Cathedral Group

632 Ellsworth Road
Rome, NY 13441

Explanation of Benefits

Date printed: 4/30/04

Sam Sample
123 Sample Way
Anytown, USA 12345-6789

THIS IS NOT A BILL

QUESTIONS?
Contact us at www.cathedralcorporation.com
1-800-419-9067
or write to the address shown above.

Notes: This is the claim detail for the bills received on 1/31/04. See www.cathedralcorporation.com/member/eob for an online interactive statement.

Claim activity for SAM SAMPLE (son)
Member: Sam Sample, Sr.
Group Name: Sample Group **Group No.:** 12345-1234

Date and Type of Service	Charges	Amount	Not Payable	Remarks	CoPay	Deductible	Remaining	At	Pays	Your Share of Remaining Balance	Responsibility
Sample Medical Center 01/10/04 Diag. X-Ray Blood work	79.00	33.85			20.00		25.15	100%	25.15		20.00
Column Totals	79.00	33.85			20.00		25.15		25.15		20.00

SAMPLE MEDICAL CENTER May Bill You: $20.00

Remarks: See reverse side for important information.

General definitions of some terms used on the front of this statement in the box on the front side. Please see your plan documents for details and exceptions.

Copay: A fixed dollar amount that is considered total patient responsibility for a covered medical expense, usually an office visit. You normally pay this amount at the time services are rendered. Examples: $20 copay for office visits, $100 for hospital stays.

Deductible: The amount of covered expenses each family member pays before the plan begins to pay benefits. For example, if one member incurs $500 in expenses and the deductible is $100, then the plan pays benefits on the remaining $400.

Family Deductible Limit: A threshold for the entire family based on a multiple of the individual limit. For example, if the individual deductible limit is $200 and the family deductible is $500, then after three family members meet the limit (3x$200), additional covered family members would not be required to meet a deductible.

Network: Contracted providers (doctors, hospitals, laboratories, etc.) who negotiate their fees with your plan. Providers are categorized as "in-network" (participating) or "out-of-network" (non-participating). A member must access care through the network to receive a higher level of benefits.

Negotiated Amount: (Negotiated Fee, Change or Rate). The rate that is negotiated with a provider for a particular service. For example, if a doctor's usual fee for a service is $100, but the negotiated a amount is $85.00, then the doctor agrees to accept $85 as payment in full, and cannot bill you for the difference between $100 and $85.

You are entitled to a review (appeal) of this benefit determination if you have questions or do not agree.

To obtain a review, you or your authorized representative should call our Member Services Department telephone number or submit a request in writing to the service center address, both shown on this Explanation of Benefits notice. Your request should include your name, member name, group number, plan name, social security number and date of service. You may also review documents relevant to your claim. Your request for review of the adverse benefit determination must be provided to Cathedral within 180 days following receipt of a claim.

If your plan provides for a single appeal, you will receive notice of a determination within 45 days following receipt of your request unless otherwise required by state law.

If your plan provides for two appeals, you will receive notice of a determination within 30 days following receipt of your request unless otherwise required by state law. In either case, if you do not agree with such determination have the right to file a second request for review.

If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.

A copy of the specific rule, guideline or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative.

Protecting the privacy of member health information is a critical priority at Cathedral. When contacting us about this Explanation of Benefits or for help with other questions, please be prepared to provide the member's name, id number or social security number, and date of birth.

If you suspect fraud for any reason regarding your health benefits, please call the Cathedral faud hotline at 1-800-419-9067 or email us at security@cathedralcorporation.com