

B I L L I N G I N F O R M A T I O N

Method of Billing

SummaCare typically bills groups on a monthly basis. Coverage extends for one month beginning with the first day of the billing period up to, but not including the first day of the next billing period. Therefore, coverage for a billing period beginning on the first of the month would extend through the last day of the month. Payment should be received by SummaCare by the first of each month.

Bills are prepared and mailed approximately fifteen days prior to the period covered. Information reaching SummaCare after the processing date for any month's billing period will be adjusted retroactively.

Please Note: When mailing your monthly premium payment check to SummaCare, be sure to include your group number, invoice number and the phone number of the contact person on the check. In many instances, an employer group has a "parent company," so providing this information on each premium payment check will eliminate confusion when posting your payment to the correct account.

SummaCare Invoice Description

Your invoice reflects your company's financial liability for the coverage provided. Always study each invoice carefully to ensure that all reported changes to your enrollment are properly reflected on the bill. (See sample SummaCare invoice on the next page.) Each item is numbered and explained for your convenience.

1. Group number (Group #)
2. Due date of invoice payment (Payment Due On/Before)
3. Remittance address (SummaCare, Inc. P.O. Box 75550, Cleveland, OH 44101-4755)
4. Date of coverage for amount invoiced (Start / End)
5. Type of Contract (Contract Type)
6. Name of Covered Employee (Name)
7. Identification number for subscriber (Contract #)
8. Division Breakout (Division)
9. Total for Covered Employee (Total)
10. Explanation of prior month and/or manual adjustment(s) (Adjustment Remark)
11. Ending balance from prior month invoice (Previous Balance)
12. Summary of retroactive and/or manual adjustment(s) since prior month invoice (Adjustments)
13. Summary of payment(s) received since prior month invoice (Payments Received)
14. Total amount due for prior month(s) activity (Balance Forward)
15. Total amount due for current month activity (Current Premiums)
16. Total amount due for prior and current month activity (Please Pay this Amount)

Membership changes can only be made by submitting a SummaCare Change Form or Enrollment Application.



SAMPLE INVOICE
For Reference Only

SUMMACARE
PO BOX 75550
CLEVELAND, OH 44101
PHONE (330) 996-8456

INVOICE

1

ATTN: JOHN SMITH

PAGE 1 OF 3

ABC COMPANY 1234 N. MAIN STREET AKRON, OH 44300-0000	GROUP#: Z-1001
	INVOICE# 100200444401
	INVOICE DATE: 06/01/07
	PAYMENT DUE ON/BEFORE: 07/01/07
	BILL PERIOD: 07/01/07 - 07/31/07

2

CONTRACT NUMBER	SUBSCRIBER'S NAME	COVERAGE EFFECTIVE	BILL FROM	BILL TO	CONTRACT TYPE	FAM SIZE	PREMIUM AMOUNT
A00304659	JONES, ROBERTA S	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00230688	JONES, ROBERTA T	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00304653	JONES, ROBERTA U	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00304647	JONES, ROBERTA V	01/01/07	03/01/07	03/31/07	EC	2	\$635.96
A00128902	JONES, ROBERTA W	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304681	JONES, ROBERTA X	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304688	JONES, ROBERTA Y	01/01/07	03/01/07	03/31/07	F4	4	\$1,025.42
A00304669	JONES, ROBERTA Z	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JOHN A	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JOHN B	01/01/07	03/01/07	03/31/07	SC	1	\$328.66

Division# Z-1001DH Premiums \$5,335.80

A00304665	JONES, ROBERT A	01/01/07	03/01/07	03/31/07	EC	2	\$635.96
A00078533	JONES, ROBERT B	01/01/07	03/01/07	03/31/07	F4	4	\$1,025.42
A00131855	JONES, ROBERT C	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00147485	JONES, ROBERT D	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00304685	JONES, ROBERT E	01/01/07	03/01/07	03/31/07	F4	3	\$1,025.42

[Continued on next page]

Tear here and return this portion with your payment.

PLEASE INCLUDE YOUR GROUP NUMBER ON YOUR CHECK.

ABC COMPANY
1234 N. MAIN STREET
AKRON, OH 44300-0000

GROUP#: Z-1001
AMOUNT DUE: \$43,067.48
DUE ON/BEFORE: 07/01/2007

MAIL PAYMENT TO:

SUMMACARE INC
PO BOX 75520
CLEVELAND, OH 441010-4755

3

**IF YOU ARE ON AUTO DEBIT OR CREDIT CARD, NO ADDITIONAL PAYMENT IS REQUIRED.
PLEASE JUST RETAIN FOR YOUR RECORDS.**



SAMPLE INVOICE
For Reference Only

SUMMACARE
PO BOX 75550
CLEVELAND, OH 44101
PHONE (330) 996-8456

INVOICE

PAGE 2 OF 3

ABC COMPANY	GROUP#: Z-1001	INVOICE#: 100200444401
-------------	----------------	------------------------

CONTRACT NUMBER	SUBSCRIBER'S NAME	COVERAGE EFFECTIVE	BILL FROM	BILL TO	CONTRACT TYPE	FAM SIZE	PREMIUM AMOUNT
A00092147	JONES, ROBERT F	01/01/07	03/01/07	03/31/07	EC	2	\$635.96
A00304648	JONES, ROBERT G	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00304706	JONES, ROBERT H	01/01/07	03/01/07	03/31/07	F4	4	\$1,025.42
A00029325	JONES, ROBERT I	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00304697	JONES, ROBERT J	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00051768	JONES, ROBERT K	01/01/07	03/01/07	03/31/07	EC	4	\$635.96
A00111250	JONES, ROBERT L	01/01/07	03/01/07	03/31/07	F4	4	\$1,025.42

