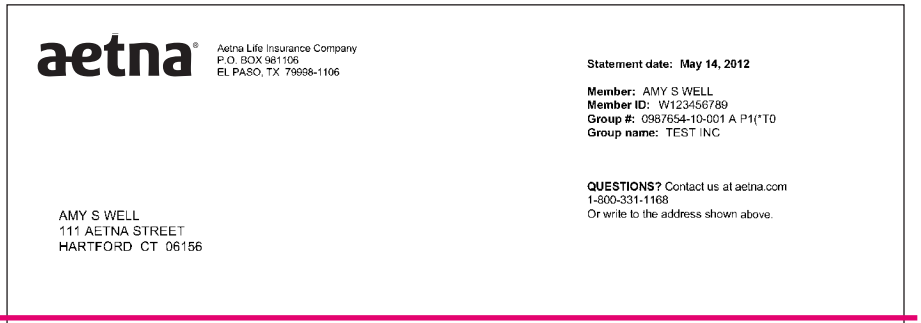
Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

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 981106
EL PASO, TX 79998-1106

Statement date: May 14, 2012

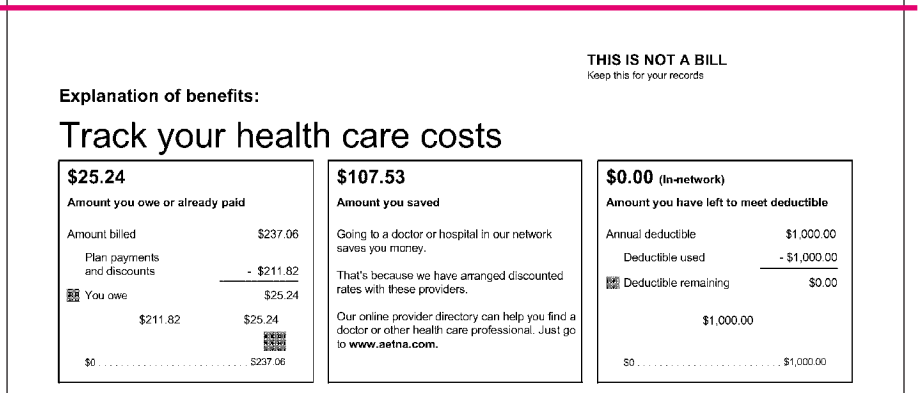
Member: AMY S WELL
Member ID: W123456789
Group #: 0987654-10-001 A P1(*T0
Group name: TEST INC

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

AMY S WELL
111 AETNA STREET
HARTFORD CT 06156

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.*



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

$211.82 $25.24

$0 ..... $237.06

$107.53
Amount you saved

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

That's because we have arranged discounted rates with these providers.

Our 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

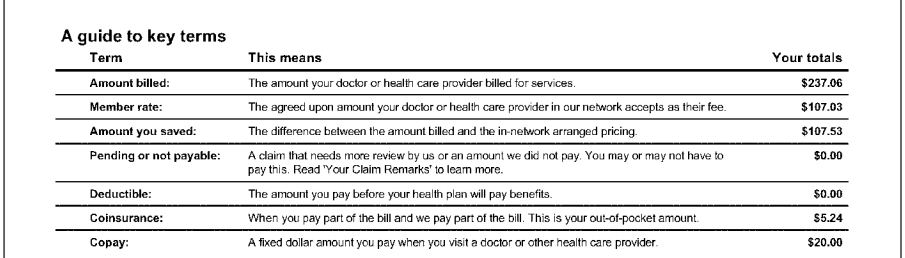
Annual deductible	$1,000.00
Deductible used	- $1,000.00
Deductible remaining	$0.00

$1,000.00

$0 ..... $1,000.00

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.	**$237.06**
Member rate:	The agreed upon amount your doctor or health care provider in our network 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**

Messaging

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

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

*This box may not always appear.

Your payment summary

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

Your payment summary

			Your plan paid		You owe or already paid
Patient	**Provider**	**Amount**	**Sent to**	**Date**	**Amount**
Roger (spouse)	George M Markus	$60.84	George M Markus	12/12/11	$20.00
Roger (spouse)	Quest Diagnostics Incorpora	$20.95	Quest Diagnostics Incorporat	12/6/11	$5.24
Amy (self)	Safeway Inc.	$22.50	Safeway Inc.	12/13/11	$0.00
Total:		$104.29			**$25.24**

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 Amy (self)

Claim ID: EQ000006R00 Received on 12/12/11	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
FLU VIRUS VACC-SPLIT 3 YR & on 9/17/11 90658	12.50					12.50	12.50 (100%)		
ADMIN INFLUENZA VIRUS VAC on 9/17/11 G0008	10.00					10.00	10.00 (100%)		
Safeway Inc.									
Refer to Remarks Section			(1)						
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.

Your benefit balances

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

Your benefit balances to date for 1/1/11 to 12/31/11

Description

Individual	Annual limit	Amount remaining
Amy (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
Roger (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	**Annual limit**	**Amount remaining**
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

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 e-mail address and select your paper-saving preferences.