

Explanation of Benefits

ClearScriptSM

PRESCRIPTION DRUG SUMMARY REPORT

JOHN PUBLIC
123 MAIN ST.
ANYTOWN, NE 68000

PLAN NAME: **Your Company Name**
For claims beginning: 1/1/2011

Ending: 6/30/2011

DATE OF FILL	FAMILY MEMBER	RX#	DESCRIPTION	QTY	PHARMACY	YOU PAID	PLAN PAID	TOTAL PAID TO PHARMACY	STATUS
1/2/2011	JOHN PUBLIC	1581681	LIPITOR TAB20MG <i>Ask your Healthcare Provider about: LOVASTATIN, SIMVASTATIN</i>	30	BOB'S PHARMACY	\$20.00	\$133.80	\$153.80	PAID
1/13/2011	JOHN PUBLIC	1529641	XYZAL TAB5MG <i>Ask your Healthcare Provider about: OTC CLARITIN, OTC ZYRTEC, FEXOFENADINE</i>	30	BOB'S PHARMACY	\$20.00	\$79.95	\$99.95	PAID
1/18/2011	JOHN PUBLIC	1587699	TENORMIN TAB50MG <i>Ask your Healthcare Provider about: GENERIC PRODUCT AVAILABLE</i>	30	BOB'S PHARMACY	\$51.63	\$0.00	\$51.63	PAID
2/3/2011	JOHN PUBLIC	1583681	ATACAND TAB32MG <i>Ask your Healthcare Provider about: LOSARTAN</i>	60	BOB'S PHARMACY	\$20.00	\$171.55	\$191.55	PAID
2/12/2011	JANE PUBLIC	1591208	LEXAPRO TAB10MG <i>Ask your Healthcare Provider about: TABLET SPLITTING</i>	30	BOB'S PHARMACY	\$30.00	\$71.30	\$101.30	PAID
2/12/2011	JOHN PUBLIC	1548063	OMEPRAZOLE CAP20MG	30	BOB'S PHARMACY	\$7.00	\$5.60	\$12.60	PAID
TOTAL:						\$148.63	\$462.20	\$610.83	

Alerts Employees of Additional Savings

Employees Co-payments

Amounts the Plan Paid