We’ve got you

A guide to your Explanation of Benefits

AetnaInternational.com

2019642-01-01 (3/23)

aetna®

Your anytime, anywhere health care partner.

See how your benefits work for you.

When a claim is filed under your plan, you get an Explanation of Benefits (EOB). This guide shows you two things:

- **The amounts we paid from your plan benefits for the services you received**
- **Amount you may owe**

Your options for receiving EOBs include:

- Online 24/7/365 for review and printing through your secure member website at **AetnaInternational.com**
- By mail
- Via both methods

EOB: Not a bill

A simpler way to track your costs

Your Explanation of Benefits (EOB) gives you a quick way to see which charges for health care services that you received were submitted to us and what was paid. It is NOT a bill. Any charges you might owe will show on any bills you receive directly from health care providers.

A guide to key terms

Look in your EOB under "**Amount billed**" to your far right. This amount is the total "billed amount" for the claims listed in this EOB.

This amount does not reflect any discounted or negotiated rates as an Aetna International in-network provider. Also, it may not reflect the "allowable" reasonable and customary charges for an out-of-network provider. So, this amount is before any discounts or negotiated rates are applied.

There could be many reasons why something is **pending or not-payable**. You are not responsible for paying this amount in most cases.

Please refer to "Y**our claims up close**" in **Column C** to understand which remarks apply and refer to "**Your Claim Remarks**" for the pended or denial reason on your claim.

Your payment summary

This is a breakdown of how much we paid from your plan benefits for the services you received. In this section, the **$71.87** is the amount we paid.

This amountrepresents your copay (which you may have paid up-front at your appointment) plus other costs you are responsible for, such as your applied deductible or coinsurance.

Aetna Life Insurance Company
PO BOX 981543
EL PASO, TX 79998-1543 USA

Statement date: March 4, 2020

Member:
Member ID:
Group #:
Group name:

QUESTIONS? Contact us at aetna.com
1-877-248-3610
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

$44.20
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.**

$1,204.10 **(In-network)**
Amount you have left to meet deductible

Annual deductible	$1,500.00
Deductible used	- $295.90
Deductible remaining	$1,204.10

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	**$477.82**
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.	**$407.77**
Pending or not payable:	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	**$25.85**
Deductible:	The amount you pay for covered services before your plan starts to pay.	**$295.90**
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.	**$40.00**

Your payment summary

		Your plan paid			You owe or already paid
Patient	**Provider**	**Amount**	**Sent to**	**Send date**	**Amount**
		$71.87		3/6/20	$335.90
Total:		$71.87			**$335.90**

Your claims up close

Column A
This is the total amount the provider billed for services.

Column B
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.

Column C
"Not payable by plan", you will see a number that corresponds to an explanation of that amount shown under the "Your Claim Remarks" section.

Column D
If a deductible applies to the services received, the amount of the deductible will be shown here.

Column E
If a copay applies to the services received, it will be shown here. Providers usually ask that you pay this amount upfront at your appointment.

Column F
"Amount Remaining" specifies what amount is covered after negotiated or in-network rates are applied and deductibles and copays are deducted.

Column G
Refers to the amount that your insurance plan covers.

Column H
This is the amount of coinsurance your plan might require you to pay for selected services. It usually is calculated as a percentage of the member rate.

Column I
Is the amount that you may owe, which is the total of any copays plus any amount applied to your deductible and coinsurance as outlined by your plan.

In this example, there was a **$40** copay, which was likely paid up front. The amount applied to your deductible is **$295.90**, which you will be billed for. This does not include the copay amount.

Your claims up close

Claim for **(self)** Provider: (In-Network)

Claim ID: Received on 2/13/20	Amount billed	Member rate	Not payable by plan (Remarks)	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
OFFICE VISIT 99213 on 2/6/20	117.11	111.87			40.00	71.87	71.87 (100%)		40.00
CYSTOURETHROSCOPY 52000 on 2/6/20	334.86	295.90		295.90					295.90
UNCLASSIFIED DRUGS J3490 on 2/6/20	15.95		15.95 (1)						
BLADDER IRRIGATING TUBE A4355 on 2/6/20	9.90		9.90 (2)						
Refer to Remarks Section			(3)						
Totals:	477.82	407.77	25.85	295.90	40.00	71.87	71.87		**$335.90**

You can find all numbered claim remarks in 'Your Claim Remarks' section.

Your Claim Remarks

General Remarks:

(1) You do not owe this amount. The charge for this service is part of the rate your provider agreed to accept. [W89]

(2) You do not have to pay this. Your plan pays for charges we find to be reasonable and appropriate. This charge is considered part of another procedure performed on the same day. [V49]

(3) 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 10/1/19 to 9/30/20

Individual Balances	Annual limit	Amount used	Amount remaining
Medical In Network Maximum Savings Deductible	$1,500.00	$295.90	$1,204.10
Medical In Network Maximum Savings Out of Pocket Maximum*	$3,000.00	$492.00	$2,508.00
Medical Out of Network Deductible	$3,000.00	$295.90	$2,704.10
Medical Out of Network Out of Pocket Maximum*	$30,000.00	$492.00	$29,508.00

*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.

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