


How to read your monthly statement

Please use this guide to help you understand your monthly statement. Your statement includes medical or dental claims for you and any family members on your plan which were processed by America's TPA during the transaction period. Claims processed after your statement date will appear on your next monthly statement. If you need help understanding your statement or have any questions about the information on it, please call **952-896-9130**



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JANE DOE
1234 ROYAL DRIVE
MINNEAPOLIS, MN 55100

Nelson Leasing, Inc.

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary

Member ID XXXXXX4567
Statement Date 2/21/09

New Transactions This Period

Paid by your health plan \$441.49
Paid by your HealthEZChoice accounts \$301.84
You owe providers \$0.00

Paid by Your Employer YTD:

Medical \$441.49
Dental \$117.30

Where to get your questions answered

This section lists amounts paid from your HealthEZChoice Accounts. If you do not have one of the accounts listed assigned to HealthEZ, the amount will be listed as N/A.

This section will include information that may be of interest to you.

Your statement summary, including the latest transactions

This section shows how much of your yearly deductible and out-of-pocket expense you've met as of the statement date.

This section lists any medical or dental transactions which were processed by America's TPA during the transaction period. Claims processed after your statement date will appear on your next monthly statement.

Information & Resources

Your Resources for Help
Benefit Questions:
952-896-9130
NelsonLeasingBenefits.com

Go Paperless!
If you'd like to save a tree (or 2) by choosing to receive your statement electronically, visit NelsonLeasingBenefits.com, sign in to your account, and choose the Paperless option on your "HealthEZChoice Accounts" page.

HealthEZChoice Account Summaries

Flexible Spending Account (FSA)

Claims Paid Year-to-date \$0.00
Available Amount \$500.00

Health Reimbursement Account (HRA)

Claims Paid This Period \$239.93
Current Balance \$275.07

Credit/Debit Card Accounts

Claims Paid This Period \$77.91

Your Year-to-Date Summaries

Medical In-Network Deductible

Met Year-to-Date \$301.84

Medical In-Network Out-of-Pocket

Met Year-to-Date \$301.84

Dental Benefit

Used Year-to-Date \$117.30

Information current as of statement date. For detailed and up-to-date information, go to NelsonLeasingBenefits.com

Transactions for the Current Period

MEDICAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2009	Jane	Fairview Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/15/2009	Alex	Methodist Hospital	\$911.00	\$391.60	\$441.49	\$77.91	\$0.00

DENTAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/12/2009	Jane	Metro DentalCare	\$138.00	\$20.70	\$117.30	\$0.00	\$0.00

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Definitions

- Service Date** - The date you received the service listed
- Billed Amount** - The amount the provider billed your health plan
- Network Discount** - The discount that has been negotiated by the provider network you use
- Employer Payment** - The portion of the bill paid by your employer

- You Have Paid** - The amount HealthEZ was able to pay on your behalf from any HealthEZChoice accounts you have on file
- You Owe Provider** - Any amount not paid by HealthEZ that you still owe to your provider