

Your claims explained

Experience your new online EOB tool

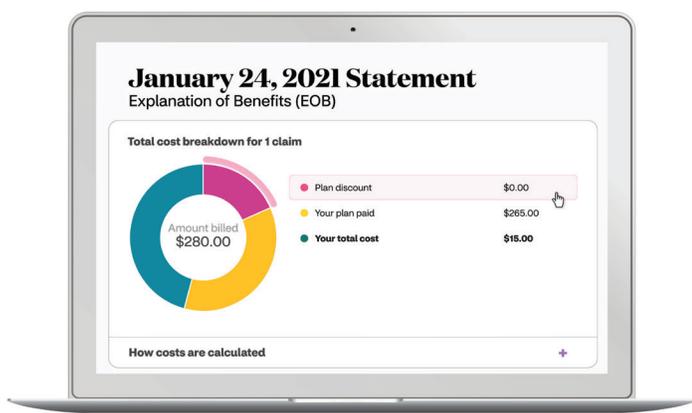
An Explanation of Benefits (EOB) statement includes important information about your claims and your medical and/or dental care costs. However, sometimes EOBs can be challenging to understand.

That's where this new tool comes in.

In response to feedback from members like you, we've created a new EOB tool that's been redesigned to offer easy online access to the information you need.

It's available for claims processed on November 17, 2020, or after. You will continue to be able to access the printable version of your EOB, as well.

With your new EOB tool, information like amount billed, plan discount and your total costs are displayed in a colorful, interactive graph.



You'll get a detailed breakdown of how costs were calculated...

How are costs calculated?



This breakdown totals up costs for all claims on the EOB statement.

The **amount billed** is what providers originally charge for services.

After discounts, **your plan pays** providers for covered services. This amount can vary based on your plan and spending toward plan limits, such as the deductible.

Your total cost includes any charges not paid by your plan. Always review your provider bill to confirm the final amount you owe.

And see how much you saved (and can continue to save) by staying in the network.

You saved \$265.00 by staying in the network

Keep saving on future visits by finding in-network doctors and facilities.

[Find Care & Pricing](#) →

You can check where you are in meeting your deductible and/or out-of-pocket maximum...

How did your plan cover this statement?

How much your plan covered depends on a few factors, including whether your plan's spending limits had been met.

Medical In-Network Limits

- As of November 17, 2020, you had not met the \$1,400 deductible or \$2,800 out-of-pocket max.

Medical Out-of-Network Limits

- As of November 17, 2020, you had not met the \$1,400 deductible or \$2,800 out-of-pocket max.

For more information, [view your current spending.](#)

And get proactive answers to common questions.

Common questions: Claims and Explanation of Benefits (EOB)

What is the difference between claims, Explanation of Benefits (EOB) statements, and provider bills?

What did my plan cover?

Why does my provider bill have different information than this statement?

[View All Questions](#) →

What's more, if a claim is pending and/or impacted by secondary insurance, a full explanation and next steps are clearly outlined.

! Additional information requested for at least one claim on this statement

On the date this statement was created, we needed more information from you or your provider to determine how much your plan would cover.

Details about pending costs are included as "Remarks" on your claim until we have the information we need. After that, the claim will be updated with a new status and cost on your next statement.

You can always look at claims from this statement for the most up-to-date status and cost.



Your new EOB tool is designed to make it easier to manage your family's health care.

To access your EOB statements, simply log in to your member website at [Aetna.com](#)

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The new EOB tool is available for claims processed on November 17, 2020, or after. Claims information shown is for demonstration purposes only.

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