

Understanding your Explanation of Benefits (EOB)

Personal information

- Your name and address
- Member ID as shown on your ID card
- Group # identifies your plan
- Group name is your plan sponsor
- Customer-specific contact information

aetna® Aetna Life Insurance Company
 P.O. BOX 981108
 EL PASO TX 79998-1106
 000345 J280EVGA "0003456"

Statement date: **October 15, 2016**

Member: Jane H Doe
 Member ID: W123456789
 Group#: 0987654-10-001 A P1 (*TO
 Group name: Test INC

JANE H DOE
 111 AETNA STREET
 HARTFORD CT 06156

QUESTIONS? Contact us at aetna.com
 1-800-XXX-XXXX
 Or write to the address shown above.

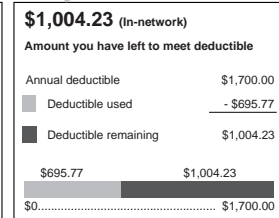
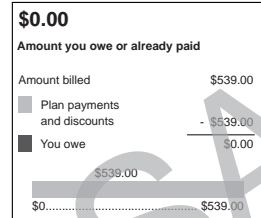
Track your spending, savings and deductibles

- The first box is a summary of what you owe and the payments already made for the claims listed on your EOB.*
- The second box shows the amount you save by using an in-network provider.*
- The third box shows the amount you have remaining to meet your yearly in-network family or individual deductible.*

Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows how much you may owe, the amount that was billed, and your member rate. It also shows the amount you saved and what your plan paid. Look at this statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s).

Track your health care costs



Definitions of commonly used terms

A glossary of some common terms shown on your EOB. Following the definitions, totals related to the charges are displayed.

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$539.00
Member rate:	The agreed upon amount the in-network doctor or health care provider accepts as their fee.	\$244.88
Amount you saved:	The difference between the amount billed and the in-network arranged pricing.	\$294.12
Pending or not payable:	A claim that needs more review by us or an amount we did not pay. You may or may not have to pay this. Read 'Your Claim Remarks' to learn more.	\$0.00
Deductible:	The amount you pay before your health plan will pay benefits.	\$0.00
Coinsurance:	When you pay part of the bill and we pay part of the bill. Some plans do not have coinsurance.	\$0.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00

Messaging

There are helpful messages from Aetna or your employer located in this section.

Stay healthy

When you visit your doctor, be prepared with the questions you want to ask. Write them down and bring them with you. Ask about tests, medications and next steps you need to take over the next year.

Your payment summary

Includes detailed information of any payments made for the claims on the EOB.

Your Payment Summary

Patient	Provider	Your plan paid		You owe or already paid	
		Amount	Sent to	Send Date	Amount
Jane (self)	John Roe	\$244.88	John Roe	10/16/16	\$0.00
Total:		\$244.88			\$0.00

Your claims up close

Shows detailed information for each claim processed on your EOB.

Columns A through I, from left to right, break down each charge and how your benefits were applied.

Column I reflects the amount you may owe or have already paid.

Your claims up close

Claim for Jane (self)

Claim ID: E000000000 Received on 9/31/16	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copy	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H+I
X-RAY EXAM OF LOWER SPINE on 9/31/16 72110	270.00	123.31				123.31	123.31 (100%)		
X-RAY EXAM NECK SPINE 45VWS on 9/31/16 60005	269.00	121.57				121.57	121.57 (100%)		
John Roe Refer to Remarks Section			(1)						
Totals:	539.00	244.88				244.88	244.88		
	A	B	C	D	E	F	G	H	I

I You can find all numbered claim remarks in 'Your Claim Remarks' section.

Your benefit balances

Provides a summary of financial limits for the benefit year listed.

Your benefit balances to date for 1/1/16 to 12/31/16

Description	Annual limit	Amount used	Amount remaining
Individual			
Jane (self)			
Medical In Network Deductible	\$1,700.00	\$695.77	\$1,004.23
Medical In Network Coinsurance	\$6,450.00	\$695.77	\$5754.23
Medical Out of Network Deductible	\$7,000.00	\$0.00	\$7000.00
Medical Out of Network Coinsurance	\$12,000.00	\$0.00	\$12,000.00

A complete list of your benefit balances and plan limits can be found on your secure member website.

You can view, print or download your EOB and other documents anytime at www.aetna.com.

Want to stop the paper? It's easy. Log in to your secure member website at www.aetna.com, go to "Your Profile," provide a valid email address and select your paper-saving preferences.



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For illustrative purposes only. This is a sample EOB and does not reflect actual charges or services rendered, nor does it reflect actual charges or services received by an actual Aetna member. Health benefits and health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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