

SAMPLE

Your HSA Monthly Status

For the Period from April 1, 2007 to April 30, 2007

JOE CONSUMER
300 MAIN STREET
ALEXANDRIA, VA 22314

Account Holder:
Joe Consumer
Health Program ID:
WEP9998817749004
Group:
9999wf99r9
Coverage Type:
Individual
Date Prepared:
05/11/2007

Personal Account Information (Health Program ID # WEP9998817749004)

Your Current Program Coverage was Effective on: 01/01/2007

Current HSA Balance as of 04/30/2007: \$1,000.00

Maximum Contribution Allowed for Tax Year 2007:* **\$2,000.00**

Total Contributions and Credits to Date for Tax Year 2007:** **\$2,000.00**

Traditional Health Coverage Begins After Spending: **\$1,500.00**

Amount Spent to Date on Covered Services: **\$ 250.00**

Annual Out-of-Pocket Amounts:

Maximum for Network Providers: **\$4,000.00**
Maximum for Non Network Providers: **\$6,000.00**

Amount Accumulated Towards Annual Out-of-Pocket Maximum (Benefit Year to Date):
Maximum for Network Providers: **\$ 0.00**
Maximum for Non Network Providers: **\$ 0.00**

*Per IRS Sec. 223(b)(2). Persons 55 or older may contribute additional amounts.

**Includes credits, interest and all other deposits made during this time period.

Summary of Recent Account Activity (April, 2007)

Additions to Health Savings Acct **Amount**
Total Contributions and Credits this Period:*** **\$1,000.00**

Expenses **Amount**
Total Deductions and Fees:*** **\$ 175.00**

Amount Saved by Choosing Participating Network Providers: \$1,000.00

Total Out-of-Pocket Responsibility for Claims Incurred this Period: **\$ 250.00**

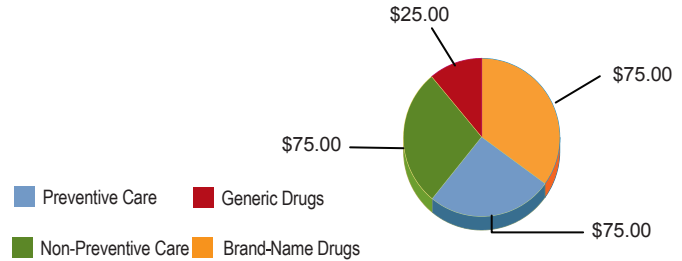
***Includes debits, fees and all other funds withdrawn during this time period.

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Your Health Care Expenses (Benefit Year to Date)

Service Type	Amount
Preventive Care	\$75.00
Non-Preventive Care	\$75.00
Medical Expenses	\$150.00
Brand Name Drugs	\$75.00
Generic drugs	\$25.00
Rx Expenses	\$100.00
Total Expenses	\$250.00



Health Savings Account (HSA) Activity Details (April, 2007)

Transaction Date	Tax Year	Transaction Type	Description	Amount (+/-)
04/01/07	2007	Debit	Balance Adjustment Credit	\$1,000.00
04/01/07	2007	Debit	Account Adjustment Credit	\$ 100.00
04/05/07	2007	Debit	MAESTRO/ATM Debit	-\$ 75.00
04/07/07	2007	Debit	Balance Adjustment Credit	\$ 100.00
04/10/07	2007	Debit	MAESTRO/ATM Debit	-\$ 25.00
04/17/07	2007	Debit	Check	-\$ 75.00

Notice to Customer: The information presented here is not the periodic health savings account statement from the bank holding your health savings account. You will receive a separate health savings account statement from your bank.

Claims Details (April, 2007)

The following transactions were processed during the statement period. Additional detail is available at www.anthem.com.
Once you log in, click on "My Account" to view transactions.

Service Date	Posted Date	Consumer Name	Description	Claim Number	Amount (+/-)	THC* Paid	Out-of-Pocket**
04/01/07	04/10/07	Joe Consumer	CVS Pharmacy	CLM002652	\$75.00	\$0.00	\$0.00
04/02/07	04/04/07	Joe Consumer	CVS Pharmacy	CLM002672	\$25.00	\$0.00	\$0.00
04/07/07	04/09/07	[Patient's View Only]***	[Patient's View Only]***	[Patient's View Only]***	\$75.00	\$0.00	\$0.00
04/10/07	04/13/07	Joe Consumer	Vienna Family Medicine	CLM002682	\$75.00	\$0.00	\$0.00
TOTAL This Period						\$75.00	\$0.00

* THC is your Traditional Health Coverage.

** This represents your Out-of-Pocket Responsibility. Your provider will bill you for the amount for which you are responsible.

*** Due to medical privacy regulations, the notation [Patient's View Only] appears in place of the consumer name, description and claim number for covered dependents over the age of 17 years.

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Making the Most of My Plan



Diagnosis codes from your doctors show that you had a heart attack in the past. For most people, a type of medication called a beta blocker can lower your chances of having another heart attack. We encourage you to communicate with your doctor about this suggestion to see if a beta blocker is right for you.



It is currently recommended that people obtain certain blood test 3 months after starting Lipitor. These tests will re-check your cholesterol and liver function. We have not received a bill from a laboratory that shows you have had these tests. We recommend that you communicate with your doctor about the suggestion (55).



Using generic drugs reduces that amount you pay for your prescriptions. Recently, you filled a prescription for Proventil and paid a discounted price of \$65.00. Albuterol is a generic form of Proventil. If you use Albuterol, your estimated discount cost would be only \$7. By switching, you could save \$395 per year. Talk to your doctor about whether you can make this switch and start saving money.



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