



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

Statement date: September 15, 2014

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
1-800-331-1168
Or write to the address shown above.

THIS IS NOT A BILL

Keep this for your records

Explanation of benefits:

Track your health care costs

\$25.24
Amount you owe or already paid

Amount billed	\$237.06
Plan payments and discounts	- \$211.82
You owe	\$25.24

\$0.....\$237.06

\$107.53
Amount you saved

Going to a doctor or hospital in the network saves you money.

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.

\$0.00 (In-network)
Amount you have left to meet deductible

Annual deductible	\$1,000.00
Deductible used	-\$1,000.00
Deductible remaining	\$0.00

\$0.....\$1,000.00

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$237.06
Member rate:	The agreed upon amount the in-network doctor or health care provider accepts as their fee.	\$107.03
Amount you saved:	The difference between the amount billed and the in-network arranged pricing.	\$107.53
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.	\$5.24
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$20.00

A message from Aetna

Introducing your new Explanation of Benefits. It has a simpler look and feel, designed with you in mind.



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Your Payment Summary

Patient	Provider	Your plan paid			Amount
		Amount	Sent to	Date	
John (spouse)	Doctors Office	\$60.84	Doctors Office	9/12/14	\$20.00
John (spouse)	TNT Diagnostics Incorporated	\$20.95	TNT Diagnostics Incorporate	9/6/14	\$5.24
Jane (self)	Chris Smith	\$22.50	Chris Smith	9/13/14	\$0.00
Total:		\$104.29			\$25.24

Your claims up close

Claim for Jane (self)

Claim ID: E000000000 Received on 9/5/14	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
FLU VIRUS VACC-SPLIT 3 YR & on 9/2/14 90658	12.50					12.50	12.50 (100%)		
ADMIN INFLUENZA VAC on 9/2/14 G0008 Chris Smith Refer to Remarks Section	10.00		(1)			10.00	10.00 (100%)		
Totals:	22.50					22.50	22.50		
	A	B	C	D	E	F	G	H	I

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

Claim for John (spouse)

Claim ID: E000000000 Received on 9/5/14	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
OFFICE VISIT on 9/3/14 99213	90.00	77.54			20.00	57.54	57.54 (100%)		20.00
COLLECTION OF VENOUS BLOOD on 9/3/14 36415 Doctors Office Refer to Remarks Section	5.00	3.30	(1)			3.30	3.30 (100%)		
Totals:	95.00	80.84			20.00	60.84	60.84		\$20.00
	A	B	C	D	E	F	G	H	I

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

Continued on next page

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Claim for John (spouse)

Claim ID: E000000000 Received on 9/5/14	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe owe C+D+E+H=I
HEMOGLOBIN; GLYCOSYLATED on 8/29/14 83036	66.00	11.81				11.81	9.54 (80%)	2.36 (20%)	2.36
COMPREHEN METABOLIC PANEL on 8/29/14 80053 TNT Diagnostics Incorporated	53.56	14.38				14.38	11.50 (80%)	2.88 (80%)	2.88
Refer to Remarks Section			(1)						
Totals:	119.56	26.19				26.19	20.95	5.24	\$5.24
	A	B	C	D	E	F	G	H	I

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

Your Claim Remarks

General 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]

Your benefit balances to date for 1/1/14 to 12/31/14

Description		
Individual	Annual limit	Amount remaining
Jane (self)		
Medical In Network Deductible	\$500.00	\$0.00
Medical In Network Coinsurance	\$1,500.00	\$961.38
Medical Out of Network Deductible	\$1,000.00	\$500.00
Medical Out of Network Coinsurance	\$3,000.00	\$2,461.38
John (spouse)		
Medical In Network Deductible	\$500.00	\$0.00
Medical In Network Coinsurance	\$1,500.00	\$384.30
Medical Out of Network Deductible	\$1,000.00	\$500.00
Medical Out of Network Coinsurance	\$3,000.00	\$1,884.30
Family		
Medical In Network Deductible	\$1,000.00	\$0.00
Medical In Network Coinsurance	\$3,000.00	\$1,345.68
Medical Out of Network Deductible	\$2,000.00	\$1,000.00
Medical Out of Network Coinsurance	\$6,000.00	\$4,345.68

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。

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'jidi naaltsoos bee nee ho'dilzinigii number bikaa' yisdzoh.

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

Do you need this in another language? Call us.

SAMPLE