



Aetna Life Insurance Company  
PO Box 30017  
Pittsburgh PA 15222-0330

\*009240\*M280QYBC\*069313\*

## Explanation of Benefits

**Statement date:** August 5, 2023

**Member:** Philip RICE

**Member ID:** 101573439300

**Plan name:** Aetna Medicare Premier Plus 1 (PPO)

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**QUESTIONS?** Contact us at  
<https://Health.AetnaMedicare.com>

**Member Services:** 1-833-570-6670

**TTY/TDD:** 711

**Hours of Operation:** 8 am to 8 pm local time, seven days a week

**Precertification:** 800-624-0756

Or write to the address shown above

Philip RICE  
11268 E LINVALE DR  
AURORA CO 80014

## Monthly Report

### Medical and Hospital Claims processed in July 2023

Claims are bills sent to the plan by your doctors and others who provide your care. This includes any requests for payments, or bills, that you send directly to Aetna Medicare Premier Plus 1 (PPO) for care you have received. This report covers medical and hospital care only. We send a separate report on Part D prescription drugs if you have a drug plan with us. This information is not a complete description of benefits. Call 1-833-570-6670 (TTY: 711) for more information.

### This is not a bill

This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid out of pocket (or can expect to be billed). Look over the information about your claims - does it seem correct? If you owe anything, your doctors and other health care providers will send you a bill. In the claim details section, the amounts shown under "Your share" can be either of the following:

- A payment you have already made to the provider
- Or the maximum amount you may owe

If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim. If you still have questions, call Member Services using the phone number shown above.

Please retain this statement to keep track of services you have received and how much you have spent "out-of-pocket".

### Fraud

Fraud impacts Medicare and can lead to higher health care costs. Some examples of current fraud schemes to be on the lookout for include:

- People using your **Medicare or health plan member number** for services you never received
- People **calling you to ask** for your Medicare or health plan numbers (never give those out)
- People **trying to bribe you** to use a doctor you don't know, to get services you may not need
- **People** going door-to-door to sell you **healthcare items or services (only your doctor knows what you need)**
- **People** offering you money or **other incentives for health care services you don't need**
- More information can be found here:  
<https://www.aetnamedicare.com/en/footers/fraud-waste-abuse.html>

If you notice something suspicious that might be dishonest billing, you can report it by calling us at the number on your ID card or 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)



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## **You're covered for preventive care services**

Don't forget that your Medicare plan covers preventive visits. Talk to your doctor to make sure you are up-to-date on these exams and screenings. To learn more, see your Evidence of Coverage (EOC). You can call Member Services by referring to the first page of this statement or your Member ID card.

Note: If you receive other care during your preventive service visit, you may have to pay a copayment or coinsurance for those services.

## **Important information**

Cut down on paper. Save time by getting your Explanation of Benefits (EOB) statements online. They are quicker to access for view and print. Log into your secure member website and sign up to receive your EOBs online.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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Here is your Current Financial Summary

Totals for medical and hospital claims	Amount the providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
Totals for this month (for claims processed 7/1/23 - 7/31/23)	\$2,856.30	\$1,188.54	\$778.53	\$579.44
Totals for 2023 (all claims processed through 7/31/23)	\$18,899.40	\$4,736.05	\$3,363.92	\$2,992.77

Yearly Limit - this limit gives you financial protection

<p>This limit tells the <u>most</u> you will have to pay in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.</p> <p>The yearly limit is called your "out-of-pocket maximum". It puts a limit on how much you have to pay, but it does <u>not</u> put a limit on how much care you can get.</p> <p>Your out-of-pocket spending for optional supplemental services will not count toward your yearly out-of-pocket maximum. This means:</p> <ul style="list-style-type: none"> <li>Once you have reached your limit in out-of-pocket costs, <b><u>You stop paying out of pocket for all services.</u></b></li> <li>You keep getting your covered medical and hospital services as usual, and <b><u>the plan will pay the full cost for the rest of the year.</u></b></li> </ul>	<p>As of July 31, 2023, <b>you have had \$1,229.76 in out-of-pocket costs</b> that count toward your \$8,950.00 out-of-pocket maximum for covered services in 2023.</p> <p><u>In-network limit</u>        In 2023, \$5,300.00 is the most you will have to pay for covered services you get from in-network providers. As of July 31, 2023, you have had \$660.00 in out of pocket costs that count toward your \$5,300.00 in-network maximum for covered services in 2023.</p> <p><u>Combined (in-network + out-of-network) limit</u>        In 2023, \$8,950.00 is the most you will have to pay for covered services you get from all providers (in-network providers + out-of-network providers combined). As of July 31, 2023, you have had \$1,229.76 in out-of-pocket costs that count toward your \$8,950.00 combined out-of-pocket maximum for covered services in 2023.</p>
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**Payment summary**

