

# 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.\*

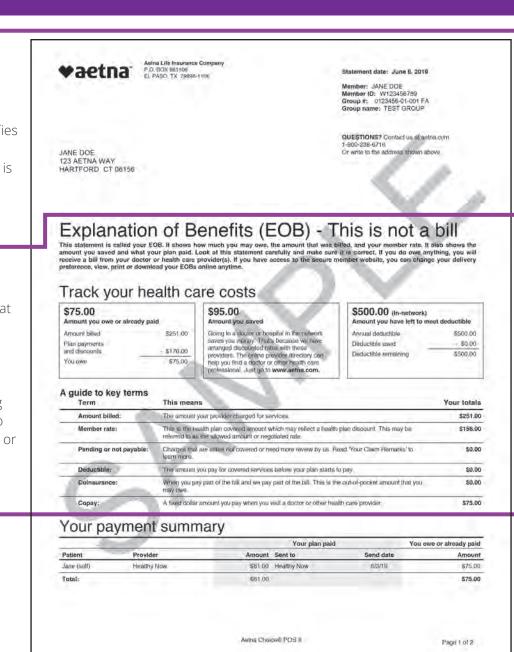
We tell you what you've saved by using an in-network provider.\*

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.



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	♥aetna	M	Statement date: June 6, 2019 Member: JANE DOE Group name: TEST GROUP				Page ≥ of 2 Member ID: W123456789 Group #: 0123456-01-001 FA					
Your claims up close	Your claims up close Claim for Jane (self) Provider: Healthy Now (In-Network)											
We provide detailed information for each claim shown on your	Claim for Jane ( Claim ID: EXXXXXXX00 Received on 5/29/19	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Pian pays	Your coinsurance	You may owe C+D+E+H=I		
EOB statement. We break down each charge to show	URGENT CARE CENTER GLOBAL S9083 on 5/24/19 Refer to Remarks Section	A 251.00	B 156.00	C (1)	D	E 75.00	F 01.00	G 61.00 (100%)	8	75.00		
now your benefits were applied, what the plan paid and the amount you owe.	Totals:     251 00     158 00     75.00     81 00     81.00     \$75.00       IV You can find all numbered claim remarks in 'Your Claim Remarks' section.     Your Claim Remarks     Section     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 trainment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your tragment codes and their meanings. If they do not appear on this statement.     Section 100 (100 (100 (100 (100 (100 (100 (100											
Your benefit balances	Your bene						_					
This provides a summary of financial limits for the benefit year listed.	Individual Balances Jane (self) Medical In Network Deductible Medical Out of Network Out of Pocket Maximum <sup>4</sup> Medical Out of Network Out of Pocket Maximum <sup>4</sup> Medical Out of Network Out of Pocket Maximum <sup>4</sup> *Limit Includes both Medical and Pharmacy					Annuai limit \$500.00 \$1,500.00 \$13,500.00 \$13,500.00		ŝ	50.00 80.00 81.00 80.00	Amount remaining \$500,00 \$6,670,00 \$1,500,00 \$1,500,00 \$13,420,00		
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