### Benefit

<table>
<thead>
<tr>
<th>Benefit Level</th>
<th>Benefit</th>
<th>Applied To Date</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-15</td>
<td>$200.00 Net Ind Cal Yr Deductible</td>
<td>$200.00</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td>$400.00 Net Fam Cal Yr Deductible</td>
<td>$400.00</td>
<td>$600.00</td>
</tr>
<tr>
<td></td>
<td>$800.00 Net Fam Cal Yr Deductible</td>
<td>$800.00</td>
<td>$1,200.00</td>
</tr>
</tbody>
</table>

### Ind Cal Yr Deductible

- **Out Net Ind Cal Yr Deductible**: $200.00
- **In Net Ind Cal Yr Deductible**: $200.00

### Fam Cal Yr Deductible

- **Out Net Fam Cal Yr Deductible**: $400.00
- **In Net Fam Cal Yr Deductible**: $400.00

### Service Description

- **Emergency Care**

### Dates of Service

- From: 02-01-15
- To: 02-01-15

### Amount Billed

- $500.00

### Amount Not Payable

- $100.00

### Loss Deductible

- $50.00

### Co-Pay Amount

- $25.00

### Allowable Amount

- $200.00

### Plan Benefit Amount

- 80

### Payment Amount

- $200.00

### Provider

- **Physician, Joe, MD**

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**EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL**

**Provider:** Physician, Joe, MD  
**Patient Account:** 1234567890  
**Claim Control Number:** 99999999999

### Total

- $500.00

### Summary

- **Out of Pocket Max:** $100.00
- **Out of Policy Max:** $200.00
- **In Policy Limit:** $200.00

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### Note Section

- **P. D.** Provider negotiated discount. You are not responsible for this amount.

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