Explanation of benefits:

Track your health care costs

- **Amount you owe or already paid**
  - Amount billed: $100.00
  - Plan payments and discounts: -$100.00
  - You owe: $0.00

- **Amount you saved**
  - Going to a doctor or hospital in our network saves you money.
  - That's because we have arranged discounted rates with these providers.
  - Our online provider directory can help you find a doctor or other health care professional. Just go to www.aetna.com.

- **Amount you have left to meet deductible**
  - Annual deductible: $1,000.00
  - Deductible used: -$1,000.00
  - Deductible remaining: $0.00

A guide to key terms

<table>
<thead>
<tr>
<th>Term</th>
<th>This means</th>
<th>Your totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount billed</td>
<td>The amount your doctor or health care provider billed for services.</td>
<td>$100.00</td>
</tr>
<tr>
<td>Member rate</td>
<td>The agreed upon amount your doctor or health care provider in our network accepts as their fee.</td>
<td>$75.00</td>
</tr>
<tr>
<td>Amount you saved</td>
<td>The difference between the amount billed and the in-network arranged pricing.</td>
<td>$25.00</td>
</tr>
<tr>
<td>Pending or not payable</td>
<td>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.</td>
<td>$0.00</td>
</tr>
<tr>
<td>Deductible</td>
<td>The amount you pay before your health plan will pay benefits.</td>
<td>$0.00</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>When you pay part of the bill and we pay part of the bill. This is your out-of-pocket amount.</td>
<td>$0.00</td>
</tr>
<tr>
<td>Copay</td>
<td>A fixed dollar amount you pay when you visit a doctor or other health care provider.</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

A message from your employer

Please report any important life event changes to your personnel department. This can include birth, marriage, adoption or divorce. You have 31 days from the date of the event to make any changes to your coverage.
Your payment summary

<table>
<thead>
<tr>
<th>Patient</th>
<th>Provider</th>
<th>Amount</th>
<th>Sent to</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samantha (self)</td>
<td>David Principe</td>
<td>$75.00</td>
<td>David Principe</td>
<td>3/1/10</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>$75.00</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

In-network coinsurance: $1,500.00, remaining: $528.43

Medical lifetime benefits: $1,000,000.00, remaining: $997,653.50

Your claims up close

Claim for Samantha (self)

Claim ID: E123456701, Received on 2/15/10

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount billed</th>
<th>Member rate</th>
<th>Pending or not payable</th>
<th>Applied to deductible</th>
<th>Your copay</th>
<th>Amount remaining</th>
<th>Plan pays</th>
<th>Your coinsurance</th>
<th>You owe C+D+E+H=I</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE VISIT on 1/1/10 12345</td>
<td>100.00</td>
<td>75.00</td>
<td>75.00</td>
<td>75.00</td>
<td>75.00</td>
<td>75.00 (100%)</td>
<td>0.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Totals:</td>
<td>100.00</td>
<td>75.00</td>
<td></td>
<td>75.00</td>
<td>75.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your benefit balances to date for 1/1/10 to 12/31/10

<table>
<thead>
<tr>
<th>Description</th>
<th>Most you pay</th>
<th>Amount remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samantha (self)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network deductible</td>
<td>$1,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>In-network coinsurance</td>
<td>$1,500.00</td>
<td>$528.43</td>
</tr>
<tr>
<td>Out-of-network deductible</td>
<td>$2,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Out-of-network coinsurance</td>
<td>$3,000.00</td>
<td>$528.43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual lifetime benefits</th>
<th>Amount</th>
<th>Amount remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samantha (self)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical lifetime</td>
<td>$1,000,000.00</td>
<td>$997,653.50</td>
</tr>
</tbody>
</table>
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.