Provider	Amount	Send to	Send date
MEMBER REIMBURSEMENT	\$118.87	PHILLIP RICE	7/10/23
MEMBER REIMBURSEMENT	\$240.00	PHILLIP RICE	7/21/23
BROWN, MATTHEW AL	\$0.00		
AURORA NURSING AND REHAB CENTER, LLC	\$310.76	AURORA NURSING AND REHAB CENTER, LLC	7/21/23
ELDRIDGE, DAWN V.	\$108.90	CATHOLIC HEALTH INITIATIVES COLORADO	8/2/23

**Details for claims processed in July 2023**

Remember, this report is **NOT A BILL**. If you have not already paid the amount shown for "Your share", wait until you get a bill from the provider. If you get a bill that is higher than the amount shown for "Your share", call us at Member Services (phone numbers are on first page).

Matthew Al Brown  
 In-network provider

Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: ECJM61B9900					
INJECTION THERAPY OF VEINS on 1/19/23 36471	\$880.13	\$880.13 <b>DENIED</b>	(Look at the page for information about your appeal rights)	0001	\$0.00
We have denied all or part of this claim. However, you are not responsible for paying the billed amount because you received this service from an PPO - Medicare (Aetna) provider OR based on a referral from an PPO - Medicare (Aetna) provider.					

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Matthew Al Brown  
 In-network provider

Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: ECJM61B9900					
ECHO GUIDE FOR BIOPSY on 1/19/23 76942	\$252.80	\$252.80 <b>DENIED</b>	0001  (Look at the page for information about your appeal rights)	\$0.00	\$0.00  We have denied all or part of this claim. However, you are not responsible for paying the billed amount because you received this service from an PPO - Medicare (Aetna) provider OR based on a referral from an PPO - Medicare (Aetna) provider.
<b>Totals</b>	\$1,132.93	\$0.00		\$0.00	\$0.00

You can find all numbered notes in the 'Notes' section after the final claim.

Member Reimbursement Out-of-network provider					
Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: M0449824201					
CONTACT LENS, OTHER TYPE on 3/30/23 V2599	\$82.00	\$82.00	0002	\$82.00	\$0.00

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Member Reimbursement Out-of-network provider						
Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share	
Claim Number: M0449824201						
PROGRESSIVE LENS PER LENS on 3/30/23 V2781	\$348.00	\$348.00 <b>DENIED</b>	0002 0003 (Look at the page for information about your appeal rights)	\$158.00	\$190.00	This service was denied, but you may be responsible for paying this amount. Look at the page for information about your appeal rights.
ANTI-REFLECTIVE COATING, PER on 3/30/23 V2750	\$89.00	\$89.00 <b>DENIED</b>	0003 (Look at the page for information about your appeal rights)	\$0.00	\$89.00	This service was denied, but you may be responsible for paying this amount. Look at the page for information about your appeal rights.
TINT, PHOTOCROMATIC, PER LE on 3/30/23 V2744	\$89.00	\$89.00 <b>DENIED</b>	0003 (Look at the page for information about your appeal rights)	\$0.00	\$89.00	This service was denied, but you may be responsible for paying this amount. Look at the page for information about your appeal rights.
<b>Totals</b>	\$608.00	\$430.00		\$240.00	\$368.00	

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Member Reimbursement						
Out-of-network provider						
Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share	
Claim Number: M0441870203						
HEPA/HEPB VACCINE ADULT IM on 4/13/23 90636	\$165.00	\$118.87	0004	\$118.87		\$0.00
<b>Totals</b>	\$165.00	\$118.87		\$118.87		\$0.00

You can find all numbered notes in the 'Notes' section after the final claim.

