EXHIBIT 2
DATE 2/24/2011
HB HJR 20

PO Box 548, Kalispell, MT 59903

EXPLANATION OF BENEFITS

If you have any questions reqarding this Explanation of Benefits, please call Customer Service at 1-800-290-3657

DATE: 6/8/2010
GROUP#: N000603A1
CLAIM#: SUS10095001004

CECELIA WHITNEY
[redacted]
HELENA, MT 59601

SUBSCRIBER ID#: [redacted]
PROVIDER#: 274562

PATIENT: CECELIA WHITNEY
PROVIDER: DUKE UNIVERSITY HOSPITAL

Date(s) of Service/ Description	Total Charges	Allowed Charges	Not Covered	Copay	Deductible Applied	Co-Ins.	COB	Benefits Payable	Patient Portion	Remark Codes
3/19/2010										
Room & Board	1,244.00	1,244.00	1,244.00	0.00	0.00	0.00	0.00	0.00	1,244.00	NC063
Room & Board	4,941.00	4,941.00	4,941.00	0.00	0.00	0.00	0.00	0.00	4,941.00	NC063
Medical	2,711.65	2,711.65	2,711.65	0.00	0.00	0.00	0.00	0.00	2,711.65	NC063
Medical	62.00	62.00	62.00	0.00	0.00	0.00	0.00	0.00	62.00	NC063
Medical	20,916.00	20,916.00	20,916.00	0.00	0.00	0.00	0.00	0.00	20,916.00	NC063
Supplies	345.00	345.00	345.00	0.00	0.00	0.00	0.00	0.00	345.00	NC063
Lab	12.00	12.00	12.00	0.00	0.00	0.00	0.00	0.00	12.00	NC063
Lab	4,933.50	4,933.50	4,933.50	0.00	0.00	0.00	0.00	0.00	4,933.50	NC063
Lab	427.00	427.00	427.00	0.00	0.00	0.00	0.00	0.00	427.00	NC063
Lab	765.50	765.50	765.50	0.00	0.00	0.00	0.00	0.00	765.50	NC063
Lab	2,069.50	2,069.50	2,069.50	0.00	0.00	0.00	0.00	0.00	2,069.50	NC063
Lab	144.00	144.00	144.00	0.00	0.00	0.00	0.00	0.00	144.00	NC063
Lab	725.00	725.00	725.00	0.00	0.00	0.00	0.00	0.00	725.00	NC063
Diag Lab/Xray	499.00	499.00	499.00	0.00	0.00	0.00	0.00	0.00	499.00	NC063
Diag Lab/Xray	448.00	448.00	448.00	0.00	0.00	0.00	0.00	0.00	448.00	NC063
Diag Lab/Xray	1,498.00	1,498.00	1,498.00	0.00	0.00	0.00	0.00	0.00	1,498.00	NC063
Diag Lab/Xray	1,481.00	1,481.00	1,481.00	0.00	0.00	0.00	0.00	0.00	1,481.00	NC063
Therapies	402.00	402.00	402.00	0.00	0.00	0.00	0.00	0.00	402.00	NC063
Therapies	234.00	234.00	234.00	0.00	0.00	0.00	0.00	0.00	234.00	NC063
Diagnostic Test	343.00	343.00	343.00	0.00	0.00	0.00	0.00	0.00	343.00	NC063
Medical	157.00	157.00	157.00	0.00	0.00	0.00	0.00	0.00	157.00	NC063
Medical	4,658.00	4,658.00	4,658.00	0.00	0.00	0.00	0.00	0.00	4,658.00	NC063
TOTAL:	49,016.15	49,016.15	49,016.15	0.00	0.00	0.00	0.00	0.00	49,016.15	

See reverse side for note that cap has been exceeded →

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Explanation of Benefits

Remark Code	Message Description
NC063	THE MAXIMUM BENEFIT HAS BEEN MET