



# EXPLANATION OF BENEFITS

Please Retain for Future Reference  
 Date Printed: 03/28/03  
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**JOHN DOE**  
**1000 MIDDLE STREET**  
**MIDDLETOWN CT 06457**

**THIS IS NOT A BILL**

**QUESTIONS?** Contact us at [aetnavigators.com](http://aetnavigators.com)

For Customer Service please call: 1-800-999-9999  
 1000 Middle Street  
 Middletown CT 06457

Or write to the address shown above.

**Notes:** This is the claim detail for the bills received on 03/21/03.  
**NEW STATEMENT DESIGN:** this statement enhances the Explanation of Benefits. See [www.aetna.com/members/eob](http://www.aetna.com/members/eob) for an interactive statement with field-by-field descriptions.

## Claim Activity for John T Doe (Self)

Member: John T. Doe  
 Group Name: ABC Company

Member ID: Please refer to ID Card  
 Group Number: 660379-10-001 AB DAMG7D

### Patient Responsibility

DATE AND TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED AMOUNT	NOT PAYABLE BY PLAN	SEE REMARKS	YOUR COPAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	YOUR SHARE OF AMOUNT REMAINING	Total Patient Responsibility
	A	B	C		D	E	F		G	H	I
General Medical 03/17/03 Office Visit	110.00	90.00				90.00					90.00
03/19/03 Surgery	2,000.00	1,800.00				10.00	1,790.00	80%	1,432.000	358.00	368.00
<b>Column Totals</b>	<b>2,110.00</b>	<b>1,890.00</b>				<b>100.00</b>	<b>1,790.00</b>		<b>1,432.000</b>	<b>358.00</b>	<b>458.00</b>
										Fund Paid	458.000

**Remarks:**

Your Fund has reimbursed a portion of the Copay, Deductible, Your Share of Amount Remaining and other eligible expenses.

**Plan Summary for 01/01/03 - 12/31/03**

Description	Beginning Balance	YTD-Used	Balance Remaining
<b>Aetna HealthFund</b>			
Fund Benefit	\$1,500.00	\$1,358.00	\$142.00
<b>Individual Limits</b>	<b>Annual Limit</b>	<b>Year To Date</b>	<b>Remainder</b>
Medical In Network Deductible	\$1,000.00	\$1,000.00	\$0.00
Medical In Network Share of Amount Remaining (Coinsurance)	\$2,000.00	\$358.00	\$1,642.00
Medical Out of Network Deductible	\$1,000.00	\$1,000.00	\$0.00
Medical Out of Network Share of Amount Remaining (Coinsurance)	\$4,000.00	\$358.00	\$3,642.00
<b>Individual Lifetime Maximums:</b>	<b>Limit</b>	<b>Used</b>	
Medical	\$1,000,000.00	\$25,000.00	

**Payment Summary:**

Sent To : General Medical  
 Date Sent: 03/26/2003  
 Amount: \$1,890.00