



Aetna Life Insurance Company
P.O. BOX 14079
LEXINGTON, KY 40512-4079

Statement date: December 24, 2022

Member: ANDREW SHARP
Member ID: W272991909
Group #: 0863140-52-202 JA P1(340)
Group name: KFORCE FA & TECH FLEX KFS

QUESTIONS? Contact us at aetna.com
1-888-463-6265
Or write to the address shown above.

ANDREW SHARP
212 THOMPSON SQ
MOUNTAIN VIEW CA 94043

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

<p>\$0.00 Amount you may owe or already paid</p> <table style="width: 100%;"> <tr> <td>Amount billed</td> <td style="text-align: right;">\$3,472.70</td> </tr> <tr> <td>Plan payments and discounts</td> <td style="text-align: right;">- \$3,472.70</td> </tr> <tr> <td>You may owe</td> <td style="text-align: right; border-top: 1px solid black;">\$0.00</td> </tr> </table>	Amount billed	\$3,472.70	Plan payments and discounts	- \$3,472.70	You may owe	\$0.00	<p>\$165.01 Amount you saved</p> <p>Going to a provider 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.</p>	<p>\$0.00 (In-network) Amount you have left to meet deductible</p> <table style="width: 100%;"> <tr> <td>Annual deductible</td> <td style="text-align: right;">\$950.00</td> </tr> <tr> <td>Deductible used</td> <td style="text-align: right;">- \$950.00</td> </tr> <tr> <td>Deductible remaining</td> <td style="text-align: right; border-top: 1px solid black;">\$0.00</td> </tr> </table>	Annual deductible	\$950.00	Deductible used	- \$950.00	Deductible remaining	\$0.00
Amount billed	\$3,472.70													
Plan payments and discounts	- \$3,472.70													
You may owe	\$0.00													
Annual deductible	\$950.00													
Deductible used	- \$950.00													
Deductible remaining	\$0.00													

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	\$3,472.70
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.	\$424.69
Pending or not payable:	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	\$0.00
Deductible:	A cost share 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 cost share out-of-pocket amount that you may owe.	\$0.00
Copay:	The fixed cost share amount you pay when you visit a doctor or health care provider.	\$0.00

Your payment summary

Patient	Provider	Your plan paid		You may owe or already paid	
		Amount	Sent to	Send date	Amount
Andrew (self)	Alison G Chang	\$475.00	Alison G Chang	1/4/23	\$0.00

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Patient	Provider	Your plan paid			You may owe or already paid
		Amount	Sent to	Send date	Amount
Andrew (self)	Brittany Holmes	\$281.66	Brittany Holmes	1/4/23	\$0.00
Andrew (self)	Daniel C Schiffner	\$353.00	Daniel C Schiffner	12/28/22	\$0.00
Andrew (self)	Daniel C Schiffner	\$957.00	Daniel C Schiffner	1/11/23	\$0.00
Andrew (self)	Edmund W Tai	\$100.80	Edmund W Tai	1/11/23	\$0.00
Andrew (self)	Jon L Keller	\$273.60	Jon L Keller	1/4/23	\$0.00
Andrew (self)	Michael A Cohn	\$137.00	Michael A Cohn	1/11/23	\$0.00
Andrew (self)	Michelle M Primeau	\$717.00	Michelle M Primeau	12/21/22	\$0.00
Andrew (self)	Quest Diagnostics	\$12.63	Quest Diagnostics	12/14/22	\$0.00
Total:		\$3,307.69			\$0.00

Your claims up close

Claim for Andrew (self) Provider: Michelle M Primeau (In-Network)

Claim ID: EAJM2WL5J00 Received on 11/30/22	Amount billed	Member rate	Pending or not payable (Remarks) ⓘ	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
CONSULTATIONS 99245 on 11/28/22 Refer to Remarks Section	717.00		(1)			717.00	717.00 (100%)		
Totals:	717.00			0.00	0.00	717.00	717.00	0.00	\$0.00

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

Claim for Andrew (self) Provider: Daniel C Schiffner (In-Network)

