

January 30, 2006

John Doe
PO Box 4567
Butte, MT 59999

Re: Medical Coverage, Butte School District

Dear Mr. Doe:

This letter is written at your request to provide proof of medical insurance. As of today's date you are covered under the Montana Unified School Trust health benefit plan.

Should you require medical care while out of the United States, you must submit itemized claims that clearly indicate in English the diagnosis, what services were rendered, by whom, and the charge in U.S. currency for each service. Payment should be made at the time service is rendered. The Montana Unified School Trust health benefit plan will reimburse you in U.S. currency for services determined by the Plan to be medically necessary, at the Usual, Customary, and Reasonable allowance for the type of service received, as long as the service qualifies for reimbursement under Plan provisions.

Any in-patient hospital stay must be pre-certified as the Plan requires. All services must be medically necessary for treatment of illness or injury and must meet all Plan provisions for eligibility. Benefits will be provided subject to all Plan provisions and limitations including acceptable standards of care for the United States.

Please obtain a copy of the medical records, in English, at the time services are rendered and submit them with your claim.

The benefits available are conditional on the patient's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. The benefits quoted are not guaranteed. Final determination as to benefits paid will be made at the time a claim is submitted for payment, with review of the necessary medical records and other information.

If we may be of further service in this matter, please contact our Claims Office for assistance.

Sincerely,

Mary Keller
Claims Department