PREMIUM	OOA NETWORK ACCESS FEE	DENTAL FEES	VISION FEES	FLEX FEES	DISABILITY FEES	NAC FEES	OTHER FEES*	TOTALS
GRAND TOTAL FOR GROUP		0.00	0.00	0.00	0.00	611.00	0.00	0.00	0.00	0.00	0.00	611.00

*OTHER FEES MAY INCLUDE:
 AGENT FEES, HEARING FEES, COBRA COMPLIANCE FEES
 LIFE/AD&D/DEPENDENT LIFE PREMIUM
 BASIC PEPM