Claim ID: E6PC1H6XV00 Received on 12/6/22	Amount billed	Member rate	Pending or not payable (Remarks) ⓘ	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
OFFICE VISIT 99214 on 11/18/22 Refer to Remarks Section	353.00		(1)			353.00	353.00 (100%)		
Totals:	353.00			0.00	0.00	353.00	353.00	0.00	\$0.00

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

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Claim for Andrew (self) Provider: Quest Diagnostics (In-Network)

Claim ID: EJY122VXF00 Received on 12/10/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
RIA ASSAY FOR VITAMIN B-12 82607 on 12/5/22 Refer to Remarks Section	89.70	12.63	(1)			12.63	12.63 (100%)		
Totals:	89.70	12.63		0.00	0.00	12.63	12.63	0.00	\$0.00

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

Claim for Andrew (self) Provider: Jon L Keller (In-Network)

Claim ID: ESY11N3WK00 Received on 12/13/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
COLLECTION OF VENOUS BLOOD 36415 on 12/5/22 Refer to Remarks Section	14.00	11.20	(1)			11.20	11.20 (100%)		
Totals:	14.00	11.20		0.00	0.00	11.20	11.20	0.00	\$0.00

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

Claim for Andrew (self) Provider: Jon L Keller (In-Network)

Claim ID: ETAC1QT7L00 Received on 12/13/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
BLOOD FOLIC ACID RIA 82746 on 12/5/22 Refer to Remarks Section	88.00		(1)			88.00	88.00 (100%)		
Totals:	88.00			0.00	0.00	88.00	88.00	0.00	\$0.00

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

Claim for Andrew (self) Provider: Jon L Keller (In-Network)

Claim ID: ET361K49M00 Received on 12/13/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
AUTOMAT HEMOGRAM-COMPLET DIF 85025 on 12/5/22	47.00					47.00	47.00 (100%)		
URINALYSIS, AUTO. W/SCOPE 81001 on 12/5/22	19.00					19.00	19.00 (100%)		

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Claim for Andrew (self) Provider: Jon L Keller (In-Network)

Claim ID: ET361K49M00 Received on 12/13/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
COMPREHEN METABOLIC PANEL 80053 on 12/5/22 Refer to Remarks Section	63.00		(1)			63.00	63.00 (100%)		
Totals:	129.00			0.00	0.00	129.00	129.00	0.00	\$0.00

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

Claim for Andrew (self) Provider: Jon L Keller (In-Network)

Claim ID: ET361K5B800 Received on 12/13/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
SPECIMEN HANDLING OFFICE-LAB 99000 on 12/5/22	23.00	18.40				18.40	18.40 (100%)		
RETICULOCYTE, AUTOMATED 85045 on 12/5/22 Refer to Remarks Section	27.00		(1)			27.00	27.00 (100%)		
Totals:	50.00	18.40		0.00	0.00	45.40	45.40	0.00	\$0.00

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

Claim for Andrew (self) Provider: Alison G Chang (In-Network)

Claim ID: EAJM25GV800 Received on 12/14/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
OFFICE VISIT 99215 on 12/13/22 Refer to Remarks Section	475.00		(1)			475.00	475.00 (100%)		
Totals:	475.00			0.00	0.00	475.00	475.00	0.00	\$0.00

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

Claim for Andrew (self) Provider: Brittany Holmes (In-Network)

Claim ID: ENPC25FQV00 Received on 12/15/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
MICROSLIDE CONSULTATION 88321 on 6/8/22 Refer to Remarks Section	337.00	281.66	(1)			281.66	281.66 (100%)		
Totals:	337.00	281.66		0.00	0.00	281.66	281.66	0.00	\$0.00

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



Claim for Andrew (self) Provider: Michael A Cohn (In-Network)

Claim ID: EKJM2778200 Received on 12/19/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
PHONE E/M PHYS/QHP 21-30 MIN 99443 on 11/8/22 Refer to Remarks Section	137.00		(1)			137.00	137.00 (100%)		
Totals:	137.00			0.00	0.00	137.00	137.00	0.00	\$0.00

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

Claim for Andrew (self) Provider: Daniel C Schiffner (In-Network)

Claim ID: ER582820K00 Received on 12/20/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
OFFICE VISIT 99215 on 12/16/22	475.00					475.00	475.00 (100%)		
DIAGNOSTIC LARYNGOSCOPY 31575 on 12/16/22 Refer to Remarks Section	482.00		(1)			482.00	482.00 (100%)		
Totals:	957.00			0.00	0.00	957.00	957.00	0.00	\$0.00

