



# We've got you

**A guide to your Explanation of Benefits**  
when Medicare is your first payer

Retiree Supplemental Plan (RSP)

[AetnaInternational.com](https://www.aetna.com)

2019642-02-01 (3/23)

 **aetna**<sup>®</sup>

**Your anytime,  
anywhere health  
care partner.**

# See how your benefits work for you.

When a claim is filed under your Medical Benefits Program, you get an Explanation of Benefits (EOB). This guide shows you two things:

- The amounts paid by Medicare (if any)
- The amounts we paid from your plan benefits for the services you received

## Your options for receiving EOBs include:

- Online 24/7/365 for review and printing through your secure member website at [AetnaInternational.com](https://www.aetnainternational.com)
- By mail
- Via both methods



# EOB: Not a bill



## A simpler way to track your costs

Your Explanation of Benefits (EOB) gives you a quick way to see which charges for health care services that you received were submitted to us and what was paid. It is NOT a bill. Any charges you might owe will show on any bills you receive directly from health care providers.

## A guide to key terms

Look in your EOB under “**Amount billed**” to your far right. This amount is the total “billed amount” for the claims listed in this EOB.

This amount does not reflect any discounted or negotiated rates with either Medicare or as an Aetna International in-network provider. Also, it may not reflect the “allowable” reasonable and customary charges for an out-of-network provider. So, this amount is before any discounts or negotiated rates are applied.

There could be many reasons why something is **pending or not-payable**. In this example, this amount is considered a Medicare write-off. You are not responsible for paying this amount. Please refer to Your Claim Remarks for the pended or denial reason on your claim.

When you have both an Aetna International plan and a Medicare plan, calculating who pays for which charges and how much is called “Coordination of Benefits.” On your EOB, “**Other health plan**” will always refer to Medicare, which will pay as the primary plan for all Medicare-covered charges.

## Your payment summary

This is a breakdown of how much we paid from your plan benefits for the services you received. In this section, the **\$27.59** is the amount we paid. Medicare paid the remaining amount.



Aetna Life Insurance Company  
 PO BOX 981543  
 EL PASO TX 79998-1543 USA

Statement date: November 12, 2019

Member: [YOUR NAME]  
 Member ID: [MEMBER ID]  
 Group #: [GROUP NUMBER]  
 Group name: [GROUP NAME]

[YOUR NAME]  
 [ADDRESS]  
 [CITY, STATE ZIP]

QUESTIONS? Contact us at [Aetna.com](http://Aetna.com)  
 1-888-633-1055  
 Or write to the address shown above.


## Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows how much you may owe, the amount that was billed, and your member rate. It also shows the amount you saved and what your plan paid. Look at this statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s). If you have access to the secure member website, you can change your delivery preference, view, print or download your EOBs online anytime.

### Track your health care costs

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](http://www.Aetna.com)

### A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	\$441.00
Member rate:	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.	\$0.00
 Pending or not payable:	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	\$302.93
Deductible:	The amount you pay for covered services before your plan starts to pay.	\$0.00
Coinsurance:	When you pay part of the bill and we pay part of the bill. This is the out-of-pocket amount that you may owe.	\$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.	

### Your payment summary

Patient	Provider	Your plan paid			You owe or already paid
		Amount	Sent to	Send date	Amount
[YOUR NAME](self)	General Hospital	\$27.59	General Hospital	11/20/19	\$0.00
<b>Total:</b>		\$27.59			\$0.00

# Your claims up close (Part 1)



Listed below is an example of page 2 of your EOB. The amount listed under Column A is reflected in the “Amount Billed” section on page 1 of your EOB.

A guide to key terms		
Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	\$3,416.00



Total billed for this claim | \_\_\_\_\_

This is the amount Medicare paid | \_\_\_\_\_

This is the amount we paid | \_\_\_\_\_



Statement date: November 12, 2019

Member: [YOUR NAME]

Group name: I [GROUP NAME]

Page 2 of 4

Member ID:

Group #:

## Your claims up close

This section shows your benefits before any Coordination of Benefits (COB) was applied. Another plan may have paid for some of these charges. The true amount you owe will be shown above if the "Your payment summary" section is displayed.