7

8

Division# Z-1001DM Premiums \$9,394.76

A00092147	JONES, ROBERT M	01/01/07	03/01/07	03/31/07	EC	2	\$635.96
A00304648	JONES, ROBERT N	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00304706	JONES, ROBERT O	01/01/07	03/01/07	03/31/07	F4	4	\$1,025.42
A00029325	JONES, ROBERT P	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00304697	JONES, ROBERT Q	01/01/07	03/01/07	03/31/07	ES	2	\$677.04
A00051768	JONES, ROBERT R	01/01/07	03/01/07	03/31/07	EC	4	\$635.96
A00304646	SMITH, JOHN C	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JOHN D	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JOHN E	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JOHN F	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JOHN G	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JOHN H	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JOHN I	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JOHN J	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JOHN K	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JOHN L	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JOHN M	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JANE N	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JANE O	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JANE P	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JANE Q	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JANE R	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JANE S	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JANE T	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JANE U	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JANE V	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JANE W	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304684	SMITH, JANE X	01/01/07	03/01/07	03/31/07	SC	1	\$328.66
A00304646	SMITH, JANE Y	01/01/07	03/01/07	03/31/07	SC	1	\$328.66

Division# Z-1001DS Premiums \$9,897.60

[Continued on next page]



SAMPLE INVOICE
For Reference Only

SUMMACARE
PO BOX 75550
CLEVELAND, OH 44101
PHONE (330) 996-8456

INVOICE

ABC COMPANY	GROUP#: Z-1001	INVOICE#: 100200444401
-------------	----------------	------------------------

CONTRACT NUMBER	SUBSCRIBER'S NAME	COVERAGE EFFECTIVE	BILL FROM	BILL TO	CONTRACT TYPE	FAM SIZE	PREMIUM AMOUNT
-----------------	-------------------	--------------------	-----------	---------	---------------	----------	----------------

TOTAL PREMIUMS..... \$24,628.16

A00304684	BROWN, ROBERTA	01/01/07	03/01/07	03/31/07	SC	Adjustment BU	\$328.66-
A00304646	SMITH, JANE Y	01/01/07	03/01/07	03/31/07	SC	Adjustment BU	\$1,045.42

Division# Z-1001DS Adjustments \$716.76

10 → TOTAL ADJUSTMENTS..... \$716.76

EXPLANATION OF REMARK CODES
BU BATCH UPDATE BY CODES

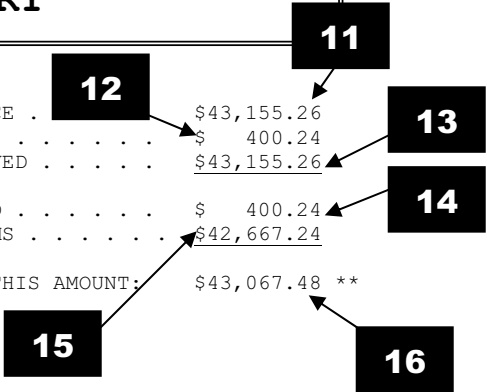
CONTRACT SUMMARY

CONTRACT TYPE	PREMIUM		ADJUSTMENTS	
	COUNT	AMOUNT	COUNT	AMOUNT
DC	20	\$13,211.36	1	\$ 604.82-
F3	25	\$25,126.50	1	\$1,005.06
SC	13	\$ 4,329.38	0	\$ 0.00
TOTALS:	58	\$42,667.24	2	\$ 400.24

BILLING SUMMARY

TOTAL CONTRACTS: 58
TOTAL MEMBERS: 145

PREVIOUS BALANCE \$43,155.26
 ADJUSTMENTS \$ 400.24
 PAYMENTS RECEIVED \$43,155.26
 BALANCE FORWARD \$ 400.24
 CURRENT PREMIUMS \$42,667.24
 ** PLEASE PAY THIS AMOUNT: \$43,067.48 **



Special Billing Procedures

New Members: Effective dates of coverage within the first 15 days of the billing period are billed for the entire month. Effective dates of coverage in the last 15 days of the billing period are billed beginning with the next billing cycle.

Coverage Changes: Effective dates of change within the first 15 days of the billing period are billed for the change for the entire month regardless of premium level. Effective dates of change in the last 15 days of the billing period are billed for the change in the next billing cycle.

Terminations: Billing is for the entire coverage period in which the termination occurs. Terminations occur on the date listed on the change or terminations form. For retroactive terminations, the general rule is that a maximum credit is two months of premiums.

Please Note: The above procedures apply to billing only. Coverage changes or termination dates are the actual dates specified. Some groups have established policies that require different handling. Refer to your Master Group Contract for details.