

Statement date: May 14, 2012

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

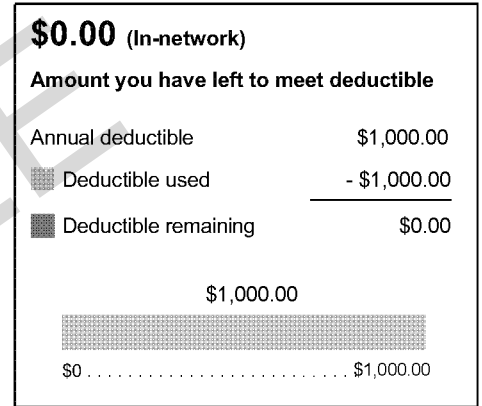
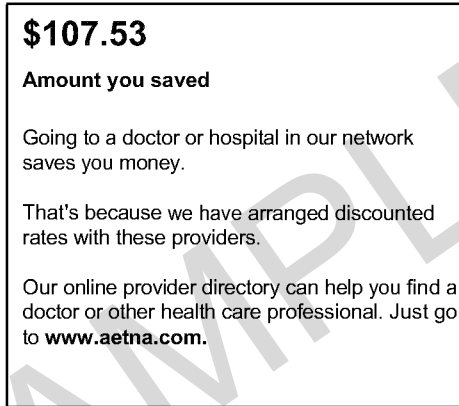
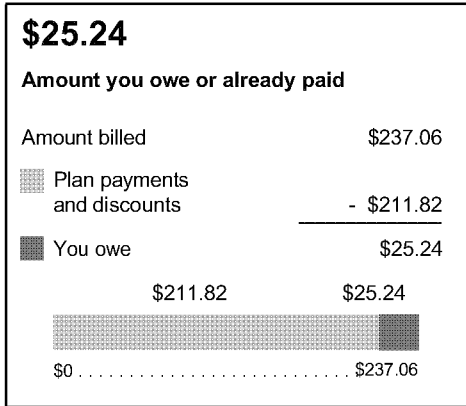
AMY S WELL
111 AETNA STREET
HARTFORD CT 06156

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



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

A message from Aetna

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

Your payment summary

Patient	Provider	Your plan paid			You owe or already paid
		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

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 Safeway Inc.	10.00					10.00	10.00 (100%)		
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.

Claim for Roger (spouse)

Claim ID: E500000QK00 Received on 12/2/11	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
OFFICE VISIT on 11/29/11 99213	90.00	77.54			20.00	57.54	57.54 (100%)		20.00
COLLECTION OF VENOUS BLOOD on 11/29/11 36415 George M Markus	5.00	3.30				3.30	3.30 (100%)		
Refer to Remarks Section			(1)						
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

Claim for Roger (spouse)

Claim ID: EP00000C100 Received on 12/4/11	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
HEMOGLOBIN; GLYCOSYLATED on 11/29/11 83036	66.00	11.81				11.81	9.45 (80%)	2.36 (20%)	2.36
COMPREHEN METABOLIC PANEL on 11/29/11 80053 Quest Diagnostics Incorporated Refer to Remarks Section	53.56	14.38	(1)			14.38	11.50 (80%)	2.88 (20%)	2.88
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 1/1/11 to 12/31/11

Description	Annual limit	Amount remaining
Individual		
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		
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 (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 azeé' ál'íjdi naaltsoos bee nées ho'dízinígíí 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.

SAMPLE