



Custom Design Benefits  
3737 West Fork Road  
Cincinnati, OH 45247-7548 (800) 598-2929

Forwarding Service Requested



For Questions, please call  
513-598-2929 or 800-598-2929  
Visit [www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com),  
"MyPlan" to view your claims.

Custom Design Benefits issues  
**Monthly Statements**  
to Employees for any claim activity during the previous  
month instead of an Explanation of Benefit for each claim.  
This makes it easy to keep track of expenses and amounts  
you may owe for health care.  
If you need a particular claim, you can access it online at  
[www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com)

**August 2007 Monthly Statement**

Client Name: Springfield Nuclear Power Plant  
Client Number: SPP00  
File Number:  
Member Name: Homer Simson  
Document Number:

Patient Name: HOMER SIMSON Relationship: SELF

Date of Service	Service Description	Provider Name	Billed Amount	PPO Discount	Ineligible Amount	Remark Code*	Copay Amount	Deductible Amount	Coinsurance	Payment	Portion You May Owe
2/21/07	OFFICE VISIT	JULIUS HIBBERT	\$150.00	\$49.45	\$13.98	HSN	\$25.00				\$25.00
Totals:			\$150.00	\$49.45	\$13.98		\$25.00				\$25.00

Each family member with claims processed during the month will be included on the Monthly Statement.

Patient Name: BART SIMSON Relationship: SON

Date of Service	Service Description	Provider Name	Billed Amount	PPO Discount	Ineligible Amount	Remark Code*	Copay Amount	Deductible Amount	Coinsurance	Payment	Portion You May Owe
7/4/07	SURGERY	NICK RIVIERA	\$1,698.02	\$758.32		HSN		\$500.00	\$87.94	\$352.30	\$587.94
Totals:			\$1,698.02	\$758.32				\$500.00	\$87.94	\$352.30	\$587.94

Patient Name: LISA SIMSON Relationship: DAUGHTER

Date of Service	Service Description	Provider Name	Billed Amount	PPO Discount	Ineligible Amount	Remark Code*	Copay Amount	Deductible Amount	Coinsurance	Payment	Portion You May Owe
8/1/07	PRESCRIPTIONS	WALGREENS #401	\$64.22				\$10.00			\$54.22	\$10.00
8/1/07	PRESCRIPTIONS	WALGREENS #401	\$152.51				\$25.00			\$127.51	\$25.00
Totals:			\$216.73				\$75.00			\$181.73	\$75.00

Express Scripts' prescriptions are also included on the Monthly Statement.

**\* Remark Code & Explanations**

HSN -- HEALTHSPAN NEGOTIATED DISCOUNT. AMOUNT NOT PATIENT'S RESPONSIBILITY  
DUP -- DUPLICATES AND/OR REPAIRS NOT COVERED UNDER THE PLAN

**Accumulators:**

Patient Name: HOMER SIMSON Plan Year: 2007  
You have met \$165.00 toward your \$500.00 Individual In-network Deductible  
You have met \$21,638.69 toward your Individual Lifetime Max

Patient Name: BART SIMSON Plan Year: 2007  
You have met \$500.00 toward your \$500.00 Individual In-network Deductible  
You have met \$480,521.20 toward your Individual Lifetime Max

Patient Name: LISA SIMSON Plan Year: 2007  
You have met \$0.00 toward your \$500.00 Individual In-network Deductible  
You have met \$181.73 toward your Individual Lifetime Max

Accumulators show how much has been met for applicable Deductibles, Out-of-Pocket Limits and the Lifetime Maximum under the member's Health Plan

\*\*\* Adverse Benefits and Appeal Rights. Rights pertaining to an Adverse Benefit Determination. You may request an additional explanation when your claim is denied or you receive an Adverse Benefit Determination. Please contact Custom Design Benefits when you: 1) do not understand the reason your claim has been denied; 2) cannot find the provision in your Summary Plan Description (SPD); 3) would like to receive a copy free of charge and upon written request of guidelines and/or criteria used to determine your benefits. Your Appeal rights: all appeals for denials or Adverse Benefit Determinations must be submitted in writing within 180 days of the date you receive the Adverse Determination. You must submit written proof including comments, documents, records or other information relating to the claim. You must also provide a written statement of the reason for the disagreement with the handling of the claim. Failure to include relevant facts will be considered a waiver of your right to include them in your appeal. This plan allows one appeal per claim and will provide a full and fair review of your appeal in compliance with the Employee Retirement Income Security Act of 1974 (ERISA). You will receive a response within 60 days from the receipt of your appeal. Questions regarding your appeal may be directed to: Custom Design Benefits, 3737 West Fork Road, Cincinnati, OH 45247. If upon appeal you still receive an Adverse Benefit Determination, you have the right to bring civil action outlined under section 502(a) of ERISA. Any suit for benefits must be brought within one year after the plan has made a final denial of the claim. If your plan is not governed by ERISA (such as governments or school plans) you may be allowed more (or less) time to file your appeal, and more (or less) time may be allowed for the plans response. Refer to the claim appeal procedures in your SPD for more information.