

Understanding your Explanation of Benefits (EOB) statement



What information will be on your EOB statement

- Your name and address
- Your member ID
- The group number — this identifies your plan
- The group name — typically, this is your employer
- Customer service contact information

It's easy to track your spending and savings

We make it easy to understand what you owe.*


We tell you what you've saved by using an in-network provider.*

We also clearly show the remaining amount you have to pay in order to meet your yearly in-network family or individual deductible.*

Your payment summary

This includes a summary about any payments made and what you owe for the claims listed on the EOB statement.

*This section may not always be included. The sections are based on your benefits.



Aetna Life Insurance Company
P.O. BOX 981109
EL PASO, TX 79998-1109

Statement date: June 8, 2019
Member: JANE DOE
Member ID: W123456789
Group #: 0123456-01-001 FA
Group name: TEST GROUP

JANE DOE
123 AETNA WAY
HARTFORD CT 06156

QUESTIONS? Contact us at aetna.com
1-800-238-6718
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). If you have access to the secure member website, you can change your delivery preference, view, print or download your EOBs online anytime.

Track your health care costs

\$75.00
Amount you owe or already paid
Amount billed \$251.00
Plan payments and discounts - \$176.00
You owe \$75.00

\$95.00
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.

\$500.00 (In-network)
Amount you have left to meet deductible
Annual deductible \$500.00
Deductible used - \$0.00
Deductible remaining \$500.00

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	\$251.00
Member rate:	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.	\$176.00
Pending or not payable:	Charges that are under not covered or need more review by us. Read "Your Claim Remarks" to learn more.	\$0.00
Deductible:	The amount you pay for covered services before your plan starts to pay.	\$0.00
Coinsurance:	When you pay part of the bill and we pay part of the bill. This is the out-of-pocket amount that you may owe.	\$0.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$75.00

Your payment summary

Patient	Provider	Your plan paid		You owe or already paid	
		Amount	Sent to	Sent date	Amount
Jane (self)	Healthy Now	\$81.00	Healthy Now	6/3/19	\$75.00
Total:		\$81.00			\$75.00

Aetna Choice® POS II

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Your claims up close

We provide detailed information for each claim shown on your EOB statement.

We break down each charge to show how your benefits were applied, what the plan paid and the amount you owe.



Statement date: June 6, 2019
Member: JANE DOE
Group name: TEST GROUP

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Member ID: W123456789
Group #: 0123456-01-001 FA

Your claims up close

Claim for Jane (self) Provider: Healthy Now (In-Network)

Claim ID: EXXXXXXX00 Received on 5/28/19	Amount billed	Member rate	Pending or not payable (Remarks) ¹	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H-I
	A	B	C	D	E	F	G	H	I
URGENT CARE CENTER GLOBAL S9083 on 5/24/19 Refer to Remarks Section	251.00	156.00			75.00	81.00	81.00 (100%)		75.00
Totals:	251.00	156.00			75.00	81.00	81.00		\$75.00

¹ 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

This provides a summary of financial limits for the benefit year listed.

Your benefit balances to date for 1/1/19 to 12/31/19

Individual Balances	Annual limit	Amount used	Amount remaining
Jane (self)			
Medical In Network Deductible	\$500.00	\$0.00	\$500.00
Medical In Network Out of Pocket Maximum*	\$6,750.00	\$80.00	\$6,670.00
Medical Out of Network Deductible	\$1,500.00	\$0.00	\$1,500.00
Medical Out of Network Out of Pocket Maximum*	\$13,500.00	\$80.00	\$13,420.00

*Limit includes both Medical and Pharmacy

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

Give your shredder a break

You can get this statement electronically and it will be available 24/7. Print it only if you need to. It will save you time. You won't have to store it, organize it or shred it. And, it will be great to know that this document won't get lost in the mail. Go to your profile in your secure member website to make this happen. If you've done this, you've already made a difference.

