

Blue Shield of California

Installation & Membership - Small Group

PO BOX 629032

EL DORADO HILLS CA 95762-9032

blue of california

An Independent Member of the Blue Shield Association

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Account Number: W00275591000

Invoice Number: 240430036205

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
Ultimate Vision for Small Business 0/0/150- Blue Shield of California Life and Health Insurance Company				
Subscriber	4	68.80	0.00	\$68.80
Subscriber & Spouse	0	0.00	0.00	\$0.00
Subscriber & Dependent(s)	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
Total		\$68.80	\$0.00	\$68.80
Total		\$3,816.95	\$0.00	\$3,816.95

Membership Summary

Total Current Adjustments

Net Change Subscribers 0

Net Change Members 0

Total Subscribers 4

Total Members 0

Contract Counts

Total Subscriber only 4

Total Subscriber and 1 dep 0

Total Subscriber and 2+ dep 0

Billing Detail

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<i>Current Charges</i>								
COOPER, JAYMEN	901203813		601.69	46.60	17.20	6.90	1	\$672.39
HERNANDEZ, SERGIO	909151793		1186.59	46.60	17.20	17.25	1	\$1267.64
KORNEGAY, DANA	905863503		777.11	46.60	17.20	11.10	1	\$852.01
STURGES, ROBERT CRAIG	901190566		950.01	46.60	17.20	11.10	1	\$1024.91

Total Current Charges

	Health	Dental	Vision	Life	# Per	Total
Total	\$3515.40	\$186.40	\$68.80	\$46.35	4	\$3,816.95

Miscellaneous Credits and Debits

Blue Shield will charge a \$25 fee for all returned checks.

None Applied

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Enclosure: Blue Shield of California Appeals/Blue Shield Life Appeals