


Understanding your Explanation of Benefits (EOB)

Keep this handy guide for future use. It shows you what the sections of your EOB look like. Your monthly EOB shows all your claim activity from the month before.

Personal information

- Your name and address
- Member ID number as shown on your ID card
- Contact information for Aetna

It's helpful to have this information handy if you need to contact us or use our online tools.

	AETNA LIFE INSURANCE COMPANY 2222 EWING ROAD MOON TOWNSHIP, PA 15108	<small>*006840*M1V/S428*048815*</small>
	MEMBER NAME STREET ADDRESS CITY, STATE ZIP	<h3>Explanation of Benefits</h3> <p>Statement date: February 13, 2017 Member: MEMBER NAME Member ID: XXXXXXXX Plan name: AETNA MEDICARE PLAN (PPO)</p> <p>Page 1 of 8</p> <p>QUESTIONS? Contact us at aetnavigato.com Member Services: 1-800-663-0885 TTY/TDD: 711 Hours of Operation: 8AM-6PM Monday-Friday Precertification: 1-800-624-0756 Or write to the address shown above</p>

Payments we sent

This includes detailed information of any payments made for the claims on the EOB.

Payment summary			
Provider	Amount	Send to	Send date
DOCTOR NAME	\$4,596.25	DOCTOR NAME	1/31/17

Claim details

- Services you received
- Date you received them
- Amount the provider billed the plan
- Amount the plan approved
- Plan's share
- Your share

Wait to get a bill from your provider before you pay anything. Make sure to get the claim number from the EOB if you want to ask us about the charges.

Details for claims processed in January 2017						
Remember, this report is NOT A BILL . If you have not already paid the amount shown for "Your share", wait until you get a bill from the provider. If you get a bill that is higher than the amount shown for "Your share", call us at Member Services (phone numbers are on first page).						
DOCTOR NAME						
In-network provider						
Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share	
Claim Number: XXXXXXXXX						
MEDICAL - INPATIENT on 1/18/17 121	\$6,360.00	\$5,320.05	0001 0002 0003 0004 0005	\$4,596.25	\$630.00	
You pay 10% of the total amount for services from an in-network provider You pay a \$245.00 in-network deductible for this service or item.						
OUTPATIENT CHARGE on 1/18/17 250	\$125.86	\$0.00	0006	\$0.00	\$0.00	
LABORATORY on 1/18/17 301	\$2,235.00	\$0.00	0006	\$0.00	\$0.00	

Totals

This shows the total for both the month and your benefit year.

Totals for medical and hospital claims	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Totals for this month for claims processed 1/1/17 - 1/31/17	\$27,013.86	\$5,320.05	\$4,596.25	\$630.00
Totals for 2017 for claims processed 1/1/17 - 1/31/17	\$27,013.86	\$5,320.05	\$4,596.25	\$630.00

Yearly limits

- Explains your yearly limits
- Tells you about your out-of-pocket costs and deductibles

Yearly Limit - this limit gives you financial protection		Deductible
<p>This limit tells the <u>most</u> you will have to pay in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.</p> <p>The yearly limit is called your "out-of-pocket maximum". It puts a limit on how much you have to pay, but it does <u>not</u> put a limit on how much care you can get.</p> <p>Your out-of-pocket spending for optional supplemental services will not count toward your yearly out-of-pocket maximum. This means:</p> <ul style="list-style-type: none"> • Once you have reached your limit in out-of-pocket costs, <u>you stop paying out of pocket for all services.</u> • You keep getting your covered medical and hospital services as usual, and <u>the plan will pay the full cost for the rest of the year.</u> Your out-of-pocket spending for services that are not covered by Medicare does not count toward your out-of-pocket maximum. 	<p>As of January 31, 2017, you have had \$630.00 in out-of-pocket costs that count toward your \$1,500.00 out-of-pocket maximum for covered services in 2017.</p> <p><u>Combined (in-network + out-of-network) limit</u></p> <p>In 2017, \$1,500.00 is the most you will have to pay for covered services you get from all providers (in-network providers + out-of-network providers combined).</p> <p>As of January 31, 2017, you have had \$630.00 in out-of-pocket costs that count toward your \$1,500.00 combined out-of-pocket maximum for covered services in 2017.</p>	<p>For most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible.</p> <p>As of January 31, 2017, you have paid the full amount of your \$245.00 in-network yearly plan deductible in 2017.</p> <p>As of January 31, 2017, you have paid \$245.00 toward your \$490.00 out-of-network yearly plan deductible in 2017.</p>

If you have any questions about your EOB, just call Member Services at the number on your ID card, Monday through Friday, 8 a.m. to 6 p.m. all time zones. You can also view, print or download your EOB and other documents anytime at aetnaretireplans.com.

Want to stop the paper? It's easy. Simply log in to your secure member website at aetnaretireplans.com and go to "Your Profile." Then give us your email address and choose your paper-saving preferences.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.