



AETNA LIFE INSURANCE COMPANY
 P.O. BOX 14079
 LEXINGTON, KY 40512-4079

Statement Date: March 23, 2010

- 2 Member: SAMANTHA DOE
- 3 Member ID: W123456789
- 4 Group #: 0721108-16-236 E DB46/0
- 5 Group name: TEST, INC
- 6 Questions? Contact us at aetna.com
 1-800-999-9999
 Or write to the address shown above

SAMANTHA DOE 1
 111 MAIN ST
 CHATSWORTH, CA 91313

THIS IS NOT A BILL
 Keep this for your records

Explanation of benefits:

Track your health care costs 7

8

\$0.00

Amount you owe or already paid

Amount billed	\$100.00
Plan payments and discounts	- \$100.00
You owe	\$0.00

\$100.00

\$0.....\$100.00

9

\$25.00

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.

10

\$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

A guide to key terms 11

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$100.00
Member rate:	The agreed upon amount your doctor or health care provider in our network accepts as their fee.	\$75.00
Amount you saved:	The difference between the amount billed and the in-network arranged pricing.	\$25.00
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.	\$0.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00

A message from your employer 12

Please report any important life event changes to your personnel department. This can include birth, marriage, adoption or divorce. You have 31 days from the date of the event to make any changes to your coverage.



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Your payment summary 13

Patient	Provider	Your plan paid			You owe or already paid
		Amount	Sent to	Date	Amount
Samantha (self)	David Principe	\$75.00	David Principe	3/1/10	\$0.00
Total:		\$75.00			\$0.00

Your claims up close 14

Claim for Samantha (self) 15

16 Claim ID: E123456701 Received on 2/15/10 17	18 Amount billed	19 Member rate	20 Pending or not payable	21 Applied to deductible	22 Your copay	23 Amount remaining	24 Plan pays	25 Your coinsurance	26 You owe C+D+E+H=I
OFFICE VISIT on 1/1/10 12345 David Principe, MD	100.00	75.00				75.00	75.00 (100%)		0.00
Totals:	100.00	75.00				75.00	75.00		\$0.00
	A	B	C	D	E	F	G	H	I

Your benefit balances to date for 1/1/10 to 12/31/10 27

Description		
Individual	Most you pay	Amount remaining
Samantha (self)		
In-network deductible	\$1,000.00	\$0.00
In-network coinsurance	\$1,500.00	\$528.43
Out-of-network deductible	\$2,000.00	\$0.00
Out-of-network coinsurance	\$3,000.00	\$528.43
<hr/>		
Individual lifetime benefits	Amount	Amount remaining
Samantha (self)		
Medical lifetime	\$1,000,000.00	\$997,653.50

Field Descriptions for the Consolidated Family Explanation of Benefits

1 – [Mailing address] Name and mailing address for the member.

2 – Member First and last name of member.

3 – Member ID The customer member ID used on the member's ID card.

4 – Group # The control, suffix, account, plan summary and PI record.

5 – Group Name The name of the plan sponsor.

6 – Questions? Customer specific contact information (website and/or telephone number) to use for any questions.

7 – Track your health care costs This area of the EOB provides details of the amount you owe, the amount you saved, and the amount you have left to meet your yearly deductible.

8 – [Box 1] Amount you owe or already paid This box shows totals from all claims on the EOB for the Amount billed, Plan payments and discounts, and You owe. These amounts are shown as a mathematical equation and a bar graph also displays to represent these amounts. Please note: this box may not always display.

9 – [Box 2] Amount you saved This box shows the total from all claims on the EOB, which resulted in savings from going to an in-network provider. Please note: this box may not always display or may display with variable text.

10 – [Box 3] Amount you have left to meet deductible This box shows the amount remaining to meet your yearly, in-network, family deductible. A mathematical equation represents the Annual deductible, Deductible used, and Deductible remaining. A bar graph also displays to represent these amounts. Please note: this box may not always display or may display with variable text.

11 – A guide to key terms This area of the EOB provides a glossary of some common terms used on the EOB. Following some of the definitions, totals from the EOB will display.

12 – A message from your employer This area may contain a plan sponsor specific message and/or a message from Aetna.

13 – Your payment summary This area of the EOB provides detailed information of any payments made for the claims on the EOB and any remaining amounts owed.

14 – Your claims up close This area of the EOB shows detailed information for each claim transaction.

15 – Claim for [Name] (relationship) First name of the patient followed by the relationship to the member.

16 – Claim ID For internal Aetna use: a unique number assigned to each claim.

17 – Received on The date the claim was received by Aetna.

18 – Amount Billed The submitted charge for the service.

19 – Member Rate The negotiated fee for the service for a provider who participates in the network.

20 – Pending or not payable The amount being pended or denied. A numbered footnote will appear next to the amount being pended or denied and the full explanation appears in the 'Your claim remarks' area of the EOB.

21 – Applied to deductible The amount being applied to the patient's deductible.

22 – Your copay Patient copayment for the services rendered.

23 – Amount remaining The amount on which the benefit is calculated.

24 – Plan pays The dollar amount being paid by Aetna followed by the percentage at which benefits are being paid.

25 – Your coinsurance The dollar amount followed by the percentage of the allowable charges for which the member is responsible.

26 – You owe Indicates the total amount for which the patient is responsible. This includes not covered, copay, deductible and coinsurance amounts (C+D+E+H=I).

27 –Your benefit balances to date This area of the EOB provides a summary of financial limits for the benefit year listed.