

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.*

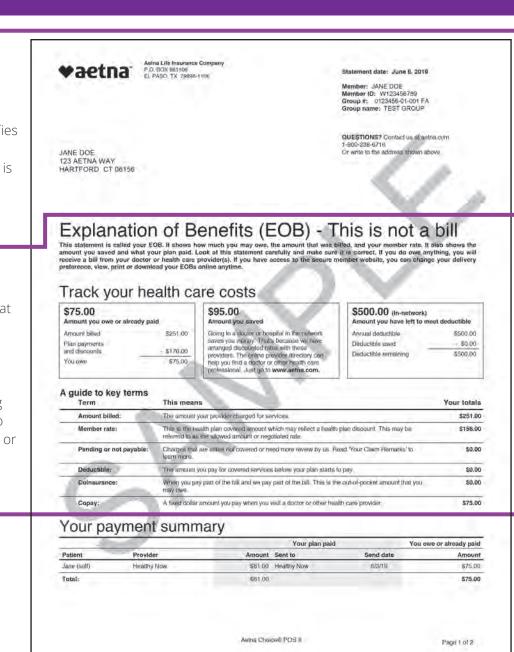
We tell you what you've saved by using an in-network provider.*

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 ⁴ Medical Out of Network Out of Pocket Maximum ⁴ Medical Out of Network Out of Pocket Maximum ⁴ *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		
Messages In the last section, find helpful messages from us or your employer.	A complete list of Give your shredd You can get this statamon shred it. And, it will be gre you've dopent this, you've al	ler a bre I electronieni at to know th	ak ly and it will b at this docum	e aveilublo 24/7. P	rint it only if y	où need to.	lt will save yo	u time. You won	't have to store it.	. organize It or		

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