



Aetna Life Insurance Company  
 P.O. BOX 981106  
 EL PASO TX 79998-1106  
 000345 J280EVGA \*0003456\*

Statement date: May 18, 2015

Member: JANE H DOE  
 Member ID: W123456789  
 Group#: 0987654-10-001 A P1 (\*TO  
 Group name: TEST INC

JANE H DOE  
 1234 MAIN ST  
 HARTFORD CT 06156

QUESTIONS? Contact us at aetna.com  
 1-800-331-1168  
 Or write to the address shown above.

# 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

You saved < \$161.00 > by going to a doctor or hospital in the network. That's because we have arranged discounted rates with these providers. The online provider directory can help you find a doctor or other health care professional. Just go to < [www.aetna.com](http://www.aetna.com) >.

### A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$361.00
Member rate:	The agreed upon amount the in-network doctor or health care provider accepts as their fee.	\$200.00
Amount you saved:	The difference between the amount billed and the in-network arranged pricing.	\$161.00
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. This is your out-of-pocket amount.	\$40.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00
Other health plan:	This is known as coordination of benefits (COB). When a member has more than one health plan, both plans' payments will not be more than the billed amount. See 'Your claims up close' for other plan details.	

### A message from Aetna

Remember to cover your cough. The flu and other respiratory illnesses are spread by coughing, sneezing or unwashed hands.


## Your payment summary

Patient	Provider	Your plan paid			You owe or already paid
		Amount	Sent to	Send date	Amount
John (spouse)	Doctors Office	\$30.00	Doctors Office	5/19/15	\$0.00
<b>Total:</b>		<b>\$30.00</b>			<b>\$0.00</b>

## Your claims up close

This section shows your benefits before any Coordination of Benefits (COB) was applied. Another plan may have paid for some of these charges. The true amount you owe will be shown above in the "Your payment summary" section.

### Claim for John (spouse)

Claim ID: EQ00000000 Received on 4/7/15	Amount billed	Member rate	Pending or not payable (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
DETERMINATION OF REFRACTIVE on 4/2/15 12345	61.00	30.00				30.00	24.00 (80%)	6.00 (20%)	6.00
NEW EYE EXAM & TREATMENT on 4/2/15 54321 Doctors Office Refer to Remarks Section	300.00	170.00	(1) (2)			170.00	136.00 (80%)	34.00 (20%)	34.00
<b>Totals:</b>	<b>361.00</b>	<b>200.00</b>				<b>200.00</b>	<b>160.00</b>	<b>40.00</b>	<b>40.00</b>
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
							Less Amount Paid by Other Health Plan		\$170.00

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

### COB fast facts

<u>You owe</u>	<u>Other plan(s) paid</u>	<u>Our payment after COB</u>
\$0.00	\$170.00	\$30.00

### Your Claim Remarks

(1) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]

(2) We looked at this claim after your primary plans(s) paid any benefits. The amount you see in Column I is what you would have owed before COB was applied. You may not have a balance on this claim. Look at the amount in the section called 'Your payment summary'. It will show you what this plan paid and what you really owe or already paid. [O12]

Your benefit balances to date for 1/1/15 to 12/31/15

Description	Annual limit	Amount used	Amount remaining
<b>Individual</b>			
<b>John (spouse)</b>			
Medical Deductible	\$200.00	\$200.00	\$0.00
Medical Coinsurance	\$1,200.00	\$1200.00	\$0.00

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

**Let's get healthy**

Studies suggest that a good diet may reduce stress. And while it is difficult to give up a comforting treat, treats may backfire, making you feel worse. Less comfort food may actually make you feel more comfortable.

Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (I D) médica.

Pour une aide en français, veuillez nous appeler au numéro figurant sur votre carte d'identité.

若需要中文协助，请拨打您医疗身份证上的电话联系我們。

Para sa tulong sa wikang Tagalog, tawagan kami sa numero na nasa iyong Medikal na ID card.

Ya'ati' t'aa dinek'ehji bee aka'a'ayeed biniye, nihich'i' hodiilnihji' ei azee' al'[idi naaltsos bee nee ho'dilzinigii number bika' yisdzoh.

Für Auskünfte auf Deutsch rufen Sie einfach die Nummer auf Ihrer Krankenversicherungskarte an.

Do you need this in another language? Call us.