

EXPLANATION OF BENEFITS

Please Retain for Future Reference
 Date Printed: 01/17/05
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Claim Activity for JOHN T DOE (Self)

Continued from Previous Page

DATE AND TYPE OF SERVICE	Patient Responsibility (shaded columns)										Total Patient Responsibility
	A	B	C	D	E	F	G	H	I		
This is the claim detail for the bills received on 01/15/05. Claim ID: PID589W400											
01/08/05 Office Visit	110.00	90.00		20.00		70.00	90%	63.00	7.00		27.00
Column Totals	565.00	495.00	25.00	20.00		420.00		378.00	42.00		87.00

26 Ellen Smith May Bill You: \$27.00
 Jim Michaels May Bill You: \$15.20
 Rhonda Parker May Bill You: \$27.00
 Hartford Hospital May Bill You: \$87.00

Claim Activity for JANICE DOE (Spouse)

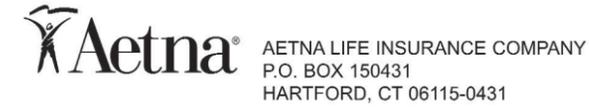
DATE AND TYPE OF SERVICE	Patient Responsibility (shaded columns)										Total Patient Responsibility
	A	B	C	D	E	F	G	H	I		
This is the claim detail for the bills received on 01/15/05. Claim ID: EID589W400											
Ellen Smith 01/08/05 Office Visit	110.00	90.00		20.00		70.00	90%	63.00	7.00		27.00
Column Totals	110.00	90.00		20.00		70.00		63.00	7.007		27.00

26 Ellen Smith May Bill You: \$27.00
27 C + D + E + H = I

Claim Activity for SCOTT R DOE (Son)

DATE AND TYPE OF SERVICE	Patient Responsibility (shaded columns)										Total Patient Responsibility
	A	B	C	D	E	F	G	H	I		
This is the claim detail for the bills received on 01/15/05. 23 Claim ID: EKLGI9W400 24											
Randy Jackson 01/10/05 Medical Services	31.00		5.00			26.00	90%	23.40	2.60		7.60
01/10/05 Medical Services	31.00		5.00	1		26.00	90%	23.40	2.60		7.60
Column Totals	62.00		10.00			52.00		46.80	5.20		15.20

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Claim Activity for SCOTT DOE (Son)

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DATE AND TYPE OF SERVICE	Patient Responsibility (shaded columns)										Total Patient Responsibility
	A	B	C	D	E	F	G	H	I		
This is the claim detail for the bills received on 01/15/05. 23 Claim ID: PFG689W400 24											
Latoya London 01/08/05 Office Visit	110.00	90.00		20.00		70.00	90%	63.00	7.00		27.00
Refer to Remarks Section								4			
Column Totals	110.00	90.00		20.00		70.00		63.00	7.00		27.00

26 Randy Jackson May Bill You: \$15.20
 Latoya London May Bill You: \$27.00
27 C + D + E + H = I

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Aetna Health Fund Remarks: Suppress if no AHF RMKS

Flexible Spending Account Remarks: Suppress if no FSA RMKS

General Remarks: Suppress if no Line or Claim Level RMKS

- We have paid the maximum allowed by your plan of benefits for this service.
- The late claim interest/penalty charge is required by state regulations. A late claim interest/penalty charge has been applied and is included in the payment. The charge has been paid by Aetna. It does not come from member funds, and is not applied to plan limits.
- This claim could not be considered at this time.
- This claim was previously processed on Scott in error and denied as a duplicate. All records have been adjusted.

Plan Summary for 01/01/05- 12/31/05 **29**

Description	Annual Limit	Year To Date	Remainder
Individual Limits			
John (Self)			
In Network Deductible	\$200.00	\$200.00	\$00.00
In Network Share of Amount Remaining (Coinsurance)	\$500.00	\$75.00	\$425.00
Out of Network Deductible	\$250.00	\$175.00	\$75.00
Out of Network Share of Amount Remaining (Coinsurance)	\$750.00	\$00.00	\$750.00
Janice (Spouse)			
In Network Deductible	\$200.00	\$200.00	\$00.00
In Network Share of Amount Remaining (Coinsurance)	\$500.00	\$75.00	\$425.00
Out of Network Deductible	\$250.00	\$175.00	\$75.00
Out of Network Share of Amount Remaining (Coinsurance)	\$750.00	\$00.00	\$750.00
Scott (Son)			
In Network Deductible	\$200.00	\$200.00	\$00.00
In Network Share of Amount Remaining (Coinsurance)	\$500.00	\$75.00	\$425.00
Out of Network Deductible	\$250.00	\$175.00	\$75.00
Out of Network Share of Amount Remaining (Coinsurance)	\$750.00	\$00.00	\$750.00
Family Limits			
In Network Deductible	\$600.00	\$600.00	\$00.00
In Network Share of Amount Remaining (Coinsurance)	\$1,500.00	\$225.00	\$1275.00
Out of Network Deductible	\$600.00	\$525.00	\$75.00
Out of Network Share of Amount Remaining (Coinsurance)	\$1,500.00	\$00.00	\$1,500.00

Payment Summary: **30**

Sent To: Ellen Smith Date Sent: 01/17/2005 Amount: \$63.00
Date Sent: 01/16/2005 Amount: \$63.00
Sent To: Jim Michaels Date Sent: 01/13/2005 Amount: \$54.69
Sent To: Rhonda Parker Date Sent: 01/17/2005 Amount: \$63.00
Sent To: Hartford Hospital Date Sent: 01/17/2005 Amount: \$378.00
Sent To: Randy Jackson Date Sent: 01/16/2005 Amount: \$46.80
Sent To: Latoya London Date Sent: 01/14/2005 Amount: \$63.00

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