

## 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.



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

JANE DOE 123 AETNA WAY HARTFORD CT 06156

#### Statement date: June 6, 2019

Member: JANE DOE Member ID: W123456789 Group #: 0123456-01-001 FA Group name: TEST GROUP

QUESTIONS? Contact us at aetha.com 1-800-238-6716 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 preterence, 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 soves you money. It raiss because we have arranged discounted rates with these providers. The critina 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

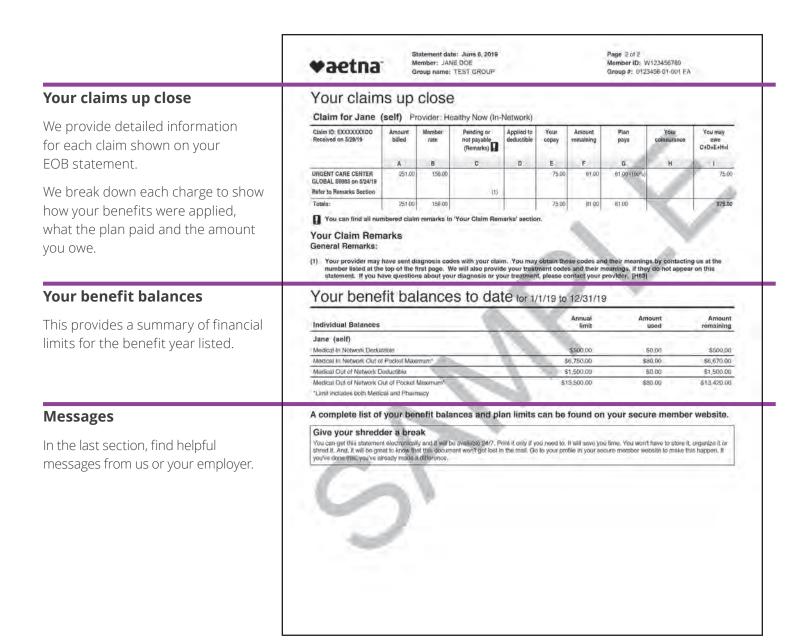
Term	This means	Your totals	
Amount billed:	The amount your provider charged for services.	\$251.00	
Member rate:	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.		
Pending or not payable:	Charges that are entrer not covered or need more review by us. Read Your Claim Remarks' to learn more.		
Deductible:	The amount you pay for covered services before your plan starts to pay.		
Colnaurance: 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		

### Your payment summary

- 40		Your plan paid		You owe or already paid	
Patient	Provider	Amount	Sent to	Send date	Amount
Jane (sett)	Healthy Now	\$81.00	Healthy Now	6/3/19	\$75.00
Total:		681,00			575.00

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Page 1 of 2



## On Aetna.com, you can view, print or download your EOB statement and other documents, anytime.

Want to stop paper? It's easy. Go to **Aetna.com** to log in to your member website. Go to your account settings, provide a current email address and select your paper-saving preferences.

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