Aurora Nursing and Rehab Center, LLC  
 Out-of-network provider

Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: E8FC5DR3201					
THERAPEUTIC EXERCISES on 6/1/23 97110	\$30.54	\$23.07	0005 0006	\$13.56	\$9.23

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Aurora Nursing and Rehab Center, LLC  
 Out-of-network provider

Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: E8FC5DR3201					
NEUROMUSCULAR REEDUCATION on 6/1/23 97112	\$35.09	\$35.09	0005	\$20.63	You pay 40% of the total amount for services from an out-of-network provider
NEUROMUSCULAR REEDUCATION on 6/6/23 97112	\$30.54	\$23.07	0005 0006	\$13.56	You pay 40% of the total amount for services from an out-of-network provider
NEUROMUSCULAR REEDUCATION on 6/6/23 97112	\$35.09	\$35.09	0005	\$20.63	You pay 40% of the total amount for services from an out-of-network provider
THERAPEUTIC ACTIVITIES on 6/8/23 97530	\$77.48	\$65.72	0005 0006	\$38.64	You pay 40% of the total amount for services from an out-of-network provider

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Aurora Nursing and Rehab Center, LLC  
 Out-of-network provider

Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: E8FC5DR3201					
THERAPEUTIC EXERCISES on 6/13/23 97110	\$30.54	\$23.07	0005 0006	\$13.56	\$9.23 You pay 40% of the total amount for services from an out-of-network provider
THERAPEUTIC ACTIVITIES on 6/13/23 97530	\$38.74	\$38.73	0005 0006	\$22.78	\$15.49 You pay 40% of the total amount for services from an out-of-network provider
THERAPEUTIC EXERCISES on 6/15/23 97110	\$61.08	\$53.61	0005 0006	\$31.53	\$21.44 You pay 40% of the total amount for services from an out-of-network provider
THERAPEUTIC EXERCISES on 6/20/23 97110	\$30.54	\$30.54	0005	\$17.95	\$12.22 You pay 40% of the total amount for services from an out-of-network provider

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Aurora Nursing and Rehab Center, LLC  
 Out-of-network provider

Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: E8FC5DR3201					
GAIT TRAINING THERAPY on 6/20/23 97116	\$30.54	\$23.07	0005 0006	\$13.56	\$9.23 You pay 40% of the total amount for services from an out-of-network provider
THERAPEUTIC EXERCISES on 6/22/23 97110	\$61.08	\$53.61	0005 0006	\$31.53	\$21.44 You pay 40% of the total amount for services from an out-of-network provider
THERAPEUTIC EXERCISES on 6/27/23 97110	\$30.54	\$23.07	0005 0006	\$13.56	\$9.23 You pay 40% of the total amount for services from an out-of-network provider
NEUROMUSCULAR REEDUCATION on 6/27/23 97112	\$35.09	\$35.09	0005	\$20.63	\$14.04 You pay 40% of the total amount for services from an out-of-network provider

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Aurora Nursing and Rehab Center, LLC  
 Out-of-network provider

Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: E8FC5DR3201					
THERAPEUTIC ACTIVITIES on 6/29/23 97530	\$77.48	\$65.72	0005 0006	\$38.64	\$26.29 You pay 40% of the total amount for services from an out-of-network provider
<b>Totals</b>	\$604.37	\$528.55		\$310.76	\$211.44

You can find all numbered notes in the 'Notes' section after the final claim.

Dawn V. Eldridge In-network provider					
Description and Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Notes	Plan's share	Your share
Claim Number: EC3664B0003					
OFFICE O/P EST MOD 30-39 MIN on 7/18/23 99214	\$346.00	\$111.12	0005 0007 0008	\$108.90	\$0.00
<b>Totals</b>	\$346.00	\$111.12		\$108.90	\$0.00

You can find all numbered notes in the 'Notes' section after the final claim.

**Notes:**

0001 - This is a duplicate claim. We've already considered it for payment. You don't have a next step at this time. [114]

Y0001\_NR\_34211\_2023\_C





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**Notes:**

- 0002 - This payment is a reimbursement to the member. [P19]
- 0003 - This amount is your balance. You reached the plan limit or maximum amount for this service in this benefit plan year. You can check your plan details before any future visits. [124]
- 0004 - Medicare payment not available. Payment made using the Aetna fee schedule, based on location of services. [PMM]
- 0005 - You do not have to pay this. CMS/Medicare recently changed reimbursement levels. We applied your cost share from the approved amount. We have adjusted the payment to the provider. This did not affect your cost share. [M52]
- 0006 - We made payment according to the Medicare allowable rate. [P49]
- 0007 - This has been paid following Medicare's payment policy for nurse practitioners, physician assistants, clinical nurse specialists, and includes any reductions for multiple procedures/services performed on the same date of service. [P9A]
- 0008 - We considered this service at the contracted rate for your provider. [P12]