Claim for [YOUR NAME] Provider: GENERAL HOS

Claim ID: Received on 11/6/19	Amount billed	Member rate	Not payable by plan (Remarks) ⓘ	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
OFFICE VISIT 99214 on 10/15/19	378.00		268.86 (1)			109.14	109.14 (100%)		
X-RAY EXAM OF ANKLE 73600 on 10/15/19	63.00		34.07 (1)			28.93	28.93 (100%)		
Refer to Remarks Section			(2) (3)						
Totals:	441.00		302.93			138.07	138.07		

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

### COB fast facts

<u>You owe</u>	<u>Other plan(s) paid</u>	<u>Our payment after COB</u>
\$0.00	\$110.48	\$27.59

### Your Claim Remarks

#### General Remarks:

- (1) You do not owe this amount. The provider accepts the amount Medicare approved as payment in full. [065]
- (2) We looked at this claim after your primary plan(s) paid any benefits. The amount you see in Column I is what you would have owed before COB was applied. You may not have a balance on this claim. Look at the amount in the section above called 'Your payment summary' if it is displayed. It will show you what this plan paid and what you may really owe or already paid. [O12]
- (3) 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]

**Aetna has pended the claim for Medicare EOB.**

**Members can sign up for Medicare Direct by contacting member services using the number on the back of their ID card.**

**By signing up for Medicare Direct, Medicare will send Aetna the completed EOB automatically.**

**If you do not have Medicare, please contact Aetna to let us know. Enrollment in the Retiree Supplemental Plan requires both Medicare Part A and Part B enrollment.**

**A complete list of your benefit balances and plan limits can be found on your secure member website.**

### Give your shredder a break

You can get this statement electronically and it will be available 24/7. Print it only if you need to. It will save you time. You won't have to store it, organize it or shred it. And, it will be great to know that this document won't get lost in the mail. Go to your profile in your secure member website to make this happen. If you've done this, you've already made a difference.

# Your claims up close (Part 2)



**Column F** refers to the amount remaining after the Medicare write-off.

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**Column G** refers to the amount your Aetna International plan would pay if you did not have primary coverage through Medicare.

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Statement date: November 12, 2019  
 Member: [YOUR NAME]  
 Group name: | [GROUP NAME]

Page 2 of 4  
 Member ID:  
 Group #:

## Your claims up close

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### COB fast facts

<u>You owe</u>	<u>Other plan(s) paid</u>	<u>Our payment after COB</u>
\$0.00	\$110.48	\$27.59

### Your Claim Remarks

#### General Remarks:

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# Your claim remarks



In **Column C** under the “**Not payable by plan**” heading, your provider agreed to accept the amount Medicare approved for this service as payment in full. **You don’t pay these amounts.**



Next to any amounts listed under **Column C** with the heading, “**Not payable by plan**,” you will see a number that corresponds to an explanation of that amount shown under the “**Your Claim Remarks**” section.



Statement date: November 12, 2019

Member: [YOUR NAME]

Group name: [GROUP NAME]

Page 2 of 2

Member ID: [MEMBER ID]

Group: [GROUP]

## Your claims up close

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# COB fast facts



After Coordination of Benefits occurs, Member will be responsible for the amount under the heading, **“You owe.”** Medicare pays the amount listed under the heading, **“Other plan(s) paid.”** We pay the amount listed under the heading, **“Our payment after COB.”**





Statement date: November 12, 2019

Member: [YOUR NAME]

Group name: | [GROUP NAME]

Page 2 of 4

Member ID:

Group #:

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Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plans and programs may be underwritten and administered by Aetna Life Insurance Company or underwritten by Aetna Life & Casualty (Bermuda) Ltd. and administered by Goodhealth Worldwide Global (Bermuda) Ltd. Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.