Field Descriptions for the Consolidated Family Explanation of Benefits

1 – [**Mailing address]** Name and mailing address for the member.

2 – **Member** First and last name of member.

3 – **Member ID** The customer member ID used on the member's ID card.

4 – Group # The control, suffix, account, plan summary and PI record.

5 – **Group Name** The name of the plan sponsor.

6 – **Questions?** Customer specific contact information (website and/or telephone number) to use for any questions.

7 – Track your health care costs This area of the EOB provides details of the amount you owe, the amount you saved, and the amount you have left to meet your yearly deductible.

8 – [Box 1] Amount you owe or already paid This box shows totals from all claims on the EOB for the Amount billed, Plan payments and discounts, and You owe. These amounts are shown as a mathematical equation and a bar graph also displays to represent these amounts. Please note: this box may not always display.

9 – [Box 2] Amount you saved This box shows the total from all claims on the EOB, which resulted in savings from going to an in-network provider. Please note: this box may not always display or may display with variable text.

10 – [Box 3] Amount you have left to meet deductible This box shows the amount remaining to meet your yearly, in-network, family deductible. A mathematical equation represents the Annual deductible, Deductible used, and Deductible remaining. A bar graph also displays to represent these amounts. Please note: this box may not always display or may display with variable text.

11 – **A guide to key terms** This area of the EOB provides a glossary of some common terms used on the EOB. Following some of the definitions, totals from the EOB will display.

12 – A message from your employer This area may contain a plan sponsor specific message and/or a message from Aetna.

13 – Your payment summary This area of the EOB provides detailed information of any payments made for the claims on the EOB and any remaining amounts owed.

14 – Your claims up close This area of the EOB shows detailed information for each claim transaction.

15 – **Claim for [Name] (relationship)** First name of the patient followed by the relationship to the member.

16 – **Claim ID** For internal Aetna use: a unique number assigned to each claim.

17 – Received on The date the claim was received by Aetna.

18 – Amount Billed The submitted charge for the service.

19 – Member Rate The negotiated fee for the service for a provider who participates in the network.

20 – Pending or not payable The amount being pended or denied. A numbered footnote will appear next to the amount being pended or denied and the full explanation appears in the 'Your claim remarks' area of the EOB.

21 – Applied to deductible The amount being applied to the patient's deductible.

22 – Your copay Patient copayment for the services rendered.

23 – Amount remaining The amount on which the benefit is calculated.

24 – Plan pays The dollar amount being paid by Aetna followed by the percentage at which benefits are being paid.

25 – Your coinsurance The dollar amount followed by the percentage of the allowable charges for which the member is responsible.

26 – You owe Indicates the total amount for which the patient is responsible. This includes not covered, copay, deductible and coinsurance amounts (C+D+E+H=I).

27 –Your benefit balances to date This area of the EOB provides a summary of financial limits for the benefit year listed.

28 – A second message from your employer This area may contain a plan sponsor specific message and/or a message from Aetna.

29 –Foreign language offering This is our offer to translate the EOB in other languages based on a Health Care Requirement law.

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