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

Claim for Andrew (self) Provider: Edmund W Tai (In-Network)

Claim ID: E7361P87700 Received on 12/20/22	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
Service type and date	A	B	C	D	E	F	G	H	I
INFECTION AGEN DETEC AMPLI PROBE U0005 on 12/13/22	26.00	20.80				20.80	20.80 (100%)		
COVID-19 AMP PRB HGH THRUPT U0003 on 12/13/22 Refer to Remarks Section	100.00	80.00	(1)			80.00	80.00 (100%)		
Totals:	126.00	100.80		0.00	0.00	100.80	100.80	0.00	\$0.00

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

Your Claim Remarks

General Remarks:

- (1) 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]



Your benefit balances to date for 1/1/22 to 12/31/22

Individual Balances	Annual limit	Amount used	Amount remaining
Andrew (self)			
Medical In Network Deductible	\$950.00	\$950.00	\$0.00
Medical In Network Out of Pocket Maximum	\$4,000.00	\$4,000.00	\$0.00
Medical Out of Network Deductible	\$1,900.00	\$950.00	\$950.00
Medical Out of Network Out of Pocket Maximum	\$8,000.00	\$4,000.00	\$4,000.00

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

The accumulated amounts towards your medical plan may have been adjusted due to claims not paid by us.

Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.

若需要中文协助，请拨打您医疗身分证上的电话联系我們。

Para sa tulong sa wikang Tagalog, tawagan kami sa numero na nasa iyong Medikal na ID card.

Ya'áti' t'áá dinék'ehjí bee aká'a'áyeed biniiyé, nihich'í' hodílnihjí' éi azee' ál'ídi naaltsoos bee néé ho'dílnígíí number bikáá' yisdzoh.

Do you need this in another language? Call us.

More Information

Do you have questions? Call us free of charge at the toll-free number on the first page of this statement or on your member ID card.

Appeals

Please send your written appeal along with a copy of this entire EOB to this address:

Appeals Resolution Team
PO Box 14463
Lexington, KY 40512

If you disagree with a claim decision, you can ask us to review it. The process is called an appeal. You or someone you name to act for you, your authorized representative, can ask for this review. Call our Member Services Department using the telephone number displayed on the member ID card or send your written request to the above address.

Your request should include:

- . Name, date of birth, and address
- . Member ID number
- . Group ID and name of your group, usually your employer
- . Any other claim documents or records or other facts you would like us to consider. This could be new details that you did not give us the first time.

You have the right to look at the relevant documents we used to make our decision on your claim. A copy of the specific rule, guideline, or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative. You can ask for these (free of charge) by calling or writing us. You have 180 days from the time you get this explanation to appeal. You might even have more time if your plan brochure or Summary Plan Description says so.

When to expect a decision

- . If your plan allows for one appeal we'll let you know our decision 60 days after we get your appeal request. Some states might require a different time period.
- . Your plan may allow two appeals. In that case, we will let you know our first decision 30 days from the date we receive your appeal request, unless your state gives us a different amount of time. If you don't agree with that first decision, you have a second chance to appeal.

What happens next

If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Employer sponsored plans

If you don't agree with our final decision, you may have the right to bring a lawsuit under Section 502(a) of a law called ERISA. Check with your employee benefits coordinator to see which appeals process your plan allows and if your plan is governed by ERISA.

Coordination of benefits

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

Your privacy

Your health information is confidential. Any information you give us will be kept private. When contacting us about this notice or for help with other questions, please be prepared to provide your member name, member ID, and date of birth.

Prevent fraud

If you suspect fraud or abuse involving these services or would like to report other healthcare fraud-related issues, please call the toll-free hotline at 1-800-338-6361 or e-mail us at aetnasiu@aetna.com.

Resources available to help you

Need help understanding this notice or our decision? **Call us free of charge at the toll-free number on your medical ID card.**

There are also other resources available to help you. Most plans are now subject to health care reform law. Call us or ask your employer if your plan is subject to the law. If it is, you can also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) for help, if your health plan is provided by your employer.