



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

Statement date: September 5, 2015

Member: SENTHIL K MURUGAN
Member ID: W204684271
Group #: 0479265-18-001 A P1!%_0
Group name: MERCK & CO., INC.

QUESTIONS? Contact us at aetna.com
1-800-541-6711
Or write to the address shown above.

SENTHIL K MURUGAN
110 GALWAY CIR
CHALFONT PA 18914-3900

THIS IS NOT A BILL
Keep this for your records

Explanation of benefits:

Track your health care costs

\$61.95

Amount you owe or already paid

Amount billed \$97.00

Plan payments and discounts - \$35.05

You owe \$61.95

\$35.05 \$61.95

\$0 \$97.00

\$35.05

Amount you saved

Going to a doctor or hospital in the network saves you money.

That's because we have arranged discounted rates with these providers.

The online provider directory can help you find a doctor or other health care professional. Just go to www.aetna.com.

\$867.14 (Family In-network)

Amount you have left to meet deductible

Annual deductible \$1,000.00

Deductible used - \$132.86

Deductible remaining \$867.14

\$132.86 \$867.14

\$0 \$1,000.00

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$97.00
Member rate:	The agreed upon amount the in-network doctor or health care provider accepts as their fee.	\$61.95
Amount you saved:	The difference between the amount billed and the in-network arranged pricing.	\$35.05
Pending or not payable:	A claim that needs more review by us or an amount we did not pay. You may or may not have to pay this. Read 'Your Claim Remarks' to learn more.	\$0.00
Deductible:	The amount you pay before your health plan will pay benefits.	\$61.95
Coinsurance:	When you pay part of the bill and we pay part of the bill. This is your out-of-pocket amount.	\$0.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00
Other health plan:	This is known as coordination of benefits (COB). When a member has more than one health plan, both plans' payments will not be more than the billed amount. See 'Your claims up close' for other plan details.	

A helpful message

Quest Diagnostics is an Aetna Preferred Laboratory. Ask your physician to use Quest Diagnostics and you will pay less for lab services. Visit QuestDiagnostics.com/EZAppointment or call 1-888-277-8772.

Go paperless!

View this EOB online in your secure member website. We'll notify you via email whenever you get a new EOB. You can go paperless now by texting PAPER to 77948. Why not give it a try?

Your payment summary

Your plan paid					You owe or already paid
Patient	Provider	Amount	Sent to	Date	Amount
Senthil (self)	Jeffrey H Portner	\$0.00			\$61.95
Total:		\$0.00			\$61.95

Your claims up close

Claim for Senthil (self)

Claim ID: E8PBNJ0JF00 Received on 8/26/15	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
OFFICE VISIT on 8/17/15 99213 Jeffrey H Portner Refer to Remarks Section	97.00	61.95	(1)	61.95					*See below
Totals:	97.00	61.95		61.95					\$61.95
	A	B	C	D	E	F	G	H	I

You can find all numbered claim remarks in 'Your Claim Remarks' section.

Coordination with Other Health Plan

Plan Amount Remaining (before Other Health Plan)	\$0.00
This Plan Benefit (before Other Health Plan)	\$0.00
Other Health Plan Paid	\$0.00
This Plan Payment (after Other Health Plan)	\$0.00
* Patient Responsibility (after Other Health Plan)	\$61.95

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 treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]

Your benefit balances to date for 1/1/15 to 12/31/15

Description		
Individual	Annual limit	Amount remaining
Senthil (self)		
Medical In Network Deductible	\$500.00	\$367.14
Medical In Network Coinsurance	\$3,500.00	\$3,367.14
Medical Out of Network Deductible	\$1,000.00	\$867.14
Medical Out of Network Coinsurance	\$7,000.00	\$6,867.14
Family		
Medical In Network Deductible	\$1,000.00	\$867.14
Medical In Network Coinsurance	\$7,000.00	\$6,867.14
Medical Out of Network Deductible	\$2,000.00	\$1,867.14
Medical Out of Network Coinsurance	\$14,000.00	\$13,867.14

Make better health decisions and take action with confidence

With iTriage - a free healthcare app - you can find answers to your medical questions. Search symptoms and conditions, store your health information, and find local doctors. Text iTriage to 31996 to download the free app or visit www.itriagehealth.com.

Have fun while staying active

Ask your friends and family what they do for exercise. Team up with them for even more fun.

Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.

Pour une aide en français, veuillez nous appeler au numéro figurant sur votre carte d'identité.

若需要中文协助，请拨打您医疗身分证上的电话联系我们。

Para sa tulong sa wikang Tagalog, tawagan kami sa numero na nasa iyong Medikal na ID card.

Ya'áti' t'áá dinék'ehjí bee aká'a'áyeed biniyé, nihich'í' hodílnihjí' éí azee' ál'ídi naaltsoos bee nées ho'dílnígíí number bikáá' yisdzoh.

Für Auskünfte auf Deutsch rufen Sie einfach die Nummer auf Ihrer Krankenversicherungskarte an.

Do you need this in another language? Call us.

More Information

Do you have questions? Call us free of charge at the toll-free number on the first page of this statement or on your member ID card.

Appeals

Please send your written appeal along with a copy of this entire EOB to this address:

Appeals Resolution Team
PO Box 14463
Lexington, KY 40512

If you disagree with a claim decision, you can ask us to review it. The process is called an appeal. You or someone you name to act for you, your authorized representative, can ask for this review. Call our Member Services Department using the telephone number displayed on the member ID card or send your written request to the above address.

Your request should include:

- Name, date of birth, and address
- Member ID number
- Group ID and name of your group, usually your employer
- Any other claim documents or records or other facts you would like us to consider. This could be new details that you did not give us the first time.

You have the right to look at the relevant documents we used to make our decision on your claim. A copy of the specific rule, guideline, or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative. You can ask for these (free of charge) by calling or writing us. You have 180 days from the time you get this explanation to appeal. You might even have more time if your plan brochure or Summary Plan Description says so.

When to expect a decision

- If your plan allows for one appeal we'll let you know our decision 60 days after we get your appeal request. Some states might require a different time period.
- Your plan may allow two appeals. In that case, we will let you know our first decision 30 days from the date we receive your appeal request, unless your state gives us a different amount of time. If you don't agree with that first decision, you have a second chance to appeal.

What happens next

If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Employer sponsored plans

If you don't agree with our final decision, you may have the right to bring a lawsuit under Section 502(a) of a law called ERISA. Check with your employee benefits coordinator to see which appeals process your plan allows and if your plan is governed by ERISA.

Coordination of benefits

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

Your privacy

Your health information is confidential. Any information you give us will be kept private. When contacting us about this notice or for help with other questions, please be prepared to provide your member name, member ID, and date of birth.

Prevent fraud

If you suspect fraud or abuse involving these services or would like to report other healthcare fraud-related issues, please call the toll-free hotline at 1-800-338-6361 or e-mail us at aetnasiu@aetna.com.

Resources available to help you

Need help understanding this notice or our decision? **Call us free of charge at the toll-free number on your medical ID card.**

There are also other resources available to help you. Most plans are now subject to health care reform law. Call us or ask your employer if your plan is subject to the law. If it is, you can also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) for help, if your health plan is provided by your employer. In addition, a Consumer Assistance Program may be able to assist you.

Pennsylvania Consumer Assistance Program
Pennsylvania Department of Insurance
Bureau of Consumer Services
1209 Strawberry Square
Harrisburg, PA 17111
Tel: 877-881-6388
Web: <http://www.pahealthoptions.com>