



Aetna Life Insurance Company
 P.O. BOX 981106
 EL PASO, TX 79998-1106

Statement date: February 23, 2016

Member: JANE H DOE
 Member ID: W12345678
 Group #: 0987654-10-001 A P1
 Group name: TEST INC

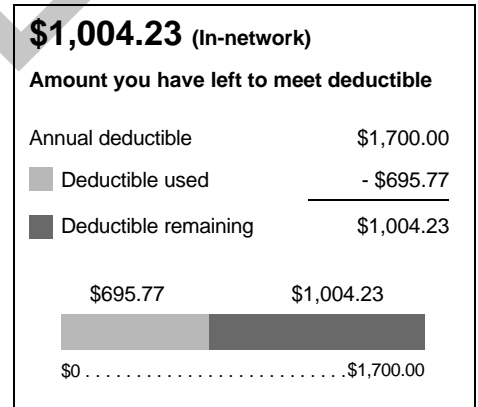
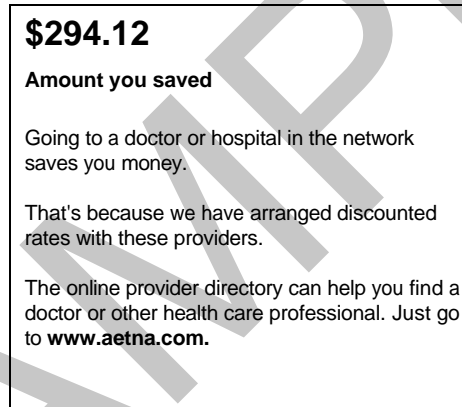
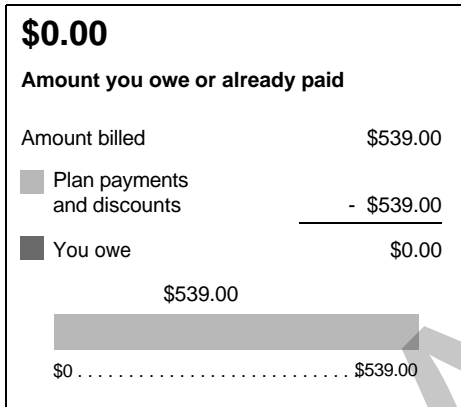
QUESTIONS? Contact us at aetna.com
 1-866-498-5004
 Or write to the address shown above.

JANE H DOE
 111 AETNA STREET
 HARTFORD CT 06156

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



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

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

Patient	Provider	Your plan paid			You owe or already paid
		Amount	Sent to	Send date	Amount
Jane (self)	Doctors Office	\$244.88	Doctors Office	2/23/16	\$0.00
Total:		\$244.88			\$0.00

Your claims up close

Claim for Jane (self)

Claim ID: E00000000 Received On 2/19/16	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
X-RAY EXAM OF LOWER SPINE on 2/13/16 72110	270.00	123.31				123.31	123.31 (100%)		
X-RAY EXAM NECK SPINE 4/5VWS on 2/13/16 72050 Doctors Office Refer to Remarks Section	269.00	121.57	(1)			121.57	121.57 (100%)		
Totals:	539.00	244.88				244.88	244.88		
	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 3/1/15 to 2/29/16

Description			
Individual	Annual limit	Amount used	Amount remaining
Jane (self)			
Medical In Network Deductible	\$1,700.00	\$695.77	\$1,004.23
Medical In Network Coinsurance	\$6,450.00	\$695.77	\$5,754.23
Medical Out of Network Deductible	\$7,000.00	\$0.00	\$7,000.00
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.

Make better health decisions and take action with confidence

With iTriage - a free healthcare app - you can find answers to your medical questions. Search symptoms and conditions, store your health information, and find local doctors. Text iTriage to 31996 to download the free app or visit www.itriagehealth.com.

Make time for yourself

Finding time to exercise can be tough. Check with your doctor and make a plan. Create a schedule and do your best to stick with it. It will soon become part of your routine.

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

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

若需要中文协助，请拨打您医疗身分证上的电话联系。

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

Ya'áti' t'áá dinék'ehjí bee aká'a'áyeed biniiyé, nihich'í' hodílnihjí' éí azee' ál'íidi naaltsoos bee néé ho'dílinígíí number bikáá' yisdzoh.

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

Do you need this in another language? Call us.